PRINTED: 07/28/2025 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE S	
AND FLAN C	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		ETED
		HAL047015	B. WING		07/1	R I 1/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE	•	
SPRING A	RBOR OF SAND HILLS	8398 FAYE1 RAEFORD,	TTEVILLE ROANNE 1807	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	annual survey, a state complaint investigatio 07/11/25. The compla	aint investigations were County Department of Social				
D 163	10A NCAC 13F .0504 Validation For LHPS	4(d) Competency Eval & Tasks	D 163			
	Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Evaluation and Validation For Licensed Health Professional Support Tasks (d) If a physician certifies that care can be provided to a resident in an adult care home on a temporary basis in accordance with G.S. 131D-2.2(a), the facility shall ensure that the staff performing the care task(s) authorized by the physician are competent to perform the task(s) in accordance with Paragraphs (b) and (c) of this Rule. For the purpose of this Rule, "temporary basis" means a length of time as determined by the resident's physician to meet the care needs of the resident and prevent the resident's relocation from the adult care home.					
	facility failed to obtain the facility staff were	ews and interviews, the name of physician certification that competent to administer a agulant as ordered for 1 of 5				
	The findings are:					
	Review of Resident #	4's FL-2 dated 11/20/24				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL047015	B. WING		R 07/11/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
ODDING A	DDOD OF CAND IIII I C	8398 FAYE	TTEVILLE ROA	AD	
SPRING A	RBOR OF SAND HILLS	RAEFORD	, NC 28376		
(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 163	Continued From page	: 1	D 163		
	•	ncluded Alzheimer's disease, order unspecified, and sease.			
	note dated 06/23/25 r diagnoses included tr osteoarthritis, anemia	ansient ischemic attack,			
	Note dated 06/16/25 and a right hip fracture. Resident #4 was start hospital (Enoxaparing the blood to prevent but an order for the start of the sta	surgeries to repair a left e during the hospitalization. rted on Enoxaparin in the is a medication used to thin blood clotting). for Enoxaparin 30mg/0.3 mL se skin one time each day			
	electronic medication (eMARs) revealed: -There was an entry f syringes inject 0.3 mL for blood clot preventi starting on 06/18/25 a (subcutaneously mea into the fat under the the stomach)Enoxaparin was doct times by facility medic -MAs did not docume and there was no place document the site of i	nt the site of administration ce available on the eMAR to njection.			
	07/10/25 at 1:30pm re				

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 2 of 63

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	
	R
HAL047015 B. WING	07/11/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
SPRING ARBOR OF SAND HILLS 8398 FAYETTEVILLE ROAD	
RAEFORD, NC 28376	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH C	DER'S PLAN OF CORRECTION (X5) PRRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 163 Continued From page 2 D 163	
-She was told yesterday, 07/09/25, that only hospice could administer Enoxaparin, but she did not know whyShe had administered Enoxaparin multiple times to Resident #4When she administered Enoxaparin, she pinched up an area on Resident #4's abdomen and administered it just like she would an insulin injectionShe did not receive any training to administer Enoxaparin and a nurse did not check her off as skilled to administer the medicationShe trained herself by looking up Enoxaparin and reading how to administer the medication. Interview with a second MA on 07/11/25 at 11:10am revealed: -She administered Enoxaparin to Resident #4 every date that was initialed by her on the eMARShe administered Enoxaparin by cleansing Resident #4's stomach with alcohol, pinching up a fold of the stomach, and then injecting the medicationShe administered Enoxaparin in the same place every time she gave the medicationShe never noticed bruising or abnormal bleeding in Resident #4She did not receive any special training or skills validation to administer EnoxaparinShe used her knowledge of giