	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:		(X3) DATE SURVEY COMPLETED
			A. BOILDING.		C
		HAL093010	B. WING		07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE	
ΔΙ ΡΗΔ Μ	AGNOLIA GARDEN	930 HWY	158 BUS E		
ALF HA IVI	AGNOLIA GARDEN	WARREN	TON, NC 27589		
(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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
D 000	Initial Comments		D 000		
	County Department of a complaint investigate 06/09/25-06/11/25; 07 exit via telephone concomplaint investigation	sure Section and the Warren f Social Services conducted tion on 06/06/25; 7/02/25 and 07/08/25 with an ofference on 07/08/25. The on was initiated on 05/13/25 of Department of Social			
D 080	10A NCAC 13F .0306 Furnishings	6 (a)(6) Housekeeping And	D 080		
	10A NCAC 13F .0306 Furnishings	Housekeeping And			
	times of bath soap, cl sheets, pillowcases, k covers such as a bed for each resident to us Notwithstanding the re	ilable in the facility at all ean towels, washcloths, blankets, and additional spread, comforter, or quilt			
	This Rule is not met	as evidenced by:			
		ns and interviews, the facility esidents had soap and paper se at all times.			
	The findings are:				
	1. Observation of resi Care Unit (SCU) on 0 12:45pm-1:02pm reve				

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:		
			P. WINC		С	
		HAL093010	B. WING		07/08/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN	930 HWY	158 BUS E			
		WARREN	TON, NC 27589			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE	
D 080	Continued From page	e 1	D 080			
	-Room #1 did not have bathroom; three residence residenc	re paper towels in the lents resided in the room. Re paper towels in the lents resided in the room. Re paper towels in the lents resided in the room, and did so, two residents resided in the room. The paper towels in the lents resided in the room. The paper towels in the room. The paper towels or hand me, three residents resided in the room. The paper towels or hand me, three residents resided in the lents resided in each room. The paper towels; two me room. The paper towels in the lents resided in each room. The paper towels in the lents resided in each room. The paper towels in the lents resided in each room. The paper towels in the lents resided in each room.				
	on 06/10/25 at 7:54ar -She ran out of paper					
		to to ask for paper towels.				
	on 06/10/25 at 7:58ar -If there was a towel i her hands on it, but if	ent, who resided in room #6, m revealed: n the bathroom she dried not, she used her dress. to to ask for paper towels.				
	on 06/09/25 at 8:12ar -He did not always ha bathroom.	ent, who resided in room #7, m revealed: ave paper towels in his ere to get paper towels if he				

Division of Health Service Regulation

STATE FORM 6899 WJSU11 If continuation sheet 2 of 87

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 330 HWY 158 BUS E WARRENTON, NC 27589 CACH DEPICENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SI COMPLE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589 WARRENTON, NC 27589 WARRENTON, NC 27589 D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PUL. PREFIX TAG COMPLETE TAG COMPLETE TAG D 080 Continued From page 2 ran outHe used his pants to dry his hands when he washed themHe had not thought about asking anyone for paper towels. Interview with a resident, who resided in room #8, on 06/09/25 at 8:14am revealed: -He did not know if he had paper towels in his bathroom or notSometimes there were paper towels and sometimes there were paper towels and sometimes there were not interviewable. Based on observations and interviews, the residents who resided in room #2 were not interviewable. Based on observations and interviews, the two residents who resided in room #5 were not interviewable. Based on observations and interviews, the two residents who resided in room #5 were not interviewable. 2. Observation of resident rooms in the Assisted Living (AL) on 06/06/25 between 1:20pm-1:32pm revealed: -Room #5 did not have any paper towels in the bathroom; three residents residents resided in the room.				7. BOILBING.			
ALPHA MAGNOLIA GARDEN (A4)ID PRETIX SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 080 Continued From page 2 ran outHe used his pants to dry his hands when he washed themHe had not thought about asking anyone for paper towels. Interview with a resident, who resided in room #8, on 06/09/25 at 8:14am revealed: -He did not know if he had paper towels in his bathroom or notSometimes there were paper towels and sometimes there were not interviewable. Based on observations and interviews, the residents who resided in room #2 were not interviewable. Based on observations and interviews, the residents who resided in room #2 were not interviewable. Based on observations and interviews, the residents who resided in room #2 were not interviewable. Based on observations and interviews, the two residents who resided in room #5 were not interviewable. Based on observations and interviews, the two residents who resided in room #5 were not interviewable. 2. Observation of resident rooms in the Assisted Living (AL) on 06/06/25 between 1:20pm-1:32pm revealed: -Room #5 did not have any paper towels in the bathroom; three residents resided in the room.			HAL093010	B. WING		1	
(AL) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR I.SC IDENTIFYING INFORMATION) D 080 Continued From page 2 page to utility in the state of the s	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 080 Continued From page 2 ran out. -He used his pants to dry his hands when he washed them. -He had not thought about asking anyone for paper towels. Interview with a resident, who resided in room #8, on 06/09/25 at 8:14am revealed: -He did not know if he had paper towels and sometimes there were paper towels and sometimes there were not. Based on observations and interviews, the residents who resided in room #1 were not interviewable. Based on observations and interviews, the residents who resided in room #2 were not interviewable. Based on observations and interviews, the two residents who resided in room #5 were not interviewable. 2. Observation of resident rooms in the Assisted Living (AL) on 06/08/25 between 1:20pm-1:32pm revealed: -Room #5 did not have any paper towels in the bathroom; three residents resided in the room.	ALPHA M	AGNOLIA GARDEN			1		
ran out. -He used his pants to dry his hands when he washed them. -He had not thought about asking anyone for paper towels. Interview with a resident, who resided in room #8, on 06/09/25 at 8:14am revealed: -He did not know if he had paper towels in his bathroom or not. -Sometimes there were paper towels and sometimes there were not. Based on observations and interviews, the residents who resided in room #1 were not interviewable. Based on observations and interviews, the residents who resided in room #2 were not interviewable. Based on observations and interviews, the residents who resided in room #2 were not interviewable. Capacity in the part of the two residents who resided in room #5 were not interviewable. 2. Observation of resident rooms in the Assisted Living (AL) on 06/06/25 between 1:20pm-1:32pm revealed: -Room #5 did not have any paper towels in the bathroom; three residents resided in the room.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
bathroom; two resident resided in the roomRoom #9 did not have any paper towels in the bathroom; two residents resided in the roomRoom #33 and #34 did not have any paper towels in the bathroom; two residents resided in each room. Interview with a resident, who resided in room #34, on 06/09/25 at 1:32pm revealed:	D 080	ran out. -He used his pants to washed themHe had not thought a paper towels. Interview with a reside on 06/09/25 at 8:14ar -He did not know if he bathroom or notSometimes there we sometimes there were sometimes who resided interviewable. Based on observation resident who resided interviewable. 2. Observation of resident sometimes there were some some some some some some some som	dry his hands when he about asking anyone for ent, who resided in room #8, in revealed: e had paper towels in his re paper towels and e not. In and interviews, the in room #1 were not ent in room #1 were not ent in room #2 were not ent in room #5 were not ent in room #5 were not ent in room. The ent resided in the room.	D 080			

Division of Health Service Regulation

STATE FORM 6899 WJSU11 If continuation sheet 3 of 87

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED
		HAL093010	B. WING		07	C 7 /08/2025
						706/2025
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN		158 BUS E TON, NC 27589)		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	 DRRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	COMPLETE DATE
D 080	Continued From page	3	D 080			
	-He did not have any	paper towels in his room.				
		vels to dry his hands after				
	washing them with wa					
	-He dried his hands o	n his pants.				
	Interview with a residence on 06/09/25 at 8:15ar	ent, who resided in room #5,				
		pper towels in the bathroom.				
	-He went to the show	er room and washed his				
	hands.					
	Interview with a house	ekeeper on 06/11/25 at				
	7:57am revealed:					
		paper towels in the special				
	care unit (SCU) stora	en the next shipment of				
	paper towels were to					
	-No one had asked hi					
		of paper towels in the				
	bathroom if a roll was	needed.				
		nd housekeeper on 06/11/25				
	at 8:07am revealed:					
	including paper towel	dered supplies every week,				
		ould be delivered tomorrow,				
	06/12/25.	,				
	Interview with the Hou	usekeeping Supervisor on				
	06/11/25 at 11:19am i	revealed:				
		hould check the bathrooms				
	each day and ensure towels.	each bathroom had paper				
		ed if there were no paper				
		ns and if more paper towels				
	needed to be ordered					
		dered the paper towels; she				
	did not know how ofte	en.				
	Interview with a repre	sentative for the facility's				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					l c
		HAL093010	B. WING		07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		930 HWY 1	58 BUS E		
ALPHA M	AGNOLIA GARDEN		ON, NC 27589		
	OLIMANA DV OT				
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 080	Continued From page	e 4	D 080		
	12:25pm revealed the paper towels placed t	mpany on 06/11/25 at ere was an order for rolled oday, 06/11/25. U Coordinator (SCC) on			
	06/11/25 at 10:23am revealed: -Housekeeping staff made sure the bathrooms				
were stocked with paper towels.					
	-Housekeeping staff r				
	-	aper towels were in each			
bathroomShe did not know there were bathrooms that did not have paper towels.					
	Care Unit (SCU) on 0 and 1:02pm revealed -Room #1 had an em residents resided in the -Room #4 and #5 sha have any soap in the resided in each room.	pty soap dispenser; three ne room. ared a bathroom, and did not bathroom; two residents . ve any soap in the bathroom;			
	06/09/25 between 7:5 -Rooms #4 and #5, sl not have soap in the l resided in each room -The first room on the	ent rooms in the SCU on 54am-8:30am revealed: hared a bathroom, and did bathroom; two residents . e left in the SCU did not have ; two residents resided in			
	Interview with a resident on 06/10/25 at 7:54ar -She ran out of soapShe did not know when the state of the				

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Interview with a resident who resided in the first

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STATEMENT OF DEFICIENCI AND PLAN OF CORRECTION	ES .	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	SURVEY	
			A. BOILDING.			С	
		HAL093010	B. WING		07	/08/2025	
NAME OF PROVIDER OR SU	PPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
ALPHA MAGNOLIA GAF	RDEN		158 BUS E TON, NC 27589)			
PREFIX (EACH	DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
8:21am reverence -He did not -He washed Based on old residents which interviewable Based on old residents which interviewable 4. Observat Living (AL) of revealed: -Room #5 do three residents -Room #9 do two residents -Room #3 do two residents -Room #3 do the did not -He did not -He needed bath. Interview wife on 06/09/25 -They did not -He went to hands. Interview wife 7:57am reverence -The soap do the soap do	left in the ealed: have soap his hand observation no resided e. observation of resided e. observation of resided in ot have some of the aresided and #34 con the ealed: ispensers the show the area of the show the show the area of the show	p in his bathroom. s with "just water". Ins and interviews, the d in room #1 were not Ins and interviews, the two d in room #5 were not Ident rooms in the Assisted 25 between 1:20pm-1:32pm Ive any soap in the bathroom; Ive any soap in the bathroom; I in the room. I in the	D 080	DEFICIE			

Division of Health Service Regulation

STATE FORM 6899 WJSU11 If continuation sheet 6 of 87

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL093010	B. WING		C 07/08/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
лі рыл м.	AGNOLIA GARDEN	930 HWY	158 BUS E			
ALFIIA WI	AGNOLIA GANDLIN	WARREN	TON, NC 27589			
(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 080	Continued From page	2 6	D 080			
	-The soap in the bags sinks in the bathroom -The residents could bagsThere was not enough bathroomHe did not know whe was due to arrive. Interview with a second 8:07am revealed: -The Administrator on including soapNew hand soap dispose the residents' bathrood -He thought the new lordered after the survented.	s had been placed at the but not in the dispenser. The pump the soap out of the gh soap to place in each and the next shipment of soap and housekeeper on 06/11/25 and dered supplies every week, the next shad been ordered for the supplies every week, and dispensers were seey on 04/29/25.				
	-The housekeepers s each day and ensure -She knew the contain current soap dispense became the Houseke -She ordered the corr current containers of -There were 20 soap 06/11/25, and 15 mor delivered tomorrow, 0-There were 2 cases delivered today, 06/11 expecting 7 more cas 06/12/25The containers of so of the each bathroom and were installedThe residents could of the sound of	hould check the bathrooms each bathroom had soap. ners of soap did not fit in the ers for two weeks when she eping Supervisor. ect dispensers for the soap a week ago. dispensers delivered today, e dispensers would be 16/12/25. of containers of soap 1/25, and she was				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE		
			A. BUILDING: _			С	
		HAL093010	B. WING			08/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
ALPHA M	AGNOLIA GARDEN		158 BUS E				
	I		TON, NC 27589				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 080	Continued From page	e 7	D 080				
	contracted supply cor 12:25pm revealed: -There were 20 soap 06/10/25 and delivered 06/11/25. -There was no order of delivered today. -There was no order of tomorrow, 06/11/25. -The facility ordered 2 December 2024; each soap.	h case contained 6 bags of					
	O6/11/25 at 10:23am -Housekeeping staff r were stocked with so -Housekeeping staff r afternoon to ensure s -She did not know the not have soapShe had boxes of so	made sure the bathrooms ap. made rounds in the coap was in each bathroom. ere were bathrooms that did cap in her office; because the buld disappear when it was					
	supply of soap and paresulting in the reside or wash their hands a dry their hands off on was detrimental to the residents and constitu	nsure residents had a aper towels, at all times, ents not having soap to bathe after toileting and having to their clothing. This failure a health and safety of the utes a Type B Violation.					
		rovide an acceptable plan of nce with G.S. 131D-34 on					
	THE CORRECTION	DATE FOR THIS TYPE B					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		C
		HAL093010	B. WING		07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
ALPHA M	AGNOLIA GARDEN	*******	7 158 BUS E		
7121171111	I		NTON, NC 27589		
(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 APPROF DEFICIENCY)	D BE COMPLÉTE
D 080	Continued From page	8	D 080		
	VIOLATION SHALL N 2025.	IOT EXCEED AUGUST 22,			
D 270	10A NCAC 13F .0901 Supervision	(b) Personal Care and	D 270		
		e supervision of residents in resident's assessed needs,			
	This Rule is not met a				
	reviews, the facility fa according to the resid of 5 sampled resident resident (#1) who resi (SCU) and was sexua resident and a resident Assisted Living (AL) v	is, interviews, and record iled to provide supervision ents' assessed needs for 2 is (#1, #7) related to a ided in the special care unit ally assaulted by another int who resided in the who eloped from the facility e sitting on the ground (#7).			
	The findings are:				
	Review of Residen 05/24/24 revealed: -Diagnosis included d -She was ambulatory -The orientation section	•			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
70101270	or connection	BENTH IS ATION NO. II DE LA	A. BUILDING: _		001111 2	
		HAL093010	B. WING		07/0)8/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN		158 BUS E FON, NC 27589			
(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 SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
D 270	Continued From page	= 9	D 270			
D 270	revealed: -The care plan was n Care Provider (PCP)There were no perfo for activities of daily li -She was oriented, bi -She was ambulatory Review of Resident # revealed: -Resident #7 had safe -There was documen checked on and was 12:00am to 12:00pm. Review of video foota surveillance camera of 07/08/25 revealed: -The surveillance camera of the facility facing the -The video footage w 4:23am; it was noted facilityThere was a stoop of had 5 steps leading to -At 4:23am, Resident on the stoop outside was holding the door	ot signed by the Primary rmance codes documented iving (ADL). ut forgetful. 7's ADL log dated 05/15/25 ety checks every 2 hours. tation that Resident #7 was safe every two hours from age from the facility's obtained on 07/02/25 and hera was on the outside of exit door of the dining room. as dated 05/15/25 at to be dark outside the	D 270			
	aroundAt 4:24am, she went door shut behind her	t back inside the facility; the but was slightly ajar.				
	-There was no video 4:24am-4:27am. -At 4:28am, Resident at the dining hall exit with her pants around -At 4:30am, Resident handle.	footage from #7 was observed standing door, outside of the facility,				

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DIVISION	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
			B. WING		C	
		HAL093010	B. WING		07/0	8/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE. ZIP CODE		
			, ,	,		
ALPHA MA	AGNOLIA GARDEN		158 BUS E			
		WARREN	ITON, NC 27589			
(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 APPROPR		COMPLETE DATE
TAG	REGOLATORI ORT	100 IDENTIFY TING IN CHMATION	TAG	DEFICIENCY)	W// L	
D 270	Continued From page	e 10	D 270			
	anddaa and aha fisiiat	- d 4b d who - b				
	ankles, and she twiste					
		#7 was knocking on the exit				
	door.	<i>u</i> =				
		#7 was knocking on the exit				
	_	ile standing on the stoop				
	with her pants down a					
	· ·	#7 was knocking on the exit				
	door.					
	-From 4:41am to 4:43					
	knocking on the exit of					
	-At 4:44am, Resident #7 was knocking on a					
	window air conditioning	ng unit to the right of the exit				
	door.					
		#7 was hitting her hand				
	repeatedly on the woo	oden rail.				
		#7 was trying to pull her				
	pants up with one har	nd while holding onto the				
	wooden rail with her o	other hand.				
	-At 4:48am, Resident	#7's pants had not been				
	pulled up.					
	-At 5:19am, Resident	#7 was hitting the window				
	air conditioning unit w	vith her hand.				
	-At 5:28am, Resident	#7 was standing at the top				
	of the stoop; her pant	s were pulled up.				
	-It was noted to still b	e dark outside the facility.				
	-There was no video	footage from				
	8:14am-9:42am.					
	-At 9:42am, Resident	#7 was standing at the top				
	of the stoop.					
	-It was noted to be lig	ht outside the facility.				
	-At 9:55am, Resident	#7 was observed holding				
	onto the handrails on	the right side and slowly				
	moving down the step					
		nt #7 was observed standing				
	at the bottom of the s					
	handrail.	. •				
		nt #7 was observed on the				
		step; she was reaching				
	behind her, trying to h					
		dining room was opened,				

Division of Health Service Regulation

STATE FORM 6899 WJSU11 If continuation sheet 11 of 87

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589 (X4) ID PREFIX TAG C 07/08/2025 O7/08/2025 O7/08/2025 O7/08/2025 O7/08/2025 O7/08/2025 O7/08/2025 O7/08/2025 O7/08/2025 O7/08/2025 O7/08/	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ALPHA MAGNOLIA GARDEN SUMMARY STATEMENT OF DEFICIENCIES WARRENTON, NC 27589 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 270 Continued From page 11 and a contracted construction worker was working on the door handle at the top of the steps and within sight of Resident #7. -There was no video footage from			A. BUILDING: _			
ALPHA MAGNOLIA GARDEN 930 HWY 158 BUS E WARRENTON, NC 27589 (X4) ID PREFIX TAG D 270 Continued From page 11 and a contracted construction worker was working on the door handle at the top of the steps and within sight of Resident #7There was no video footage from 930 HWY 158 BUS E WARRENTON, NC 27589 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CO		HAL093010	B. WING			
ALPHA MAGNOLIA GARDEN WARRENTON, NC 27589 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 270 Continued From page 11 and a contracted construction worker was working on the door handle at the top of the steps and within sight of Resident #7. -There was no video footage from	NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) D 270 Continued From page 11 and a contracted construction worker was working on the door handle at the top of the steps and within sight of Resident #7. -There was no video footage from	AL PHA MAGNOLIA GAPDEN	930 HWY	158 BUS E			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE D 270 Continued From page 11 and a contracted construction worker was working on the door handle at the top of the steps and within sight of Resident #7. -There was no video footage from	ALFIIA MIAGNOLIA GARDEN	WARREN	TON, NC 27589			
and a contracted construction worker was working on the door handle at the top of the steps and within sight of Resident #7There was no video footage from	PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE	
working on the door handle at the top of the steps and within sight of Resident #7There was no video footage from	D 270 Continued From page	e 11	D 270			
-At 10:43am, Resident #7 was lying on the ground beside the bottom of the stepsThere was no video footage to show how Resident #7 ended up on the groundAt 10:59am, the contracted construction worker was working on the door handle, and Resident #7 was still lying on the ground at the bottom of the steps within sight of the doorAt 11:02am, the contracted construction worker continued to work on the door handleResident #7 appeared to try to sit up but was unable to and laid back downAt 11:07am, the contracted construction worker looked at Resident #7 and returned inside the facilityAt 11:14am, the Administrator, the Dietary Manager (DM), and the contracted construction worker exited the facility and observed Resident #7 lying on the groundAt 11:15am, the DM was standing over Resident #7, the Administrator and the contracted construction worker were standing at the top of the stoop, and the video footage endedThere was no video footage after 11:15am. Review of Resident #7's incident report dated 05/15/25 revealed: -The incident report was completed on 05/15/25 between 10:00am and 11:00amThe description of the incident was a contracted construction worker was working on the back door of the dining room and notified the DM that Resident #7 was outsideThe Administrator was immediately notified and	and a contracted con working on the door hand within sight of Re-There was no video 10:42am-10:43amAt 10:43am, Resider ground beside the boather was no video Resident #7 ended uport of the door of the dining roof Resident #7 was outs of Resident #7 was ou	struction worker was handle at the top of the steps esident #7. footage from Int #7 was lying on the attom of the steps. footage to show how p on the ground. tracted construction worker loor handle, and Resident #7 ground at the bottom of the he door. tracted construction worker the door handle. ed to try to sit up but was ck down. tracted construction worker 7 and returned inside the hinistrator, the Dietary he contracted construction illity and observed Resident d. was standing over Resident and the contracted vere standing at the top of deo footage ended. footage after 11:15am. Et's incident report dated was completed on 05/15/25 dd 11:00am. The incident was a contracted was working on the back of and notified the DM that side.	D 270			

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Division of	of Health Service Regu	lation				
STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			_		1 _	
			B WING		C	
		HAL093010	B. WING		07/0	8/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		
TO WILL OF TH	TO VIDENCE ON GOLF EIEN		, ,			
ALPHA MA	AGNOLIA GARDEN		Y 158 BUS E			
		WARREN	NTON, NC 27589			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX	`	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIAIE	DATE
				,		
D 270	Continued From page	e 12	D 270			
	to come to the back of	•				
	-The RCC, who was a Registered Nurse (RN)					
	found Resident #7 lyi	ng at the bottom of the			ļ	
	steps, with her upper	body on the last step and			ļ	
	her lower body on the				ļ	
		y clothed, but her clothes			ļ	
		because of the rain during			ļ	
	the night.	because of the fair during				
	-A physical assessme	ent was performed on				
	Resident #7 with no in	•			ļ	
	-Resident #7 denied I					
		sisted off the ground after			ļ	
	several attempts.					
		en inside and immediately			ļ	
		the personal care aide				
	(PCA).					
	-No apparent injuries	were noted to Resident #7				
	when a full body asse	essment was completed				
	during the shower.	·				
	-Resident #7 was dre	essed and walked to her				
	room with assistance	from the staff.			ļ	
	-Resident #7 asked to				ļ	
	-No further action req					
		to closely monitor Resident				
		laints related to the incident.				
	#1 for any new compi	laints related to the incident.				
	Povious of Posidont #	t7's progress potos revealed:				
		7's progress notes revealed:				
		nentation of the incident				
	dated 05/15/25.				ļ	
		nentation that the Mental				
	Health Provider (MHF) was notified of the				
	incident.					
		7's MHP triage note dated				
	05/15/25 revealed:					
	-The chief complaint	was Resident #7 continued				
	to refuse her medicat	ions.				
	-There was an order	to discontinue all scheduled				
	medications.				ľ	

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-There was no documentation that the MHP was

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DIVISION	of Fleatili Service Negu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			D WING		C
		HAL093010	B. WING		07/08/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		930 HWY	158 BUS E		
ALPHA M	AGNOLIA GARDEN		TON, NC 27589	1	
			1011, 110 2/303	T	
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD	()
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP	
		,		DEFICIENCY)	
D 070			D 070		
D 270	Continued From page	÷ 13	D 270		
	notified of Resident #	7 being found outside.			
		3			
	Interview with Reside	nt #7's roommate on			
	06/11/25 at 11:26am r	revealed:			
	-About 2 weeks ago,	she woke up at 4:00am and			
	Resident #7 was not i	n her bed.			
	-She stayed awake ur	ntil 5:00am, then she got up			
		ident #7 was not in her bed.			
	-She usually got up at	t 5:00am each morning and			
	Resident #7 would be				
	-Resident #7's bed wa	as not messed up like she			
	had slept in it that nig	ht.			
	-She did not know if F	Resident #7 was at breakfast			
	that morning.				
	Interview with a DCA	on 06/11/25 of 0:17om			
	revealed:	on 06/11/25 at 8:17am			
	 -She worked third shift morning of 05/15/25. 	ft and was working the			
	-She made rounds ev	ery two hours.			
	-Resident #7 was in h	er bed all night.			
	-At 6:00am, she starte	ed getting residents up and			
	dressed for breakfast.				
	-She got Resident #7	up and got her dressed for			
	breakfast which was s	served between			
	7:00am-7:15am.				
		esident #7's bed; first shift			
	made the beds.				
		sident #7 being outside.			
	_	up that morning, but she did			
		oom and did not come to			
	breakfast.				
		on 06/10/25 at 2:12pm			
	revealed:	0.0 am tha 0.1 tha			
	05/15/25.	A on the AL the morning of			
	-She was told Reside facility through the ba	nt #7 had gotten out of the ck door.			

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-She did not see Resident #7 at breakfast.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
52		A. BUILDING: _			
		HAL093010	B. WING		C 07/08/2025
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZID CODE	1 01/06/2020
NAIVIL OI II	TOVIDEIT OIT SOI I EIEIT			11, 211 0001	
ALPHA M	AGNOLIA GARDEN		158 BUS E TON, NC 27589		
	OLIMANA DV OT				
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 270	Continued From page	e 14	D 270		
	-On her second round noticed Resident #7's been slept in all night -She asked the Activit #7 was out of the faci another residentThe AD was checkin out of the facilityResident #7 was fou and the Administrator her back into the facili another residentThe DM, who was al Resident #7's shower -She was not soiled or -Her pants were dirty down on the ground. Interview with the DM revealed: -She was cleaning the on 05/15/25, when the worker came in the di was a lady lying out be stepsShe also worked as a Resident #7 to attempthe facilityShe got the Administ them Resident #7 was groundResident #7's pants could be seen through-Resident #7's clother she appeared cold ar -She and a PCA show the shower Resident stool on her.	ds of the resident, she is bed was made and had not at the policy Director (AD) if Resident lity while she assisted and out back on the steps and the RCC were bringing ity while she finished helping so a PCA, assisted her with a urine or bowels. If on 06/10/25 at 2:25pm are dining room after breakfast are contracted construction and said there eack on the ground by the area PCA, so she approached at to get her to come inside a property and the RCC and told as outside and lying on the large were dirty and muddy and and scared. Wered Resident #7; during #7 was noted to have dried			
	stool on her.	ner about what happened;			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7.1. 50.25.1.10.		c
		HAL093010	B. WING		07/08/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
ALPHA M	AGNOLIA GARDEN		158 BUS E		
			NTON, NC 27589		Г
(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 COMPLETE
D 270	Continued From page	e 15	D 270		
	completed or not.				
	11:06am revealed: -Resident #7 was alw saw herResident #7 did not sattempted to use a la application to assist was unsuccessfulThe staff did not tell the facility on 05/15/2 06/11/25, when she are a the staff should have #7 was found outside lt was unacceptable outside of the facility; injuredThe staff should be resident.	her Resident #7 got out of 5 until that morning, urrived at the facility. e notified her that Resident . that Resident #7 was she could have been making rounds at least every ot see Resident #7, they			
	(SCC) on 06/11/25 at -She heard a couple of there was an electron being outside the bac -She was not able to recording; she heard accessed the electron representative at the Services (DSS)She did not know ho outsideShe returned from pi 11:30am on 05/15/25 the RCC stating Resid	of days after the incident hic recording of Resident #7 k of the facility. Access the electronic that a previous employee hic recording and sent it to a local Department of Social w long Resident #7 was cking up lunch around , and was met at the door by dent #7 was found outside.			
	Interview with the RC	C on 06/10/25 at 2:46pm			

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revealed:

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	'
					С	
		HAL093010	B. WING		07/08/20)25
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
41 5114 44		930 HWY	158 BUS E			
ALPHA MA	AGNOLIA GARDEN	WARREN ⁻	TON, NC 27589)		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		OMPLETE DATE
D 270	Continued From page	e 16	D 270			
D 270	-She saw the DM run office on 05/15/25The Administrator parto the back of the dinitive and the ground with the upon the bottom stepsShe was told a control saw her; he notified the AdministratorShe assessed her, and identifiedIt had rained the nighback and backside we the groundResident #7 was assinto the buildingThe PCA gave her and -Resident #7 was much clothing was not soiledThe PCA stated that in the shower, she had -Resident #7 did not solve and gotten out of the linterview with the Administrator.	ning to the Administrator's ged for all AL staff to report ing room. The saw Resident #7 lying on pper part of her back lying acted construction worker The DM who notified the and no injuries were and before and Resident #7's there wet from the moisture on asisted up and she ambulated shower and put her to bed. ddy and dirty, but her d with urine or stool. when she got Resident #7 d dry stool on her buttocks. smell as if she was soiled. any other time Resident #7	D 270			
	4:07pm revealed:	truction worker came and				
		and told them there was a				
	resident outside in the					
	-The DM came out als	-				
		he bottom of the steps, lying				
	with her back on the					
		t #7's clothing was clean;				
		ack side of her clothing.				
		e side of her pants; there				
		incontinence and no odor.				
	-There was feces bes					
	Resident #1 had a bo	wel movement.				

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A. BUILDING: HAL093010 HAL093010 B. WING O7/08/2025 NAME OF PROVIDER OR SUPPLIER ALPHA MAGNOLIA GARDEN STREET ADDRESS, CITY, STATE, ZIP CODE WARRENTON, NC 27589 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SU COMPLE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ALPHA MAGNOLIA GARDEN 930 HWY 158 BUS E WARRENTON, NC 27589				A. BUILDING: _			
ALPHA MAGNOLIA GARDEN 930 HWY 158 BUS E WARRENTON, NC 27589			HAL093010	B. WING		1	3/2025
ALPHA MAGNOLIA GARDEN WARRENTON, NC 27589	NAME OF P	PROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
(VALID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	ALPHA M	IAGNOLIA GARDEN					
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL		(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL		CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
D 270 Continued From page 17 -The RCC assessed Resident #7; there were no injuries noted. -The PCA showered Resident #7Resident #7 did not want to come back into the facility; she stated sun, sunIt was bettween 9:30am to 10:00am when Resident #7 was brought into the facilityShe did not know how long Resident #7 had been outside. -The contracted construction worker was working on the alarm on the back door; he left the door propped openShe did not know Resident #7 was not at breakfastIf she was not at breakfast, the staff should have stopped and looked for Resident #7She did not know there was only one PCA on the floor that morning; the facility should have been fully staffed. Telephone interview with the Owner on 06/11/25 at 3:44pm revealed: -She was informed Resident #7 was found outside of the facility on 05/15/25A contracted construction worker was working on the alarms for the back door of the dining room and left the back door openResident #7 bent outside when the door was left openThe contracted construction worker saw Resident #7 to tustide and reported it to the staffShe had not seen an electronic recording of Resident #7 begin outsideShe did not know an electronic recording of Resident #7 begin outsideShe did not know the electronic recording showed Resident #7 outside from 4:28am to 10:45am on 05/15/25She was concerned that something could happen to Resident #7; she could get hurt.	D 270	-The RCC assessed injuries notedThe PCA showered and a resident #7 did not a facility; she stated surely was between 9:30. Resident #7 was broughed and resident #7 was broughed and resident #7 was broughed and looked for the stopped and looked for the stopped and looked for the did not know the floor that morning; the fully staffed. Telephone interview was at 3:44pm revealed: -She was informed Routside of the facility -A contracted construction the alarms for the back doorn and left the back doorn resident #7 went out openThe contracted cons Resident #7 outside and Resident #7 being outshed in the showed Resident #7 being outshed resident #7 being outsh	Resident #7; there were no Resident #7. want to come back into the n, sun. am to 10:00am when aght into the facility. w long Resident #7 had truction worker was working ack door; he left the door esident #7 was not at akfast, the staff should have for Resident #7. Fore was only one PCA on the efacility should have been with the Owner on 06/11/25 esident #7 was found on 05/15/25. ction worker was working on the door of the dining room of open. tside when the door was left truction worker saw and reported it to the staff. In electronic recording of tside. It electronic recording of tside existed. It electronic recording outside from 4:28am to the that something could	D 270			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY		
AND PLAN (OF GURRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
		HAL093010	B. WING		l l	C / 08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
ALPHA M	AGNOLIA GARDEN		' 158 BUS E NTON, NC 27589			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 18	D 270			
	Attempted interview v construction worker of unsuccessful.	with the contracted on 06/09/25 at 4:47pm was				
		ns, interviews, and record nined Resident #7 was not				
	2. Review of the cens in the SCU on 06/03/	sus log revealed the census 25 was 15.				
	02/11/25 revealed: -Diagnoses included	ler, hyperlipidemia, and disoriented.				
	revealed: -Her diagnoses includisorder, insomnia, sedementiaShe was ambulatory -She was always disc	<u>.</u>				
	television roomThere were no staff i -There was a persona hallwayThere was a second -Resident #1 was in a					

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· · · · · · · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
A. BUILDING:					
		HAL093010	B. WING		C 07/08/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
лі рыл м.	AGNOLIA GARDEN	930 HWY	158 BUS E		
ALFHA WI	AGNOLIA GARDEN	WARREN	TON, NC 27589		
(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 270	Continued From page	e 19	D 270		
D 270	adult incontinence bri ankles. -The PCA was notified to assist the residentThere were no other the SCUAt 12:39pm, the second SCU. Observation of the SC 1:04pm-1:08pm revealing the second SCU. Observation of the SC 1:04pm-1:08pm revealing the second SCU. Observation of the SC 1:04pm-1:08pm revealing the second SCU. Observation of the SC 1:04pm-1:08pm revealing the second SCU. A housekeeper was second Resident #1 picked upon the second	d, and she entered the room staff members present in ond PCA returned to the CU on 06/06/25 from aled: in the SCU. mopping the floors. lking in the hallway. up the wet floor sign and wn the hallway. ot to the exit door of the e sign, and it made a loud of be seen from the e the PCA was supervising ne down the hallway to oise made when Resident ed to walk in the hallway, her residents' rooms. and PCA returned to the SCU. ed's incident/accident report led: was completed on 06/03/25 ee incident was a male of Resident #1 with their ey need to be sent out for	D 270		
	treatment, was check -There was no signate completed this report	ure of the staff who			

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE COMP	SURVEY LETED
						С
		HAL093010	B. WING			08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
ΔΙ ΡΗΔ Μ	AGNOLIA GARDEN	930 HWY	158 BUS E			
ALITIA	AONOLIA GARBER	WARREN	TON, NC 27589			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AIDEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 270	Continued From page	20	D 270			
	-The Administrator sig	gned the report on 06/04/25.				
	06/03/25 revealed: -The Administrator restaff member that a President having sex we-The residents were substituted administrator told the the residents. Review of the service	eparated, and the PCA to keep a close eye on note sheet from Resident				
	at 9:18pm revealed: -The on-call guardian telephone call from th -The Administrator pro Resident #1 was loca male resident and wa	e facility's Administrator. ovided information that ted in the bedroom of a				
	consensual; there wa or force by the male r was not traumatized the The Administrator information of the Administrator information of the Administrator was and she stated that she or force or force was a force of the Administrator was and she stated that she or force or fo	ormed the guardian that rected to her bedroom staff would perform bed stees. anted to inform the guardian,				
	revealed: -She worked the ever 06/03/25She was the only PC incident between Res	on 06/09/25 at 3:16pm ning shift in the SCU on A in the SCU when the ident #1 and a male other PCA and the MA had				

Division of Health Service Regulation

STATE FORM 6899 WJSU11 If continuation sheet 21 of 87

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					С
		HAL093010	B. WING		07/08/2025
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ITE, ZIP CODE	
ALPHA M	AGNOLIA GARDEN		158 BUS E		
	T		TON, NC 27589		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 270	Continued From page	21	D 270		
D 270	left the floorResident #1 was in the when she went into a provide incontinenceShe heard a female stop; she recognizedShe opened the male and saw Resident #1 chair and the male reflected with the male reflected with the second with the male resident had penetrated and the male resident had penetrated with the male resident replied no be sexShe told the male resident replied no be sexShe told the male resident replied no be sexShe told the male resident #1 was hisThe male resident st #1 and she removed resident #1 was hisThe male resident st #1 and she removed resident's roomShe called for the me AL side to come to the SCU MA what happed the AdministratorThe Administrator careport about the incidence of the SCU MA say no, no, stop, stopShe told the Administration with the MA revealed: -She was the MA on so 06/03/25She could hear loudShe was administering when the SCU PCA could hear loud.	the television (TV) room, nother resident's room to care. voice yelling no, no, stop, the voice as Resident #1. e resident's bedroom door bent over the back of a sident was behind Resident as were down, and the male ed Resident #1. sident to stop and the male ecause they were having sident that Resident #1 was replied it did not matter; repped away from Resident Resident #1 from the male edication aide (MA) on the escu, the AL MA told the ned, and the SCU MA called and asked her to write a lent and what she saw. A that she heard Resident #1. It trator that the male resident esident #1. It to no 06/10/25 at 5:11pm second shift in the AL on noise coming from the SCU. It am the only one back	D 2/0		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	, ,	E SURVEY PLETED
7.1.12 . 27.1.1		.5	A. BUILDING: _			
						С
		HAL093010	B. WING		07	//08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
A 1 D 1 1 A 1 A		930 HWY	158 BUS E			
ALPHA MA	AGNOLIA GARDEN	WARREN	TON, NC 27589	1		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
D 270	Continued From page	: 22	D 270			
		PCA why she was by herself				
		CA told her another PCA				
	was gone for 45 minu					
	-The PCA had separa					
	wrong with him.	as "off"; something seemed				
	•	nd he looked like he wanted				
	to grab the staff.	ind he looked like he wanted				
	•	p him in his bedroom, but				
		, and charged at the PCA				
		her up against the door and				
	hit her in the face.					
		to be three people in the				
		the other PCA had left the				
	floor, leaving only one	PCA in the SCU.				
	Interview with a secor	nd PCA on 06/10/25 at				
	5:34pm revealed:					
	-She was on her lunch	h break when the PCA, who				
	found the male reside	nt assaulting Resident #1,				
	ran out to the AL to ge					
		SCU, the male resident was				
	in his room; she did n					
	-The MA said to close					
	down by being in his	A thought it may calm him				
		A went to his room to close				
	his door, to try and ke					
		pened the door and ran				
		the other PCA up against his				
		nched her in the face; this				
	happened around 10:					
		after the PCA was hit in the				
	face.					
	-When she asked the					
		ah, he [expletive] her.				
		edical Services (EMS)				
		ed the male resident and he				
	did not remember who	at nappened. ent had asked her what				

Division of Health Service Regulation

STATE FORM 6899 WJSU11 If continuation sheet 23 of 87

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _			
					c	
		HAL093010	B. WING		07/0	8/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE		
лі рыл м	AGNOLIA GARDEN	930 HWY 1	I58 BUS E			
ALPHA IVI	AGNOLIA GARDEN	WARRENT	ON, NC 27589			
(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 270	Continued From page	e 23	D 270			
	nappened or asked n	er to write a statement.				
	2:53pm and 4:16pm r -She was working in the incident occurred the male resident, but the time the incident or something out of her -Two PCAs were wornight the incident occurred the incident occurred the AL MA came out needed in the SCUUpon return to the SResident #1 was in the Resident #1 went in rooms"We were told we han not restrain her." -The other PCA took break and that was wenther PCA told her she stop, and saw the man have clothes on and the stop, and saw the man have clothes on and the stop of the was not aware of the Resident #1 and sext working at the facilityTwo named staff me enforcementWhen she called the incident, she told her	the SCU on 06/03/25 when between Resident #1 and t she was not in the SCU at occurred. Itside of the facility to get car. It king with her in the SCU the urred. Itside and told her she was CU, the PCA told her ne male resident's room. It and out of other residents' It we to let her walk; we could more than a 15-minute then the incident occurred. It is e heard someone hollering the resident, who did not was on top of Resident #1. It is resident #1 had clothes on the started in the s				
	, ,	sexually assault Resident				
		ld her not to call law talked to Resident #1's the guardian wanted to				

Division of Health Service Regulation

STATE FORM 6899 WJSU11 If continuation sheet 24 of 87

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL093010	B. WING		C 07/08/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ALPHA M	AGNOLIA GARDEN	930 HWY 1 WARRENT	58 BUS E ON, NC 27589	•	
0/10/15	STIMMADV ST.	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	N OVE
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 270	Continued From page	e 24	D 270		
	she had heard from the guardian said Reside behavior and they did against the male residence. Resident #1 was not able to decide to have a large of the work of the incident with Residence enforcement got involved interview with a third revealed: -She did not work the between Resident #1 and the incident on 06/6. Resident #1 needed -Resident #1 was not involved.	nt #1 had a history of this I not want to press charges dent. oriented and would not be e sex. the facility for another rsonnel were told about the t #1 and that was how law lived. MA on 06/09/25 at 10:39am evening of the incident and a male resident. or that the male resident had #1 in his room one time prior 03/25. assistance with everything. aware of her surroundings. sident #1 was capable of			
	on 06/11/25 at 10:53a -The facility did not no				
	-Last night she was p today, when she read Resident #1's notes. -The SCC told her tha	at morning that Resident #1			
	-That was not good; t monitoring the reside memory care unit.	nts because it was a			

Division of Health Service Regulation

STATE FORM 6899 WJSU11 If continuation sheet 25 of 87

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL093010	B. WING		07/08/20	025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AL DUA M	AGNOLIA GARDEN	930 HWY 1	58 BUS E			
ALPHA WI	AGNOLIA GARDEN	WARRENT	ON, NC 27589			
(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 C	(X5) COMPLETE DATE
D 270	Continued From page	25	D 270			
D 270	redirectingResident #1's cognitive declined; she could not herselfResident #1 should be minutes or be within a timesThere was one previous where Resident #1 we room with her pants of penetrationShe told staff to mon because of her cognitive. Telephone interview wat 8:46am revealed: -He was the guardian call was received from regarding Resident #1 residentHe was assured the and was not told it was her asked the Adminimeded to go to the hit used to gather and following an instance assault) and the AdmiconsensualHe knew the residenting her was not told the Fe be sent to the hospitalend regarding this incidentic.	on was not great and it had on make decisions for the checked on every 15 an eye's view of staff at all cous incident months ago, as found in a male resident's fown but there was no litor Resident #1 closely live decline. In a guardian on 06/09/25 on call on 06/03/25 when a finite the Administrator of the Administrator with a male of the Administrator of the Admi	D 270			
	-Unless precautions v					

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STATE FORM 6899 WJSU11 If continuation sheet 26 of 87

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		С
		HAL093010	B. WING		07/08/2025
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ALPHA MAG	GNOLIA GARDEN	930 HWY 1 WARRENT	58 BUS E ON, NC 27589		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
TO me see see see see see see see see see	nvolving Resident #1 She wanted to know guardian was and the would call the guardia She was told to start male resident on 06/0 nterview with the Adr 11:23am revealed: She received a telep and 6:10pm on 06/03 saying that a male res Resident #1 and their She did not ask the M residents, do an incident. She instructed the M residents, do an incidentify the on-call guar #1. She told the MA to pure sidents room and to close eye on Resident There should be two imes; three staff were should be off the SCL Based on observation reviews it was determinaterviewable. The facility failed to en provided according to needs, for a resident of the back door of the facility failed to en provided according to needs, for a resident of the back door of the facility failed to en the back door of the facility failed to en the back door of the facility failed to en the back door of the facility failed to en the back door of the facility failed to en the back door of the facility failed to en the back door of the facility failed to en the facility failed to en the back door of the facility failed to en the back door of the facility failed to en the back door of the facility failed to en the facility failed to en the back door of the facility failed to en the facility fa	with the Special Care 1 06/09/25 at 6:41pm hone call from the 1 incident on 06/03/25 1 and a male resident. 1 who Resident #1's legal 1 Administrator said she 1 in and handle it. 1 incident on 06/09/25 at 1 incident on 06/09/25 at 1 incident was on the 3/25 from the MA on the SCU 1 isident was on top of 1 clothes were pulled down. 1 incident was on top of 1 clothes were pulled down. 1 incident was on top of 1 clothes were pulled down. 2 incident was on top of 1 clothes were pulled down. 2 incident was on top of 1 clothes were pulled down. 3 incident was on top of 1 clothes were pulled down. 4 incident was on top of 1 clothes were pulled down. 4 incident was on top of 1 clothes were pulled down. 5 incident was on top of 1 clothes were pulled down. 6 incident was on top of 1 clothes were pulled down. 6 incident was on top of 1 clothes were pulled down. 6 incident was on top of 1 clothes were pulled down. 6 incident was on top of 1 clothes were pulled down. 6 incident was on top of 1 clothes were pulled down. 6 incident was on top of 1 clothes were pulled down. 6 incident was on top of 1 clothes were pulled down. 6 incident was on top of 1 clothes were pulled down. 6 incident was on top of 1 clothes were pulled down. 7 incident was on top of 1 clothes were pulled down. 7 incident was on top of 1 clothes were pulled down. 7 incident was on top of 1 clothes were pulled down. 7 incident was on top of 1 clothes were pulled down. 7 incident was on top of 1 clothes were pulled down. 7 incident was on top of 1 clothes were pulled down. 8 incident was on top of 1 clothes were pulled down. 8 incident was on top of 1 clothes were pulled down. 8 incident was on top of 1 clothes were pulled down. 8 incident was on top of 1 clothes were pulled down. 8 incident was on top of 1 clothes were pulled down. 8 incident was on top of 1 clothes were pulled down. 8 incident was on top of 1 clothes were pulled down. 8 incident was on top of 1 clothes were pulled down. 8 incident was on top of 1 clothes were pulled down. 8 incident was o	D 270		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			D WING		С
		HAL093010	B. WING		07/08/2025
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	
ALPHA MA	AGNOLIA GARDEN		158 BUS E TON, NC 27589		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / 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 270	Continued From page	27	D 270		
	The facility provided a protection in accordar 06/30/25.	n acceptable plan of nce with G.S. 131D-34 on			
		DATE FOR THIS TYPE A1 OT EXCEED AUGUST 7,			
D 271	10A NCAC 13F .0901 Supervision	(c) Personal Care and	D 271		
	an accident or inciden	d immediately in the case of it involving a resident to vention according to the			
	reviews, the facility fa response and interver	s, interviews, and record iled to ensure immediate ntion by staff in accordance ies and procedures for 1 of 1) who resided in the			

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL093010	B. WING		C 07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
ALPHA MAGNOLIA GARDEN			158 BUS E		
		WARREN	TON, NC 27589		
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 271	Continued From page	e 28	D 271		
	The findings are:				
		s undated Sexual Assault			
	Prevention and Response	-			
	-Sexual assault was o	al contact or behavior,			
	including unwanted to				
	-Consent was defined	d as a clear, voluntary, and			
	=	to participate in sexual			
	activityResidents with cogni	itive impairments may not be			
	able to legally conser				
	 Resident supervision be followed. 	and privacy protocols must			
	-The staff must monit	or interactions between			
		nfirmed incident must be			
		to the Administrator and the Services (DSS) as required			
	•	designee would coordinate			
		and DSS to conduct a			
	-The resident would b	e provided with medical			
	care, emotional suppo during and after the in	ort, and a safe environment nvestigation.			
	Review of Resident # 02/11/25 revealed:	1's current FL-2 dated			
	-Diagnoses included	dementia, major			
	neurocognitive disord	er, hyperlipidemia, and			
	pre-diabetes.	disoriented			
	-She was constantly of -She was ambulatory				
	Review of Resident # revealed:	1's care plan dated 02/04/25			
	-Diagnoses included disorder, insomnia, se				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
						С
		HAL093010	B. WING		07	//08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STATE	E, ZIP CODE		
ΔΙ ΡΗΔ Μ	AGNOLIA GARDEN	930 HWY	158 BUS E			
71211117111	7.01.021.7.07.1.021.7	WARREN	ITON, NC 27589			
(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 ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 271	directed. Review of Resident # 06/03/25 revealed: -The incident report v at 6:30pmThe description of the resident was on top of clothes offThe question of did to treatment, was checkedThere was no signate completed this reportedThe Administrator signated for the Administrator restaff member that a penal walked in on a measure of the residentsThe Administrator told the the residentsThe Administrator carguardian and informed communicated to here-The guardian informed.	priented. The memory loss; she had to be early incident report dated was completed on 06/03/25 The incident was a male of Resident #1 with their they need to be sent out for ted no. They need to	D 271			
	#1's court-appointed 06/03/25 at 9:18pm re -The on-call guardian					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					С
		HAL093010	B. WING		07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE. ZIP CODE	
			158 BUS E	,	
ALPHA M	AGNOLIA GARDEN		ON, NC 27589)	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE COMPLETE
TAG	NEGOEMONT ON	in ordinarion,	TAG	DEFICIENCY)	
D 271	Continued From page	30	D 271		
DZII					
	-	ovided information that			
		ited in the bedroom of a			
	with the male residen	s engaging in sexual activity			
		counter appeared to be			
		s no indication of coercion			
		esident and Resident #1			
	was not traumatized I				
		anted to inform the guardian,			
	and she stated that she would complete an incident report and would also notify Resident				
	#1's PCP.	ould also notily Resident			
	#131 CI.				
	Review of the teleme	dicine thread started at			
	11:08pm on 06/03/25				
	=	Resident #1 was found in a			
	male resident's room -The quardian was co	ontacted and did not want			
	Resident #1 sent out.				
	-The reporting persor	n was the Administrator.			
		ovider (MHP) responded by			
	_	was alert and oriented.			
	- I nere was no respor Administrator.	nse documented from the			
		I and recommended sending			
		nergency department (ED);			
	the guardian's refusa				
		aboratory testing include			
		ency virus (HIV), syphilis,			
	hepatitis B and C, chl	amydia, and gonorrhea.			
	Telephone interview v	with Resident #1's PCP on			
	06/06/25 at 2:50pm re				
	-	of the incident between			
	Resident #1 and the i				
		that the incident happened			
		esident was not evaluated by			
	a medical professiona	al/ED physician. have been evaluated.			
	- me resident should	nave been evaluated.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING		
	HAL093010	B. WING		C 07/08/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ALPHA MAGNOLIA GARDEN	930 HWY 1 WARRENT	58 BUS E ON, NC 27589		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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
9:38am revealed: -She was informed by morning, 06/10/25, of the Resident #1 and a malathe Administrator state before between the two guardian did not want to the Administrator gave consensualShe was not informed Resident #1 was saying the encounterHad she been told Rewould have called 911 investigated as a rapeatif guardianship had be #1, that meant the resicapacity to make decisal -Resident #1 could have done in the facility by the Interview with Resident 10:53am revealed: -The facility did not not incident dated 06/03/26 a male residentLast night she was protoday, 06/11/25, when in Resident #1's notesThe SCU Coordinator morning that Resident with a male resident. Interview with the Administrator with a male resident.	the Administrator that the incident between le resident. ted that had happened to residents and the on-call Resident #1 sent to the ED. We her the impression it was at by the Administrator that the incident #1 had said no, she and had the incident we had a sexual assault kit the forensic department. In #1's MHP on 06/11/25 at the forensic department #1 and the incident #1 had said no incident we had a sexual assault kit the forensic department. In #1's MHP on 06/11/25 at the forensic department #1 and the incident #1 was found having sex thinistrator on 06/10/25 at the doing the right thing by an and not sending	D 271		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL093010	B. WING		l l	C /08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
ALPHA M	AGNOLIA GARDEN	****	158 BUS E ITON, NC 27589			
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 271	Continued From page called 911. -She did not know wh sexual abuse.	e 32 nat the facility's policy was for	D 271			
D 273	to meet the routine and of residents. This Rule is not met TYPE A1 VIOLATION Based on observation reviews, the facility fa follow-up to meet the sampled residents (# a resident who was sent to the hospital in (#1), two residents w jagged and were not #8), and a resident w with her whereabouts	2 Health Care assure referral and follow-up nd acute health care needs as evidenced by:	D 273			
	Prevention and Resp -Sexual assault was a non-consensual sexu including unwanted to -Consent was defined informed agreement activity.	ıal contact or behavior,				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	1 ` '	SURVEY PLETED
			A. BOILDING.			0
		HAL093010	B. WING		07	C // 08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ΓE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN		158 BUS E TON, NC 27589			
(VA) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN C	DE CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 33	D 273			
	be able to legally con-Resident supervision be followedThe staff must monit residentsAny suspected or co reported immediately Department of Social by lawThe Administrator or with law enforcement thorough investigation-The resident will be p	sent. In and privacy protocols must or interactions between Infirmed incident must be to the Administrator and the Services (DSS) as required Indexignee will coordinate and DSS to conduct a Incorovided with medical care, and a safe environment during				
	02/11/25 revealed: -Diagnoses included	er, hyperlipidemia, and disoriented.				
	revealed: -Diagnoses included disorder, insomnia, so dementiaShe was ambulatory -She was always disc-She had significant r directed. Review of Resident # dated 06/03/25 reveal-The incident report wat 6:30pm.	eizure disorder, and . priented. nemory loss; she had to be -1's incident/accident report				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			7. BOILDING			С
		HAL093010	B. WING	<u>-</u>	07	/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STATE	E, ZIP CODE		
41 5114 44		930 HWY	158 BUS E			
ALPHA M	AGNOLIA GARDEN	WARREN	ITON, NC 27589			
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	clothes off. -The question of did tout for treatment, was -There was no signat completed this report -The Administrator signated the service of Resident # 06/03/25 revealed: -The Administrator restaff member that a phad walked in on a mage of the service #1's court-appointed of 06/03/25 at 9:18pm results of the service of the on-call guardian telephone call from the service of	the resident need to be sent is checked no. The staff who have a compared the report on 06/04/25. The staff who have a call from a facility derived having sex with the separated, and the fact the PCA to keep a close dealled Resident #1's on-called them of what was from the staff. The did not want the resident by department (ED) because lot in other facilities and he happen again. The determinant of the Administrator to care provider (PCP) and keep as contacted by telemed, and for labs to be drawn.	D 273	DEFICIENC		
	male resident and wa activity. -She indicated the en	ated in the bedroom of a as engaging in sexual accounter appeared to be as no indication of coercion				

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL093010	B. WING		C 07/08/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN	***************************************	158 BUS E			
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	ITON, NC 27589	PROVIDER'S PLAN OF CORRECT	ON (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE COMPLE	ETE
D 273	Continued From page	35	D 273			
D 273	or force by the male r was not traumatized be -The Administrator inf Resident #1 was redir without incident and se checks every 15 minus. The Administrator was and she stated that sl incident report and we PCP. Review of the telement 11:08pm on 06/03/25 -The complaint was Remale resident's room resident. -The guardian was concerned to the reporting persons. The mental health president in the resident was resident.	esident and Resident #1 by the encounter. formed the guardian that feeted to her bedroom taff would perform bed tes. finted to inform the guardian, fine would complete an build also notify the facility's	D 273			
	AdministratorThe MHP responded Resident #1 to the ED notedOrders were received	and recommended sending b; the guardian's refusal was d for laboratory testing, unodeficiency virus (HIV), and C, chlamydia, and				
	gonorrhea. Review of the local la report dated 06/03/25 -The law enforcement at the facility for a ma care unit (SCU) with a was holding people de-Emergency Medical	w enforcement investigation at 9:53pm revealed: officer responded to a call le resident in the special an altered mental status who own and punching them.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BOILBING.		С
	HAL093010	B. WING		07/08/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ALPHA MAGNOLIA GARDEN	930 HWY 1	58 BUS E ON, NC 27589		
(VALID SLIMMARY STATI	EMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	d (VE)
PREFIX (EACH DEFICIENCY N	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273 Continued From page 3	36	D 273		
resident. -The law enforcement of who stated the male resident #1 earlier in the 6:00pm. -The PCA stated she contained about the sexual assaulaw enforcement. -The PCA stated she with resident and saw the middown; he had pulled Resident and was penetrating Resident responded he thought. -The PCA advised the minot supposed to be doing resident responded he thought. -The law enforcement of interview Resident #1 with a did not say and no. -The staff member said like this and did not say and no. -The staff member said like this and did not say and no. -The law enforcement of on-call adult protective and advised the APS with a with a middle the law enforcement of the law enforce	officer spoke with a PCA sident sexually assaulted he evening, around ontacted the Administrator alt and was told not to call went to check on the male hale resident with his pants esident #1's pants down esident #1. Hent #1 was saying stop. It was saying stop. It was saying stop. It was always and that and the male did not care what she conficer attempted to with a staff member. It was always and Resident #1 would say with a staff member. It was always and resident #1 was al			

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	r of Deficiencies		(VO) MULTIPLE	CONCEDUCTION	(V2) DATE CUI	
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SUF	
AND LONG		DENTI IO MIGINIDEN.	A. BUILDING: _			
					С	
		HAL093010	B. WING		07/08/	/2025
					1 0	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
ΔΙ ΡΗΔ Μ	AGNOLIA GARDEN	930 HWY	158 BUS E			
7(2) 117(10)	7.01.021.7.07.11.021.1	WARREN	TON, NC 27589			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	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 APPROPI DEFICIENCY)	RIATE	DATE
				22.18.2.16.7		
D 273	Continued From page	e 37	D 273			
	He anaka with the Di	CA who witnessed the rese				
		CA who witnessed the rape				
	at the facility on the e	-				
		she heard someone saying				
	' ' '	e a male resident's room.				
	_	e male resident's room and				
		1 bent over the bed with her				
		nale resident engaged in sex				
	with her.					
	_	asked the male resident				
		, and he replied having sex.				
	_	told the male resident that				
		s, and the male resident				
		care what she thought.				
		ith getting Resident #1's				
	1	valked her back to her room.				
		to the television room, where				
		s sitting, she overheard the				
		ther female resident she				
	was next [expletive].					
		rcement investigator was				
	notified.					
	•	the local law enforcement				
		tified the on-call Department				
	of Social Services (D	•				
		ement officer stated he				
		Resident #1 who was				
	unable to make any s					
		ement officer stated the				
	-	cene had made contact with				
	the Administrator who					
		nd was advised not to				
		ent due to Resident #1's				
	previous history of hy	persexuality.				
	T-1					
		with the responding local law				
		n 06/11/25 at 5:35pm				
	revealed:					
		elated to a resident having				
	mental health issues	•				
	│ -He arrived at the fac	ility and was met by a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL093010	B. WING		07/08/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN	930 HWY 1				
		WARRENT	ON, NC 27589)		
(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 APPROFILIENCY)	D BE COMPLET	
D 273	Continued From page	e 38	D 273			
D 273	been a sexual assaul -He spoke with the Po alleged sexual assau PCA notified the Adm it occurred and she w Administrator not to c -He was informed by assault occurred 2 he was for the mental he alleged sexual assau Telephone interview w investigator on 06/11/ -He believed the incic and a male resident w -The staff did not call Resident #1 was not treatmentThe PCA witnessed heard Resident #1 ye -The PCA removed R resident's room and c -It was reported to hir was not reported bec advised the staff not the enforcementOn 06/04/25, he wer the Administrator to her not to report the in male resident remove 06/04/25The Administrator sta was consensual and	who told him there had t at the facility. CA who witnessed the It and was informed that the inistrator of the incident after ras instructed by the all the law enforcement. the PCA the alleged sexual ours prior to this call, which ealth crisis and not the It . with the law enforcement /25 at 1:10pm revealed: Itent between Resident #1 was handled inappropriately. law enforcement and	D 273			
	Interview with a SCU 10:25am revealed:	PCA on 06/09/25 at				

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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: _	A. BUILDING:		ETED
		HAL093010	B. WING		07/0	8/2025
NAME OF D			DECC CITY CTA	TE 7/D CODE	1 0770	0/2020
NAME OF P	ROVIDER OR SUPPLIER	930 HWY 1	RESS, CITY, STA	ILE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN		о воз E ON, NC 27589	•		
(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 DATE
D 273	Continued From page	e 39	D 273			
D 273	between Resident #1 -She did not think Redeciding to have consresident was "comple-Resident #1 did not was in front of herResident #1 had to bust in the incident occurred the male residentShe was the only state incident occurred the male residentShe had seen Resident was going into the telshe took another resumed the male resident #1 must have room and gone into the she heard Resident stop"When she entered the Resident #1 was lean pants down, and the incident #1 was lean pants down, and the incident #1 said "no" it did not matter, she went to the assistatility and got the MA SCU MAShe told the SCU MA say, "No, no, stop, stotatility and said shadministrator.	and the male resident. sident #1 was capable of sensual sex because the tely out of it." even know when her food be directed for everything. and SCU PCA on 06/09/25 at off member in the SCU when between Resident #1 and ent #1 in the hallway and evision room. sident to their room and event of the television me male resident's room. #1 saying, "No, no, stop, and male resident was behind er. sident to stop and that and the male resident said was his. 1 and left the male ested living (AL) side of the A, who then went and got the and was going to call the	D 273			
	-She wrote that Resid	r to "write up" the incident. lent #1 was heard saying no,				
	no, stop, stopThe Administrator as	ked her to write up a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL093010	B. WING		C 07/08/2025
NAME OF D					1 07/06/2025
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA I 58 BUS E	TE, ZIP CODE	
ALPHA M	AGNOLIA GARDEN		ON, NC 27589		
(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 273	Continued From page	e 40	D 273		
	"different statement" ashe had written one statement and written one statement and sta	and she refused because tatement and the like what she had written. SCU PCA on 06/10/25 at resident say he [expletive] sident punch the other SCU the male resident did not round 7:30pm and thought did then. und 9:00pm. Wed her about the incident, did her to write a statement ault.			
	and no one had asked her to write a statement about the sexual assault. Interview with a SCU MA on 06/09/25 at 10:39am revealed: -She had heard about the incident between Resident #1 and the male residentResident #1 needed assistance with everythingResident #1 did not know what was going onIf someone asked Resident #1 if she wanted to have sex, she would not even understand the question. Interview with another SCU MA on 06/09/25 at 2:53pm and 4:16pm revealed: -She was working in the SCU on 06/03/25 when the incident occurred between Resident #1 and the male resident, but she was not in the SCU at the time the incident occurredShe had stepped outside of the facility to get something out of her carTwo PCAs were working with her in the SCU the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7 50.25 10.			
		HAL093010	B. WING		1	, 8/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ΔΙ ΡΗΔ Μ	AGNOLIA GARDEN	930 HWY 1	58 BUS E			
ALI 11A W	AONOLIA GARDEN	WARRENT	ON, NC 27589	1		
(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 273	Continued From page	· 41	D 273			
D 2/3	needed in the SCU. -Upon return to the Sc Resident #1 was in the Resident #1 went in a rooms. -"We were told we had not restrain her." -The other PCA took to break and that was we The PCA told her she stop, and saw the mathave clothes on and versident she was not aware of Resident #1 and sexult working at the facility. -Two named staff merenforcement. -When she called the incident, she told her resident was trying to #1. -The Administrator tole enforcement until she guardian to see how thandle the situation. -The Administrator cashe had heard from the guardian said Reside behavior and they did against the male resident #1 was not able to decide to have -When EMS entered it resident, the EMS per incident with Resident with Resid	CU, the PCA told her e male resident's room. and out of other residents' ve to let her walk; we could more than a 15-minute hen the incident occurred. The heard someone hollering le resident, who did not was on top of Resident #1. Resident #1 had clothes on the start of any other incidents with hal activity since she started 5 months ago. The most of the PCA reported the male sexually assault Resident #1's he guardian wanted to to call law talked to Resident #1's he guardian and the not want to press charges dent. Oriented and would not be exexually for another resonnel were told about the tit #1 and that was how law	D 273			
	able to decide to have -When EMS entered t resident, the EMS per	e sex. The facility for another The facility f				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3		, ,	X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL093010	B. WING		07	C 7/08/2025
NAME OF D				TE 710 000E	1 0.	100/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE		
ALPHA M	AGNOLIA GARDEN		158 BUS E			
			TON, NC 27589			
(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 CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 42	D 273			
	revealed:	MA on 06/10/25 at 5:11pm				
	06/03/25.	the second shift in the AL on				
		e coming from the SCU.				
	-She was administering when the SCU PCA of	ng medications in the AL came out of the SCU				
		"I am the only one back				
	here" and stated she					
		a male resident was on top				
		ne thought he was sexually				
	assaulting her.					
		ner she was in a resident's				
		sident when she heard				
	moaningWhen she went to ch	neck she saw a male				
		sident #1, and he was				
	sexually assaulting he					
	, ,	PCA why she was by herself				
	in the SCU and the P	CA told her another PCA				
	was gone for 45 minu					
		tell the Administrator who				
		e exactly what happened,				
		male resident was sexually				
		t1; the PCA was crying. histrator what she wanted				
		ministrator said "Do not call				
		MS on the male resident				
	because of a change					
		th the Administrator about				
		ement because the resident				
		e could have been sexually				
		how aggressively the male				
	resident was acting a					
	-When EMS arrived, l EMS.	law enforcement was with				
		nt" with her for the guardian				
	,	appening to Resident #1.				
		Administrator and told her				
	that the male residen	t had punched her in the				

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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: _		COMP	LETED
						С
		HAL093010	B. WING		07/	08/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STA	TE, ZIP CODE		
		930 HWY	158 BUS E			
ALPHA M	AGNOLIA GARDEN	WARREN	ITON, NC 27589)		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRI	ECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	COMPLETE DATE
D 273	Continued From page	€ 43	D 273			
	face.					
		aid to call EMS and report a				
		Il health change but not to				
	call 911.	in realth change but not to				
	-	ith the decision not to call				
	911.					
		or (AD) called and said to				
		spected sexual assault and				
	not to bathe Resident					
	-When EMS arrived for	or the male resident, she				
	told them about Resid	dent #1 being sexual				
	assaulted.					
		alled and wanted to know				
	•	nforcement; she told the				
		not call law enforcement.				
		ated that law enforcement				
	Resident #1's normal	lled because this was				
	**	of Resident #1 having any				
	inappropriate sexual					
		sident #1 had the mental				
	capacity to consent to					
		ny anyone would be ok with				
		Resident #1 was sexual				
	assault .					
		as informed of Resident #1				
		uring the sexual act, and that				
	Resident #1 was sexi	ually assaulted.				
	Telephone interview v	with a guardian on 06/09/25				
	at 8:46am revealed:	3				
	-He was the guardian	on call on 06/03/25 when a				
	call was received fror					
	regarding Resident #	1 having sex with a male				
	resident.					
		incident was consensual				
	and was not told it wa					
	-He asked the Admini					
		ospital for a SANE exam (a				
	kit used to gather and	d preserve physical evidence				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL093010	B. WING		07/08	3/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
ΔΙ ΡΗΔ ΜΑ	AGNOLIA GARDEN	930 HWY	158 BUS E			
7(2) 17(10)		WARREN	NTON, NC 27589			
(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 273	Continued From page	e 44	D 273			
	following an instance assault) and the Adm consensual. -He knew the residen -He was not told the Fe be sent to the hospital -He only received one regarding this incident. Telephone interview was court-appointed guard revealed: -He saw Resident #1 -Resident #1 slept mashe walked around in -Resident #1 did not respoken to. -He received an emain representative about -The email stated the between Resident #1 sex was consensual. -He did not think Resident #1 to the Edit of the washed the received the Resident #1 to the Edit -He was not aware of hypersexual behavior. Telephone interview was aware if Resident #1 behaviors. Telephone interview was supervisor on 06/10/2 revealed: -The facility should he evaluation.	or allegation of sexual inistrator said no it was the resided in the SCU. PCP wanted Resident #1 to all to be evaluated. It call from the facility staff it. With Resident #1's dian on 06/09/25 at 12:03pm in May 2025. Dost of the time he was there; the hallways. The respond to questions when it from the on-call guardian the incident on 06/03/25. The was sexual activity and a male resident and the ident #1 was able to consent cognitive ability and her call, he would have sent of for evaluation. The Resident #1 having any is. The ardian he should be made had any hypersexual with Resident #1's guardians' 25 at 12:37pm and 3:42pm ave sent Resident #1 out for				
		Resident #1 sent out for				

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evaluation.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL093010	B. WING		C 07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
AL DUA M	ACNOLIA CARDEN	930 HWY	158 BUS E		
ALPHA IVI	AGNOLIA GARDEN	WARREN'	TON, NC 27589		
(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 273	Continued From page	÷ 45	D 273		
D 273	-The Administrator sprepresentative they w #1 outShe or the court-app been contactedShe was not aware of hypersexualityA resident who residincompetent and had guardian did not have sexual intercourseThis situation was not-Resident #1 should had medical treatmentShe requested that FED for evaluation that Resident #1 had not have sexual assats. Review of Resident #1 dated 06/10/25 reveal are sexual assats. Review of Resident #1 was seed are sident #1 was test disease (STD)Resident #1 was to more month.	oke to the on-call guardian could not have sent Resident cointed guardian should have of Resident #1's ed in the SCU, who was a court-appointed legal the ability to consent to ot handled properly. The bear to the ED for Resident #1 be sent to the taday, 06/10/25, since received medical attention could no 06/03/25. 1's hospital ED summary liter for sexual assault. Ited for sexually transmitted repeat the test for STDs in the ered two medications to	D 273		
	Telephone interview v	vith the Special Care			
	revealed:	·			
	-She received a telep				
	Administrator about the Resident #1 and a ma				
		ane resident. Anted to know who Resident			
		as and said she would call			
	the guardian and han				
	-She spoke with the N	MA and told her not to bathe all EMS to transfer her to the			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			5 11/11/2		С
		HAL093010	B. WING		07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
ALPHA M	AGNOLIA GARDEN	930 HWY	158 BUS E		
		WARREN	TON, NC 27589		
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
D 273	Continued From page	e 46	D 273		
D 273	hospital. -The Administrator cato the on-call guardia was informed that the representative did not the hospital because -She did not know if I by the PCP or the MI Interview with the AD revealed: -She received a voice 06/03/25 at 5:58pm; so 7:30pm. -The SCC stated she male resident had se -The SCC stated she answer the phone at know what the SCC mand who gave her phore-The PCA stated who she saw Resident #1 and Resident #1 was something, and the migust sex. -She and the SCC boor change Resident #1 -She did not know who she did not know who she did not know of Resident #1 and this male resident. -Resident #1 walked her bed.	alled her back after speaking in representative and she e on-call guardian it want Resident #1 sent to she was frisky. Resident #1 had been seen HP since the incident. on 06/10/25 at 3:11pm e message from the SCC on she returned the call around had been notified that a xual assaulted Resident #1. could not get anyone to the facility and wanted to needed to do. ade a three-way call to the one to the PCA. In she was doing rounds, in the male resident's room, saying no, help, or nale resident stated it was both told the PCA to not washed and to call 911. In an	D 273		
	06/09/25 at 11:08am	ea Clinical Director on revealed: ncident between Resident #1			

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STATE FORM 6899 WJSU11 If continuation sheet 47 of 87

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		1141 002040	B. WING			C
		HAL093010	J0		07	//08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
ALPHA M	AGNOLIA GARDEN	930 HWY	158 BUS E			
7121117111	, 101102111 071112211	WARREN	TON, NC 27589			
(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 DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 47	D 273			
D 273	and the male residem -She was told Reside had done "this" in the guardian to not send evaluatedShe did not think two consent to have sexIf a resident was say considered against th -If the guardian said t the staff could have s guardian to have the -If the guardian said t they would have viola they went against him Second interview with on 06/09/25 at 4:04pr -She had "learned a I morning"The PCA viewed the and that was how she Administrator encoura itThe PCA was encou story"She was concerned the Administrator to n Interview with the Adr 11:23am revealed: -When she got home 6:10pm, she received	t yesterday, 06/08/25. Int #1, and the male resident past and was told by the Resident #1 out to be residents in the SCU could ing stop, it would be resident's consent. In onot send the resident out, strongly encouraged the resident to be sent out. In the Area Clinical Director in revealed: In the Area Clinical Director in r	D 273			
	· ·	e PCA "at this point."				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	′
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					С	
		HAL093010	B. WING		07/08/202	25
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
		930 HWY	158 BUS E			
ALPHA MA	AGNOLIA GARDEN	WARREN1	TON, NC 27589)		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N ((X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COM	MPLETE DATE
D 273	Continued From page	e 48	D 273			
D 273	-She talked to an on-incidentThe on-call guardian with this type of activi again and was not for -She thought it was cotold her anything about -The on-call guardian diagnosis of hypersex happened beforeThe first time she was #1 saying no, was the law enforcement of interview with the PCShe asked all the state of 100/03/25 to write a state happenedShe wanted to send but the guardian had -The police officer reconumber and said he we -She notified the PCF system (an electronical-The next day, 06/04/	told her with his experience ity; it would probably happen reeful sexual assault. onsensual because no one ut screaming or anything. told her Resident #1 had a kuality and this had as made aware of Resident e next day, 06/04/25, when detective told her about his A. aff that were working on atement about what Resident #1 to the hospital,	D 273			
		he guardian or the PCP				
	consensual.	cident may have not been				
	-	nt #1 could make decisions				
	on what she wanted t					
		of Resident #1's dementia,				
	she could not make a					
	•	nt #1's PCP saw her on				
	06/04/25.	LDCD there were to be a second distinct				
		I PCP through telemedicine				
		sent to the hospital to be				
		ardian said he did not want				
	her sent to the hospital	aı. call PCP called Resident				
	-one mought the on-t	Dail I OF Called NESIDELL	1			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						;
		HAL093010	B. WING		07/0	8/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN	930 HWY	158 BUS E			
		WARREN	ITON, NC 27589			
(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	(X5) COMPLETE DATE
D 273	Continued From page	e 49	D 273			
	#1's guardian too bed documentedOther than asking sta about what happened further investigation of incidentShe had not been too from the law enforced detective told her about when she asked the the detective one thin PCA walked offThe staff members in statement that the resistent when the Adra 4:07pm revealed: -She did not know if the last week after the incident when the staff members in statement that the resistent when the staff members in statement that the resistent when the staff members in statement that the resistent when the staff in the st	ause of the way it was aff to write up a statement d, she had not done any or reporting related to this Id anything that she heard ment detective before the out his interviews with staff. PCA why she was telling and her another thing, the ever provided her with a sident was heard saying no, withing. ministrator on 06/10/25 at the PCP saw Resident #1 cident. ent #1 last week on a doing the right thing by tan and not sending of as requested. Excual assault was never en she was notified on				

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	or realth Service Negu		()(0) MILITIDI E	CONOTRILOTION	TWO DATE OUR VEY
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	or contraction	IDENTIFICATION NOMBER.	A. BUILDING: _		OOMI LETED
					С
		HAL093010	B. WING		07/08/2025
					1 01/100/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
ALPHA MAGNOLIA GARDEN 930 HWY 1		158 BUS E			
ALFIIA IVI	AGNOLIA GARDEN	WARREN	ITON, NC 27589		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX		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
				DEFICIENCY)	
D 273	Continued From page	e 50	D 273		
		with Resident #1's PCP on			
	06/06/25 at 2:50pm re				
		of the incident between			
	Resident #1 and the i				
		ld Resident #1 had been			
	showing signs of bein	• • •			
		the incident happened "days			
	ago" and the resident	was not evaluated.			
	-The resident should	have been evaluated right			
	after the incident hap				
	-She did not know if t	he guardian refused to let			
	the resident be sent t	o the hospital what could			
	have been done, but	she would have contacted			
	law enforcement.				
	-She thought law enfo	orcement could at least have			
	done a test kit at the	facility on the resident to see			
	if sexual assault occu				
	Interview with Reside	nt #1's PCP on 06/10/25 at			
	9:38am revealed:				
	-She was informed by	y the Administrator today,			
	-	ent between Resident #1			
	and a male resident.				
	-The Administrator sta	ated this had happened			
		two residents and the			
	on-call quardian repre	esentative did not want			
	Resident #1 sent to the				
		vere two other incidents with			
	Resident #1 and the				
	· ·	e of the previous incidents			
	with Resident #1 was				
	resident.	with a different male			
		ave her the impression it was			
	consensual.	TO HOL THE IMPLESSION IT WAS			
		d by the Administrator that			
	Resident #1 was sayi				
	_	lesident #1 had said no, she			
		1 and had the incident			
	_				
	investigated as a sex				
	∣ -ıī guardıanship had b	peen granted for Resident			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
			B WING		C	
		HAL093010	B. WING		07/0	8/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ΔΙ ΡΗΔ Μ.	AGNOLIA GARDEN	930 HWY	158 BUS E			
ALI IIA III	AGNOLIA GARDEN	WARREN	TON, NC 27589			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 51	D 273			
D 273	#1, that meant the rescapacity to make dec-Resident #1 could had one in the facility by -Resident #1 could hawould be painful, cau an injury internally or -She was concerned on 06/03/25 and there of Resident #1 as of the -She would refer Resevaluation. Interview with Reside 10:53am revealed: -The facility did not not incident dated 06/03/25 and there of the residentLast night she was proday, 06/11/25, when in Resident #1's note: -The SCC told her thawas found having sexified the sexified requires and requires -The resident #1 could not asked of herResident #1 could not asked of herResident #1's cognitideclinedWhen she spoke to the of 11/25, she was not sexual assaulted or the not, no, stop, stop.	sident did not have the isions on her own. ave had a sexual assault kit the forensic department. ave been dry and intercourse sing friction and could cause externally. that the incident happened e had been no assessment oday, 06/10/25. ident #1 for a gynecological int #1's MHP on 06/11/25 at otify her regarding the 25 between Resident #1 and reparing for the facility visit in she read about the incident is. at morning that Resident #1 and with a male resident. It whether the incident was at the residents had disupervision. Organitive impairment and out consent to sexual activity. Out understand a question it is such as not great, and it had the SCC that morning, it told that Resident #1 was not Resident #1 was not Resident #1 was saying	D 273			
	the hospital, Residen					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_		C	
		HAL093010	B. WING		07/08/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ΔΙ ΡΗΔ Μ	AGNOLIA GARDEN	930 HWY 1	58 BUS E			
ALI HA III	AGNOLIA GANDEN	WARRENT	ON, NC 27589			
(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 273	Continued From page	: 52	D 273			
	out for medical treatm	itor Resident #1 closely ive decline. notified with incidents				
		s, interviews, and record ined Resident #1 was not				
	2. Review of Resident 05/24/24 revealed: -Diagnoses included of -She was ambulatory. -The orientation section					
	revealed: -The care plan was no Care Provider (PCP).	ıt forgetful.				
	revealed: -Resident #7 had safe -There was document	7's ADL log dated 05/15/25 ety checks every 2 hours. tation that Resident #2 was safe every two hours from				
		obtained on 07/02/25 nera was on the outside of exit door of the dining room.				

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DIVISION	n nealth Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
		1141 000040	B. WING		C	V0005
		HAL093010	2		1 07/08	3/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		930 HWY	158 BUS E			
ALPHA MAGNOLIA GARDEN		TON, NC 27589	•			
			1011, 110 27000			
(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	3	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 070	0 " 15		D 070			
D 273	Continued From page	÷ 53	D 273			
	-There was a stoop o	utside the back door that				
	had 5 steps leading to	the ground.				
	-At 4:29am, Resident	#7 was observed standing				
	at the dining hall exit	door, outside of the facility,				
	with her pants around	l her thighs.				
	-It was noted to be da					
		#7's pants were around her				
	ankles, and she twiste	-				
		#7 was knocking on the exit				
		ile standing on the stoop				
	with her pants down a	•				
	•	#7 was knocking on a				
		ng unit to the right of the exit				
	door.	ig drift to the right of the exit				
		#7 was hitting her hand				
	repeatedly on the woo					
		#7 was trying to pull her				
		·				
	· ·	nd while holding onto the				
	wooden rail with her o					
		#7's pants had not been				
	pulled up.	#7 -::::::::::::::::::::::::::::::::				
		#7 was hitting the window				
	air conditioning unit w					
		#7 was standing at the top				
	of the stoop; her pant	• •				
		e dark outside the facility.				
	-There was no video t	ootage from				
	5:31am-9:42am.					
		#7 was standing at the top				
	of the stoop.					
	-It was noted to be lig					
		#7 was observed holding				
		the right side and slowly				
	moving down the step					
	-At 10:08am, Residen	it #7 was observed standing				
	at the bottom of the s					
	handrail.	-				
		nt #7 was observed on the				
		step; She was reaching				

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behind her, trying to hold onto the railing.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE S COMPLI	
					c	;
		HAL093010	B. WING		07/0	8/2025
NAME OF PROVIDER OR SU	PPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ALPHA MAGNOLIA GA	RDFN	930 HWY	158 BUS E			
WARRENT		TON, NC 27589)			
PREFIX (EACH	I 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 273 Continued	rom page	e 54	D 273			
-The exit do and a contr working on and within service and a contracted the back do DM that Resident the contracted th	por to the of acted con the door he sight of Rein, Resider ide the boon no video or ended up, the control of th	dining room was opened, struction worker was handle at the top of the steps esident #7. In the steps esident #7 was lying on the ttom of the steps. In the ground worker wood on the ground. It the steps wood on the ground worker wood at the bottom of the he door. It the door handle, and Resident #7 ground at the bottom of the he door. It the door handle, was ck down. It the door handle worker	D 2/3			

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DIVISION	n nealth Service Regu	iation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					l _	
					C	
		HAL093010	B. WING		07/08	3/2025
NAME OF D	DOVIDED OD CUDDUED	CTDEET AD	DDECC CITY CTA	TE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ILE, ZIP CODE		
ΔΙ ΡΗΔ ΜΑ	AGNOLIA GARDEN	930 HWY	158 BUS E			
, , _ , , , , , , , , , , , , , , , , ,	10.1102111 07.1112211	WARREN	TON, NC 27589			
(X4) ID	SUMMARY STA	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		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 273	Continued From page	. EE	D 273			
D 213	Continued From page	: 55	52/3			
	found Resident #7 lying	ng at the bottom of the				
	steps, with her upper	body on the last step and				
	her lower body on the	ground.				
	-	y clothed but her clothes				
		because of the rain during				
	the night.	ŭ				
	-A physical assessme	ent was performed on				
	Resident #7 with no in					
	-Resident #7 denied h	-				
		sisted off the ground after				
	several attempts.	isted on the ground after				
	•	en inside and immediately				
		m the personal care aide				
		in the personal care alde				
	(PCA).	were noted to Decident #7				
		were noted to Resident #7				
		essment was completed				
	during the shower.	and and coefficient to be a				
		ssed and walked to her				
	room with assistance					
	-Resident #7 asked to	_				
		s required at that time.				
		to closely monitor Resident				
	#7 for any new compl	aints related to the incident.				
	Davison of David and	71				
		7's progress notes revealed:				
	-There was no docum					
	incident/accident date					
	-There was no docum	nentation that the Mental				
	Health Provider (MHF	P) was notified of the				
	incident.					
	Review of Resident #	7's MHP triage note dated				
	05/15/25 revealed:					
	-The chief complaint v	was Resident #7 continued				
	to refuse her medicat	ions.				
	-There was an order t	to discontinue all scheduled				
	medications.					
	-There was no docum	nentation that the MHP was				
	notified of Resident #	7 being found outside.				

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DIVISION	n Health Service Negu	iation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			1		_
					С
		HAL093010	B. WING		07/08/2025
NAME OF B	20/4050 00 011001150	OTDEET AD	DDEGG GITY GTA	TE 710 000E	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	I E, ZIP CODE	
ΔΙ ΡΗΔ Μ.	AGNOLIA GARDEN	930 HWY	158 BUS E		
ALI IIA W	ACITOLIA CANDLIT	WARREN	TON, NC 27589		
(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	()
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE
				DEFICIENCY)	
			5.000		
D 273	Continued From page	e 56	D 273		
	Interview with Reside	nt #7's MHP on 06/11/25 at			
	11:06am revealed:	11t #1 3 Willi 011 00/11/23 at			
		D :1 (#7) 16			
		ner Resident #7 eloped from			
	the facility on 05/15/2	•			
	06/11/25, when she a	rrived at the facility.			
	-The staff should have	e notified her that Resident			
	#7 was found outside				
	-It was unacceptable	that Resident #7 was			
	outside of the facility.	mat resident // was			
	,	naking rounds at least every			
		•			
	•	ot see Resident #7, they			
	should look for her.				
		C on 06/10/25 at 2:46pm			
	revealed:				
	-She saw the DM run	ning to the Administrator's			
	office.				
	-The Administrator pa	ged for all assisted living			
		the back of the dining room			
	(DR).	are back or are arming reem			
	, ,	ne saw Resident #7 lying on			
	·	, ,			
		oper part of her back lying			
	on the bottom steps.				
		ction worker saw Resident			
	#7; he notified the DM	I who notified the			
	Administrator.				
	-She assessed Resid	ent #7, and no injuries were			
	identified.				
	-She attempted to rea	ach the MHP by telephone			
	but was unsuccessful				
		cation aide (MA) to try to call			
		ad not been able to speak to			
		a not been able to speak to			
	the MHP.				
	Intomious with the AI	ministrator on OG/40/05 -t			
		ninistrator on 06/10/25 at			
	4:07pm revealed:				
		truction worker came and			
	got her and the RCC	and told them there was a			
	resident outside in the				

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-The DM came out also.

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	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL093010	B. WING		C 07/08/2025	,
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,	
ALPHA M	AGNOLIA GARDEN		158 BUS E TON, NC 27589	1		
(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 CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPLICATION DEFICIENCY)	OULD BE COMP	PLETE
D 273	back onto the stepsThe front of Residen she did not see the bashe had feces on the was no sign of urinaryThere was stool besi Resident #1 had a boathe RCC assessed injuries notedThe RCC assessed injuries notedThe RCC was respoashe did not know the Based on observation reviews it was determiner viewable. 3. Review of Resident revealed: -Diagnoses included with hypoxia, cerebrate seizuresHe needed assistant dressing. Review of Resident # revealed he required bathing, dressing, and Review of Resident # 2025-June 2025 revealed with a podition of Resident # 2059am revealed: -The skin on top of the and flaky.	t #7's clothing were clean; ack side of her clothing. e side of her pants; there y incontinence and no odor. de the steps where wel movement. Resident #7. hsible for notifying the MHP. e MHP was not notified. hs, interviews, and record hined Resident #7 was not the t #8's FL-2 dated 11/14/24 dementia, respiratory failure I infarction, and epileptic be with bathing and 8's care plan dated 11/14/24 extensive assistance with d grooming. 8's charting notes from May aled there was no ding Resident #8's toenails	D 273			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ <i>'</i>	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL093010	B. WING		C 07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ΔΙ ΡΗΔ Μ.	AGNOLIA GARDEN	930 HWY 1	58 BUS E		
ALI IIA III	AONOLIA GARDEN	WARRENT	ON, NC 27589		
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 58	D 273		
	under and between helft and right footAll of his toenails we -The first toenail on hend of his toe by 3/4 in -The second toenail of the end of his toe by toward the first toeHe had a blister on toenail of the end of his toe by toward the bottom sideThe third and fourthing grown over the end of toward the bottom sideThe fifth toenail on the with a small piece of the end of his toe by in the toenailThe second toenail of the end of his toe by in the toenail on the end of his toe by curve underThe fifth toenail on hone piece of the toen the toe and curling under the end of his toe by curve underThe fifth toenail on hone piece of the toen the toe and curling under the was not wearing toenailsHe had not had anyone.	is toes on the bottom of his re discolored and thick. is left foot extended past the ich. on his left foot extended past '/4 inch and was curved op of the second toe. toenails on the left foot had if the toe and were curled le of the toe. ne left foot was broken off toenail remaining. is right toe extended past '/2 inch and had deep ridges on his right foot extended e by '/4 inch and was inder. In is right foot extended past '/2 inch I his right foot extended past '/3 inch and was beginning to is right foot was broken with ail extended past the end of inder. Int #8 on 06/11/25 at 9:59am shoes because they hurt his one ask to cut his toenails. o have his toenails cut. e had told anyone his			
	Interview with a personal 10:10am	onal care aide (PCA) on revealed she had not			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SU	
			A. BUILDING: _			
		HAL093010	B. WING		07/08	3/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN		158 BUS E FON, NC 27589)		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 273	Continued From page	÷ 59	D 273			
	noticed Resident #8's	toenails needed to be cut.				
	(SCC) on 06/11/25 at	ecial Care Unit Coordinator 10:18am revealed Resident s, so she was not aware his				
	sister facility on 06/11	ninistrator/Consultant from a /25 at 1:01pm revealed the been referred out to a ls needed to be cut.				
		interview with Resident #8's /11/25 at 11:27am was				
	Attempted telephone representative from the podiatry services on (unsuccessful.					
		interview with the facility's are provider (PCP) on as unsuccessful.				
	revealed: -Diagnoses included with behavioral distur	t #6's FL-2 dated 01/28/25 hypertension and dementia bance. be with bathing, dressing,				
	Review of Resident # revealed he was depo for bathing, dressing,	6's care plan dated 01/20/25 endent on staff assistance and grooming. 6's charting notes from May				
	2025-June 2025 reve	aled there was no ding Resident #6's toenails				

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A. BUILDING: C HAL093010 B. WING 07/08/2	/2025
D 14/11/0	/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
ALPHA MAGNOLIA GARDEN 930 HWY 158 BUS E WARRENTON, NC 27589	
(XI) ID	(X5) COMPLETE DATE
D 273 Continued From page 60 D 273	
Observation of Resident #6's toenails on 06/11/25 at 9:51am revealed: -The skin on top of the resident's feet was dry and flaky. -There was a buildup of dark-colored debris and dried skin under and between his toes on the bottom of his left and right foot. -He had multiple calluses on the ball of his left and right foot. -The resident's first toenail on his right foot extended past the end of the toe by ½ of an inch. -The second toenail on his right foot had grown over the end of the toe and the right side of the toenail was pushing into the underside of the toe. -The third toenail on the right foot was black, broken, and jagged. -The fourth and fifth toe on the right foot had grown over the end of the toe and was curled under the bottom side of the toe. -The resident's first toenail on his left foot extended past the end of the toe by ½ of an inch. -The second toenail on his left foot had grown over the end of the toe and was curled under the bottom side of the toe. -The rhird toenail extended past the end of the toe by ½ of an inch and grown over the end of the toe and was curled under the bottom side of the toe. -The third toenail extended past the end of the toe by ½ of an inch and was jagged. -The fourth toe on the left foot had grown over the end of the toe and was curled under the bottom side of the toe. Interview with a personal care aide (PCA) on 00/11/25 at 9:54am revealed: -She helped Resident #6 with a shower on Monday, 06/09/25. -She did not look at Resident #6's toenails. -Resident #6 would not let anyone touch his feet.	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:		LETED
		HAL093010	B. WING			C 08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN		158 BUS E TON, NC 27589			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 61	D 273			
	#6's toenails needed	to be cut.				
	member on 06/11/25 -She expected one of to cut Resident #6's to en podiatrist, she would for 2 months for the pfacilityShe was surprised to still had not been cut. Based on observation reviews it was determinterviewable. Attempted telephone representative from the control of the control	nails could only be cut by a not expect the facility to wait podiatrist to return to the to hear Resident #6's toenails only interviews, and record nined Resident #6 was not				
		interview with the facility's are provider (PCP) on vas unsuccessful.				
	Interview with two PC revealed the PCAs di resident's toenails, or					
	and 1:03pm revealed -The staff made nail I -Certain days of the v toenails. -Staff members who the MAs, the Activitie nursing staff.	cits for each resident. week staff cut the residents' cut toenails included PCAs, s Director (AD), and the				
		nts' toenails were cut she y, 06/06/25, or Monday				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			_
		HAL093010	B. WING		I	C 08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STA	TE, ZIP CODE	•	
		930 HWY	158 BUS E			
ALPHA M	AGNOLIA GARDEN	WARREN	TON, NC 27589	1		
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	Continued From page	e 62	D 273			
D 2/3	06/09/25Every resident's toer see whose toenails not not cutShe remembered so nail clippers because and those were purchartwo residents' toenaneeded to be seen by not recall which two roughly of the podiatrist was sefacility on 06/19/25-06There were no reside (SCU) whose toenails needed to see a podialised to see a podialised to see a problem with literview with the AD revealed: -She only cut the resident's toenails cause a problem with literview with the AD revealed: -She only cut the resident's toenails we fingernailsResidents' toenails we fingernailsResidents' toenails we for 4 sampled resider was sexually assaulte hospital for an evalual incident occurred (#1 outside the facility lay PCP or the MHP were (#7) and a resident we causing pain who was services (#8). This fail	nails should be looked at to eeded to be cut. whose toenails had been me residents needed bigger their toenails were so thick nased. iils were trimmed by staff but to the podiatrist, but she did esidents. Cheduled to be back at the 6/20/25. ents in the special care unit is were so "bad" that they atrist immediately. Is were too long, it could walking. on 06/11/25 at 10:40am dents' fingernails. In for the residents' were cut by podiatry. Insure referral and follow-up ints including a resident, who end and was not sent to the tition until one week after the continuous points in the ground and the continuous toenails were long and is not referred to podiatry illure resulted in serious	D 273			
	(#7) and a resident whose toenails were long and causing pain who was not referred to podiatry services (#8). This failure resulted in serious physical harm and neglect which constitutes a Type A1 Violation. The facility provided an acceptable plan of					

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PREFIX TAG (EACH OERICIENCY) MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, ,	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER ALPHA MAGNOLIA GARDEN SIMMARY STATEMENT OF DEFICIENCIES WARRENTON, NC 27589 CALID SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) DATE OF THE APPROPRIATE DEFICIENCY D 273 Continued From page 63 D 273 THE CORRECTION DATE FOR THIS TYPE A1 VIOLATION SHALL NOT EXCEED AUGUST 7, 2025. D 358 10A NCAC 13F .1004 (a) 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 met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure medications were administered as ordered for 2 of 5 sampled residents (#3 and #4) including a vitamin supplement (#3), and a laxative (#4). The findings are: 1. Review of Resident #3's current FL2 dated			HAL093010	B. WING		07	_
ALPHA MAGNOLIA GARDEN WARRENTON, NC 27589	NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 01	70072020
SUMMARY STATEMENT OF DEFICIENCIES IEACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREPIX TAG PROVIDER'S PLAN OF CORRECTION ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MIST BE PRECEDED BY FULL TAG PREPIX TAG DEFICIENCY D 273 Continued From page 63 D 273 DEFICIENCY DEFICIENCY THE CORRECTION DATE FOR THIS TYPE A1 VIOLATION SHALL NOT EXCEED AUGUST 7, 2025. D 358 10A NCAC 13F .1004 (a) 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 met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure medications were administered as ordered for 2 of 5 sampled residents (#3 and #4) including a vitamin supplement (#3), and a laxative (#4). The findings are: 1. Review of Resident #3's current FL2 dated	ALPHA M	AGNOLIA GARDEN					
protection in accordance with G.S. 131D-34 on 06/30/25. THE CORRECTION DATE FOR THIS TYPE A1 VIOLATION SHALL NOT EXCEED AUGUST 7, 2025. D 358 10A NCAC 13F .1004 (a) Medication Administration 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 met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure medications were administered as ordered for 2 of 5 sampled residents (#3 and #4) including a vitamin supplement (#3), and a laxative (#4). The findings are: 1. Review of Resident #3's current FL2 dated	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETE DATE
Administration 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 met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure medications were administered as ordered for 2 of 5 sampled residents (#3 and #4) including a vitamin supplement (#3), and a laxative (#4). The findings are: 1. Review of Resident #3's current FL2 dated	D 273	protection in accorda 06/30/25. THE CORRECTION VIOLATION SHALL N	nce with G.S. 131D-34 on DATE FOR THIS TYPE A1	D 273			
02/25/25 revealed diagnoses included dementia, anxiety, depression, and hypothyroidism. Review of Resident #3's signed physician's orders dated 04/01/25 revealed an order for vitamin D3 (a vitamin supplement used to treat deficiency) 1,000 units(s) 2 tablets every morning.	D 358	Administration 10A NCAC 13F .1004 (a) An adult care hor preparation and admi prescription and non-by staff are in accord. (1) orders by a licens which are maintained. (2) rules in this Secti and procedures. This Rule is not met Based on observation review, the facility fail were administered as residents (#3 and #4) supplement (#3), and The findings are: 1. Review of Resident #02/25/25 revealed dia anxiety, depression, and Review of Resident #0 orders dated 04/01/25 vitamin D3 (a vitamin	4 Medication Administration me shall assure that the inistration of medications, prescription, and treatments ance with: sed prescribing practitioner I in the resident's record; and on and the facility's policies as evidenced by: as, interviews, and record led to ensure medications ordered for 2 of 5 sampled including a vitamin I a laxative (#4). In #3's current FL2 dated agnoses included dementia, and hypothyroidism.	D 358			

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STATEMENT OF DEFICIE		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECT	ION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMF	LETED
						С
		HAL093010 B. WING			I	08/2025
NAME OF PROVIDER OR	SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
			158 BUS E			
ALPHA MAGNOLIA	ARDEN		TON, NC 27589)		
0/0/15	CLIMMADV CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORE	PECTION	0/5)
1 1 ()	ACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358 Continue	d From page	e 64	D 358			
Resident 04/17/25 -Residen prescribe -Residen 39.9The norn 30-100. Review of medication revealed -There we tablets evaluation and the revealed -The vita was circle there was revealed -There we tablets evaluation and the revealed -There we tablets e	#3's primary revealed: t #3 had a vid vitamin D t #3's vitamin mal reference of Resident # on administration time of D3 1,000 u 2 ted as administration time of D3 1,000 u 2 ted as an entry for yery morning ation time of D3 1,000 u 2 ted as administration time of D3 1,000 u 2 ted as administration time of D3 1,000 u 2 ted as administration time of D3 1,000 u 2 ted as administration time of D3 1,000 u 2 ted as administration time of D3 1,000 u 2 ted as administration time of D3 1,000 u 2 ted as administration time of D3 1,000 u 2	itamin D deficiency and was supplementation. In D level from 02/13/25 was e range for vitamin D was 23's April 2025 electronic ation record (eMAR) for vitamin D3 1,000u 2 g with a scheduled f 8:00am. Itablets every morning was nistered from 04/02/25 to 00u 2 tablets every morning MAR as not administered, but why. 23's May 2025 eMAR for vitamin D3 1,000u 2 g with a scheduled f 8:00am. Itablets every morning was nistered from 05/01/25 to 23's June 2025 eMAR from revealed: If or vitamin D3 1,000u 2 g with a scheduled f 8:00am. Itablets every morning was nistered from 05/01/25 to	D 358			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			_	
		HAL093010	B. WING		07	C / /08/2025	
				5 710 00D5	1 0.	70072020	
NAME OF P	ROVIDER OR SUPPLIER		.DDRESS, CITY, STATI Y 158 BUS E	E, ZIP CODE			
ALPHA M	AGNOLIA GARDEN		NTON, NC 27589				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	DRRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	COMPLETE DATE	
D 358	Continued From page	e 65	D 358				
D 358	Observation of Reside hand on 06/09/25 at 2-Sixty tablets of vitame dispensed on 04/23/2-Forty-nine tablets reresthere was a second 1,000u that contained 06/01/25; 60 tablets on Telephone interview with facility's contracted 12:30pm revealed: Resident #3 had an an 1,000u 2 tablets every-vitamin D3 was used elderly it helped the answer as with tablets (and 30 da 1,000u were dispensed-Sixty tablets (ent #3's medications on 11:41am revealed: iin D3 1,000u were 25. mained in the punch card. punch card of vitamin D3 ii 60 tablets dispensed on emained in the punch card. with a representative from ad pharmacy on 06/09/25 at active order for vitamin D3 iy morning dated 12/10/24. If as a supplement; in the absorption of calcium. Any supply) of vitamin D3 and on 03/27/25. Any supply) of vitamin D3 and on 04/23/25. Any supply) of vitamin D3 and on 06/01/25. Any tablets left in the punch sed on 04/23/25. Int #3's PCP on 06/10/25 at any the vitamin D3 for inally ordered but thought it e she was deficient.	D 358				
	Interview with a medi	cation aide (MA) on					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE Co			SURVEY PLETED
			7.1. 20.23.110.			С
		HAL093010	B. WING		07	//08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
AL DUA M	ACNOLIA CARDEN	930 HWY	′ 158 BUS E			
ALPHA IVI	AGNOLIA GARDEN	WARREN	NTON, NC 27589			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 66	D 358			
	-She administered vit daily.	refuse her medication. amin D3 to Resident #3 n why there was still vitamin				
	Coordinator on 06/10 could not explain why vitamin D3 tablets in 04/23/25; sometimes	ecial Care Unit (SCC) /25 at 3:20pm revealed she there were still so many the punch card dated MAs would start using new card before the old				
		ns, interviews, and record nined Resident #3 was not				
	Refer to interview with 3:20pm.	n the SCC on 06/10/25 at				
	Refer to interview with the Administrator on 06/10/25 at 4:05pm.					
	02/18/25 revealed: -Diagnoses included arthritis, major depreshypertensionThere was an order	t #4's current FL2 dated dementia, rheumatoid ssive disorder, and for senna laxative (used to omg 2 tablets at bedtime.				
	medication administrative revealed: -There was an entry for tablets at bedtime with administration time of	or senna laxative 8.6mg 2 h a scheduled				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		HAL093010	B. WING		07	C / /08/2025	
NAME OF D			DDDEOG OITV OTATI	- 7ID 00DE	<u> </u>	70072020	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE Y 158 BUS E	E, ZIP CODE			
ALPHA M	AGNOLIA GARDEN	*******	NTON, NC 27589				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE	
D 358	Continued From page	e 67	D 358				
	documented as admir 04/30/25.	nistered from 04/01/25 to					
	Review of Resident # revealed:	4's May 2025 eMAR					
	tablets at bedtime wit						
	administration time of	f 8:00pm. g 2 tablets at bedtime was					
		nistered from 05/01/25 to					
	Review of Resident # 06/01/25 to 06/09/25	4's June 2025 eMAR from revealed:					
	-There was an entry f tablets at bedtime wit	or senna laxative 8.6mg 2 h a scheduled					
	administration time of	f 8:00pm. g 2 tablets at bedtime was					
		nistered from 06/01/25 to					
	Observation of Resident	ent #3's medications on realed:					
	-Sixty tablets of senna on 04/10/25.	a laxative were dispensed					
	-	nained in the punch card. senna laxative available for					
	administration for Res						
		with a representative from ed pharmacy on 06/10/25 at					
	12:03pm revealed:						
	-Resident #4 had an a laxative 8.6mg 2 table	active order for senna					
	-Sixty tablets (a 30 da	ay supply) of senna laxative					
	8.6mg were dispense	ed on 01/08/25. By supply) of senna laxative					
	8.6mg were dispense	,					
		ay supply) of senna laxative					
	8.6mg were dispense	u on 04/10/25.					

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DIVISION	n Health Service Negu	ialion	_				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED	
			1		_		
			D MINIC		C		
		HAL093010	B. WING		07/0	8/2025	
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE			
			158 BUS E	,			
ALPHA MA	AGNOLIA GARDEN						
		WARREN	TON, NC 27589				
(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 APPROPI		COMPLETE DATE	
IAG			IAG	DEFICIENCY)			
D 358	Continued From page	e 68	D 358				
	Senna lavative was i	used to treat constipation.					
	-Serina laxative was t	used to treat constipation.					
	Telephone interview v	vith Resident #4's primary					
	-	on 06/10/25 at 2:30pm					
	revealed:	511 00/ 10/20 at 2.00pm					
		nna laxative for chronic					
	constipation.	IIIa laxative for Citotile					
	-She saw Resident #4	1 on 04/22/25 and					
	#4 also received othe	ogress note that Resident					
	constipation and desp						
		25, she still felt constipated.					
		Resident #4 could become					
	ordered.	not take the medication as					
	-She expected the me	edication aides (MA) to					
	administer medication	ns as ordered.					
	Interview with a MA o revealed:	n 06/10/25 at 9:00am					
	-Resident #4 did not r	efuse her medication.					
	-She administered se	nna laxative to Resident #4					
	daily.						
	-	vel movements daily; she did					
	not complain of const	ipation to her and did not					
	strain when she used	the bathroom.					
		ns, interviews, and record					
	reviews, it was detern	nined Resident #4 was not					
	interviewable.						
	Refer to interview with	n the SCC on 06/10/25 at					
	3:20pm.						
	Refer to interview with	n the Administrator on					
	06/10/25 at 4:05pm.						
		ecial Care Unit (SCC)					
	Coordinator on 06/10	/25 at 3:20pm revealed:					

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-She checked medications daily if they were

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					С
		HAL093010	B. WING		07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	
		930 HWY	158 BUS E		
ALPHA M	AGNOLIA GARDEN		ITON, NC 27589		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 69	D 358		
	pharmacyOther times, she cor audits randomly and -She did not fill out a the medication cart a Interview with the Add 4:05pm revealed: -The SCC Coordinate completing medication cart medications, checkin medications, expired sure medications were -There was a form for that should get sent the -She was concerned administered.	ministrator on 06/10/25 at or was responsible for on cart audits. audits included availability of g for out-of-date medications, and making re labeled. or the medication cart audits to corporate. medications were not being that medications were			
D 377	10A NCAC 13F .1006 (a) Medications that stored in the resident safe and secure man	6 (a) Medication Storage 6 Medication Storage are self-administered and c's room shall be stored in a oner as specified in the adult ion storage policy and	D 377		
	reviews, the facility fa medication room doo the Assisted Living (A	ns, interviews, and record ailed to ensure the or was closed and locked in AL), and that the medication e Special Care Unit (SCU) lirect supervision of a			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	, ,		COMPLETED
			7 20.25		
		HAI 002040	B. WING		C 07/09/2025
		HAL093010			07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
ALPHA M	AGNOLIA GARDEN		7 158 BUS E		
		WARREI	NTON, NC 27589)	
(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 377	Continued From page	2 70	D 377		
	The findings are:				
	1. Observation of the 12:34pm to 12:54pm	SCU on 06/06/25 from revealed:			
	I	was in the hallway across			
	from the television roo				
	-The medication cart				
	-The surveyor was able to open the drawers on the medication cart, exposing eye drops, nasal sprays, inhalers and multiple medication punch				
	cards.	n tha hallway an tha			
	-There were no staff i television room.	n the naliway or the			
	Interview with the per the SCU on 06/06/25	sonal care aide (PCA) on			
		Coordinator (RCC) worked			
	as the MA today, 06/0				
	-She thought the RC0	C was at lunch.			
	Interview with the RC revealed:	C on 06/06/25 at 12:54pm			
		edications in the SCU today, e MA called out.			
	-She administered me	edication from 11:00am to			
	12:15pm, locked the I lunch.	medication cart and went to			
		w the medication cart got			
	unlocked or who unlo				
	-She had the key to the -There may be a spar	re key in the Administrators			
	office.	,			
	Interview with the Sag	acial Care Unit Coordinator			
	(SCC) on 06/11/25 at	ecial Care Unit Coordinator 10:23am revealed:			
	, ,	g medication would have			
	the keys to the medic	ation cart and the			
		n the Administrator's office. in the SCU should only be			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		1141 000040	B. WING		C
		HAL093010	B. W. C		07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	
ALPHA M	AGNOLIA GARDEN		158 BUS E		
			TON, NC 27589		
(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)	D BE COMPLETE
D 377	Continued From page	e 71	D 377		
	for administration.	A was preparing medication ove the medications from			
	the medication cart a	nd take them or leave the room and another resident			
		ıld be harmful to residents			
	-She expected the medication cart to always be locked. Interview with the Administrator on 06/10/25 at 4:07pm revealed: -The medication cart should be locked when not under the direct supervision of the MAThere was only one set of keys to the medication cart and the MA administering medications was				
	the one who had the the Administrators off -Residents could ope				
		emove medications and			
	Observation of the medication room in the AL on 06/06/25 at 3:26pm revealed: -The medication room door was opened about 10 inches. -The surveyor pushed the door, and it opened				
	fully into the medicati				
		cation punch cards lying on			
	-The refrigerator was insulin pen.	unlocked and contained 1			
		the medication room or e common area, outside the r.			
	Interview with the MA revealed:	on 06/11/25 at 9:52am			

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NAME OF PROVIDER OR SUPPLIER ALPHA MAGNOLIA GARDEN STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ALBUILDING: B. WING WARRENTODE B. WING B. WING DEFICIENCY B. WING DEFICIENCY B. WING DEFICIENCY B. WING DEFICIENCY DEFICIENCY B. WING DEFICIENCY DEFICIENCY DEFICIENCY COMPLE	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589 (X4) ID PREFIX TAG CONTINUED FOR LICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 377 Continued From page 72 B. WING PREFIX STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE DATE D 377 Continued From page 72 D 377				A. BUILDING: _		
ALPHA MAGNOLIA GARDEN 930 HWY 158 BUS E WARRENTON, NC 27589 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 377 Continued From page 72 P30 HWY 158 BUS E WARRENTON, NC 27589 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 377			HAL093010	B. WING		
ALPHA MAGNOLIA GARDEN WARRENTON, NC 27589 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 377 Continued From page 72 WARRENTON, NC 27589 ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLE DATE DEFICIENCY)	NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	FE, ZIP CODE	
WARRENTON, NC 27589 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 377 Continued From page 72 WARRENTON, NC 27589 ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 377 Continued From page 72	AL DUA M	ACNOLIA CARDEN	930 HWY	158 BUS E		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 377 Continued From page 72 D 377	ALPHA WI	AGNOLIA GARDEN	WARREN	ITON, NC 27589		
	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
-She did not know how the medication room was	D 377	Continued From page	e 72	D 377		
left unlocked. -Everyone knew the code to enter on the keypad to unlock the medication room door. -The resident charts, a computer used for documentation, and the printer were in the medication room. -Any staff could have entered the medication room and left the door open. -The medication room door should always be closed; it automatically locked when the door was closed. -There were medications to be returned to the pharmacy in the medication room. -The medications in the cabinets and refrigerator were not locked; these medications would be accessible to residents who could enter an unlocked medication room. -There were many ambulatory residents on the AL hall-way that could have easily walked into the medication room. -She had seen the medication room door opened when she came to work; she would close the door. -She had told the Administrator and the Resident Care Coordinator (RCC) that the medication door was found opened several times. -The her knowledge, nothing had been done to ensure the medication door stayed closed and locked. Interview with the RCC on 06/11/25 at 1:15pm revealed: -The medication room door should be closed and locked when the MA was not in the medication room. -There were unsecured medications in the medication room and residents could walk in and take the medication.		-She did not know ho left unlockedEveryone knew the of to unlock the medication. The resident charts, documentation, and to medication roomAny staff could have room and left the dooThe medication room closed; it automatical closedThere were medication pharmacy in the medThe medications in the were not locked; thes accessible to resident unlocked medicationThere were many and AL hall-way that could medication roomShe had seen the medication roomShe had told the Adr. Care Coordinator (RC was found opened second opened se	w the medication room was code to enter on the keypad ion room door. a computer used for the printer were in the entered the medication ropen. In door should always be by locked when the door was consto be returned to the ication room. The cabinets and refrigerator e medications would be the who could enter an room. The bulatory residents on the down and the Resident consists and the Resident consists and the Resident contract and			

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		1141 000040	B. WING		C	40005
		HAL093010			07/08	/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN		ON, NC 27589			
(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 377	medication room door not want resident to g and take medications -Some of the resident take the medicationsShe expected the medication room. Interview with the Adra 4:07pm revealed: -The medication room not under the direct so cart and the MA admit the one who had the late Administrator's off -Resident could walk and take medications cabinet and from the resident room the expected the medications of the expected the medications and take medications cabinet and from the resident room the ro	nedication room. le to the keypad. f multiple times to keep the relosed because she did let into the medication room. Is were confused and could lediation room door to be len a MA was not in the leninistrator on 06/10/25 at lens should be locked when supervision of the MA. Set of keys to the medication inistering medications was keys; the extra key was in	D 377			
D 453	and Incidents 10A NCAC 13F .1212 Incidents (d) The facility shall indepartment of social section of the sectio	Reporting of Accidents Reporting of Accidents and mmediately notify the county services in accordance with the local law enforcement by law of any mental or accordance accordance with the local law enforcement by law of any mental or accordance accordance with the local law enforcement by law of any mental or accordance with law of any mental or accordance with law of accordance with law	D 453			
	resident.					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAI 002040	B. WING		C
		HAL093010			07/08/2025
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
ALPHA M	AGNOLIA GARDEN		158 BUS E TON, NC 27589	1	
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 453	Continued From page	e 74	D 453		
	1 3				
	This Rule is not met	as evidenced by:			
		and record reviews the			
	facility failed to imme				
		1 resident (#1) residing in			
		(SCU) when the resident			
	resident.	y assaulted by another			
	rooidona.				
		1's current FL-2 dated			
	02/11/25 revealed:				
	-Diagnoses included	dementia, major ler, hyperlipidemia, and			
	pre-diabetes.	ет, пурепіріценна, апц			
	-She was constantly	disoriented.			
	-She was ambulatory	and wandered.			
	Review of Resident #	1's care plan dated 02/04/25			
	revealed:	1 3 care plan dated 02/04/20			
	-Diagnoses included	major neurocognitive			
	disorder, insomnia, se	eizure disorder, and			
	dementia.				
	-She was ambulatory-She was always disc				
		nemory loss; she had to be			
	directed.	,			
	Povious of Posidors #	1's incident report detect			
	06/03/25 revealed:	1's incident report dated			
		vas completed on 06/03/25			
	at 6:30pm.				
	•	e incident was a male			
		of Resident #1 with their			
	clothes offThe question of whe	ther they needed to be sent			
	- me question of whe	mer mey needed to be sent			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
			B. WING		C
		HAL093010	B. WING		07/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ΔΙ ΡΗΔ Μ	AGNOLIA GARDEN	930 HWY 1	58 BUS E		
ALITIANI	ACNOLIA GANDLIN	WARRENT	ON, NC 27589		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 453	Continued From page	: 75	D 453		
	out for treatment was -There was no signate completed this reportThe Administrator sig Review of Resident # 06/03/25 revealed: -The Administrator receives that a p had walked in on a m Resident #1.	checked as 'no'. ure of the staff who gned the report on 06/04/25. 1's progress notes dated ceived a call from the facility ersonal care aide (PCA) ale resident having sex with Illed Resident #1's on-call d them of what was			
	-The guardian informe	ed the Administrator to are provider (PCP) and keep			
	#1's court-appointed of 06/03/25 at 9:18pm re- The on-call guardian telephone call from the the Administrator processed and resident #1 was local male resident and was with the male resident -She indicated the enconsensual, there was or force by the male resident was not traumatized between the Administrator was and she stated that si	specialist received a e facility's Administrator. ovided information that ted in the bedroom of a s engaging in sexual activity t. counter appeared to be s no indication of coercion esident and Resident #1 by the encounter. anted to inform the guardian,			
	report dated 06/03/25 -The law enforcement	w enforcement investigation at 9:53pm revealed: t officer responded to a call le resident in the SCU with			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL093010	B. WING		07	C / 08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
		930 HWY	/ 158 BUS E			
ALPHA M	AGNOLIA GARDEN	WARREN	NTON, NC 27589			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
D 453	Continued From page	e 76	D 453			
	down and punching the Lemergency Medical already on the scene resident. The law enforcement who stated the male of Resident #1 earlier in 6:00pm. The PCA stated she about the sexual assolated and the law they had gotten in cound the Administrator and the PCP replied in the sexual and the pcp replied in the se	Services (EMS) were speaking with the male t officer spoke with a PCA resident sexually assaulted				
	Telephone interview of Investigator 06/11/25 -He had a problem with between Resident #1 06/03/25 was handleder. The staff did not call Resident #1 was not treatmentIt was reported to him was not reported becadvised the staff not the enforcementOn 06/04/25, he were the AdministratorThe Administrator to her not to report the imale resident remove 06/04/25The Administrator stawas consensual and	ith the way the incident and a male resident on d. law enforcement and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						С
		HAL093010	B. WING		07	7/08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			158 BUS E	,		
ALPHA M	AGNOLIA GARDEN	WARREN	ITON, NC 27589			
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 453	Continued From page	÷ 77	D 453			
	06/09/25 at 10:39am for the male resident should be called becausing considered rape.	medication aide (MA) on revealed if Resident #1 said to stop, law enforcement ause that would be				
	2:53pm and 4:16pm r -She was working in t the incident occurred the male resident, bu	evealed: he SCU on 06/03/25 when between Resident #1 and t she was not in the SCU at				
	the time the incident occurredShe had stepped outside of the facility to get something out of her carThe PCA told her she heard someone yelling stop, and saw the male resident, who did not have clothes on, on top of Resident #1.					
	-Two named staff me enforcementWhen she called the	Administrator to report the the PCA reported the male				
	resident was trying to -The Administrator tol enforcement until she	sexual assault Resident #1. d her not to call law talked to Resident #1's				
	handle the situationWhen EMS entered	the guardian wanted to the facility for another rsonnel were told about the				
		t #1, so that was how law				
	06/10/25 at 5:11pm re	isted living (AL) MA on evealed: the second shift in the AL on				
	06/03/25.	ell the Administrator who				
	was on the telephone	ell the Administrator who exactly what happened, nale resident was raping				
		of Resident #1 saying no				

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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	
		7 BOILBING.		c	
	HAL093010	B. WING		07/08/2025	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ALPHA MAGNOLIA GARDEN	930 HWY 1 WARRENT	158 BUS E ON, NC 27589			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST 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	
cryingShe asked the Admin her to do, and the Admin her to call in a sasulted because of resident was acting affiliated because of resident was acting and sentences.	exual act; the PCA was iistrator what she wanted ininistrator said "Do not call IS on the male resident in his mental status. In the Administrator about ement because the resident is could have been sexual how aggressively the male ter the incident. It is wenforcement was with In (AD) called the SCU MA If about the suspected rape dent #1. Ithe AD. In the male resident, she eent #1 being sexual Ited and wanted to know forcement; she told the not call law enforcement. Ited that law enforcement Ited that la	D 453			

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` '	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL093010	B. WING	B. WING		8/2025
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 0110	0/2020
ALPHA MAGNOLIA GARDEN	930 HWY 15 WARRENTO	58 BUS E DN, NC 27589			
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST B TAG REGULATORY OR LSC IDEN'	F OF DEFICIENCIES BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
The first time she was made #1 saying no, was the next of the law enforcement detective interview with the PCA. She asked all the staff that wo 06/03/25 to write a statement happened. She wanted to send Resided but the guardian had said no Other than asking staff to we about what happened, she have any further investigation or resthis incident. She had not been told that F saying no and stop during the and the word rape was not resorted in the morning of 05/16/25 the showed where Resident #1 vestop, and that the male resident Resident #1. When she asked the PCA we the detective one thing and he PCA walked off. The staff members never prestatement that the resident we so she did not do an investigate thought the sexual act was controlled. The guardian refused to left to the hospital, she did not known as the facility of if sexual assault occurred.	lay, 06/04/25, when we told her about his were working on at about what about what the second her out. The second her with a second her with	D 453			

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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	
		UAL 002040	B. WING		C	
NAME OF D	ROVIDER OR SUPPLIER	HAL093010	DRESS, CITY, STA	TE 7/D CODE	1 07/08	8/2025
		930 HWY 1		TE, ZIF GODE		
ALPHA MA	AGNOLIA GARDEN	WARRENT	ON, NC 27589			
(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 453	Continued From page	e 80	D 453			
	9:38am revealed that Resident #1 had said 911 and had the incid assault .	no, she would have called lent investigated as a sexual				
	4:07pm revealed: -She had contacted Remental health provide telemedicine triage or the incident occurred the male residentShe did not know if the last week after the incident of the MHP saw Resid 06/04/25She thought she was listening to the guardi Resident #1 to the ED -She did not think to of MHP after she was in sexual assault on 06/1 was not consensualIf a resident had bee called 911.	n Tuesday, 06/03/25 after between Resident #1 and the PCP saw Resident #1 cident. ent #1 last week on se doing the right thing by the and not sending				
D 454	and Incidents 10A NCAC 13F .1212 And Incidents (e) The facility shall a resident's responsible as indicated on the Ro	Reporting of Accidents Reporting Of Accidents Ressure the notification of a reperson or contact person, resident Register, of the resident or his responsible reson objects to such	D 454			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NUMBER.	A. BUILDING: _		COM	LETED
		HAL093010	B. WING		I	C / 08/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	-	
ALPHA M	AGNOLIA GARDEN	930 HWY	158 BUS E			
		WARREN	TON, NC 27589			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 454	medical treatment or medical evaluation, was possible but no lat time of the initial disc injury or illness by staresident's file; and (2) any incident of the elopement which doer equiring medical treatmergency medical ebe as soon as possib hours from the time of knowledge of the incidocumented in the reelopement requiring in	ness of the resident requiring referral for emergency with notification to be as soon the ter than 24 hours from the covery or knowledge of the aff and documented in the experience resident falling or eas not result in injury eatment or referral for evaluation, with notification to the le but not later than 48 of initial discovery or	D 454			
	facility failed to notify 1 sampled resident w facility (#7). The findings are: Review of Resident # 05/24/24 revealed: -Diagnosis included of -She was ambulatory -The orientation section	and record reviews, the the responsible party of 1 of the was found outside of the 47's current FL-2 dated dementia.				
	revealed: -The care plan was n	ot signed by the Primary				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
			7 5 6 1.25 10		С
		HAL093010	B. WING		07/08/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ALPHA M	AGNOLIA GARDEN	930 HWY 1 WARRENT	58 BUS E ON, NC 27589		
(X4) ID	SUMMARY ST	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 APPROPE DEFICIENCY)	BE COMPLETE
D 454	Continued From page	e 82	D 454		
	Care Provider (PCP).	mance codes documented ving (ADL). ut forgetful.			
	revealed: -Resident #7 had safe -There was documen	ety checks every 2 hours. tation that Resident #7 was safe every two hours from			
	Review of video footage from the facility's surveillance camera obtained on 07/02/25 revealed: -The surveillance camera was on the outside of the facility facing the exit door of the dining roomThe video footage was dated 05/15/25 at 4:29am.				
	had 5 steps leading to -At 4:29am, Resident at the dining hall exit with her pants around -It was noted to be da -At 4:32am, Resident ankles, and she twiste -At 4:37am, Resident door of the facility wh with her pants down a	#7 was observed standing door, outside of the facility, I her thighs. ark outside the facility. #7's pants were around her ed the doorknob. #7 was knocking on the exit ile standing on the stoop around her ankles.			
	window air conditioning doorAt 4:45am, Resident repeatedly on the word-At 4:46am, Resident pants up with one har wooden rail with her conditional door and the conditional door.	#7 was trying to pull her nd while holding onto the			

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
					c	;
		HAL093010	B. WING		1	8/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			158 BUS E	,		
ALPHA M	AGNOLIA GARDEN		TON, NC 27589			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG	REGULATORY OF L	DENTIL TING IN GRAMATION,	TAG	DEFICIENCY)	WAY E	
D 454	Continued From page	. 83	D 454			
D 101	Continued From page	5 00	5 404			
	pulled up.					
		#7 was hitting the window				
	air conditioning unit w					
		#7 was standing at the top				
	of the stoop; her pant					
		e dark outside the facility.				
	-There was no video	footage from				
	5:31am-9:42am.	# 7				
		#7 was standing at the top				
	of the stoop.	ha a catalan ahan Sanilita				
	-It was noted to be lig					
		#7 was observed holding				
	moving down the step	the right side and slowly				
		nt #7 was observed standing				
	at the bottom of the s					
	handrail.	teps floiding office the				
		nt #7 was observed on the				
		step; She was reaching				
	behind her, trying to h					
		dining room was opened,				
	and a contracted con	•				
		andle at the top of the steps				
	and within sight of Re					
	-At 10:43am, Resider					
	ground beside the bo					
	-There was no video					
	Resident #7 ended up	o on the ground.				
	-At 10:59am, the conf	racted construction worker				
	_	oor handle, and Resident #7				
		ground at the bottom of the				
	steps within sight of the					
		racted construction worker				
	continued to work on					
		ed to try to sit up but was				
	unable to and laid bad					
	The state of the s	racted construction worker				
	looked at Resident #7	and returned inside the				

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-At 11:14am, the Administrator, the Dietary

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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				
		HAL093010	B. WING		C 07/08/2025				
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE					
	930 HWY 158 BUS E								
ALPHA M	AGNOLIA GARDEN	WARREN	TON, NC 27589						
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)				
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE				
D 454	Continued From page 84		D 454						
	Manager (DM), and the worker exited the facility lying on the ground -At 11:15am, the DM #7, the Administrator construction worker with the stoop, and the vident Review of Resident # dated 05/15/25 revea -The incident report with the description of the	ne contracted construction lity and observed Resident d. was standing over Resident and the contracted vere standing at the top of eo footage ended. 7's incident/accident report led: vas completed on 05/15/25							
	door of the dining roo Resident #7 was outs -The Administrator wa paged for the Resider	m and notified the DM that ide. as immediately notified and nt Care Coordinator (RCC),							
	found Resident #7 lyil steps, with her upper her lower body on the -Resident #7 was fully	a Registered Nurse (RN) ng at the bottom of the body on the last step and							
	the nightA physical assessme Resident #7 with no ir -Resident #7 denied h -Resident #7 was ass several attemptsResident #7 was take received a shower by (PCA)No apparent injuries when a full body asseduring the shower.	ent was performed on njuries noted. naving pain. sisted off the ground after en inside and immediately the personal care aide were noted to Resident #7 essment was completed							
	-Resident #7 was dre room with assistance -Resident #7 asked to								

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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	
					С	
		HAL093010	B. WING		07/08/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALPHA M	AGNOLIA GARDEN	930 HWY 1	58 BUS E			
	Т		ON, NC 27589			
(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 APPROP DEFICIENCY)	BE COMPLET	TE
D 454	Continued From page 85		D 454			
	-No further action was required at that timeStaff would continue to closely monitor Resident #7 for any new complaints related to the incidentThere was no documentation on the incident report that the court-appointed guardian was notified. Review of Resident #7's progress notes revealed: -There was no documentation of the incident/accident dated 05/15/25There was no documentation that the court-appointed guardian was notified of the incident. Telephone interview with Resident #7's court-appointed guardian on 06/11/25 at 11:35am revealed: -He did not know Resident #7 was outside the facility on 05/15/25 from 4:28am to 10:45amHe did not receive an email or voice message from the facility staffHe expected to be notified of all incidents/accident that occurred with Resident #7.					
	11:48am revealed: -She completed the ir #7 being found outsid -She called Resident guardian and left a m being found outside o -She did not documen notes that she called guardian and left a vo -She instructed the m attempt to reach the o -She did not know if t court-appointment gu	edication aide (MA) to court-appointment guardian. he MA contacted the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER		(X3) DATE SURVEY COMPLETED					
AND PLAN OF CORRECTION		ibertii io/tiioit ioimbert	A. BUILDING: _							
HAL09301		HAL093010	B. WING		C 07/08/2025					
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
930 HWY 158 BUS E ALPHA MAGNOLIA GARDEN WARRENTON, NC 27589										
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE				
D 454	(SCC) on 06/11/25 at -The resident's guard incident occurredShe was not aware I not notified when Res on 05/15/25Resident #7's guardi contacted about the i	1:20pm reveled: ian was called each time an Resident #7's guardian was sident #7 was found outside an should have been ncident on 05/15/25 and the ave been documented on the	D 454							

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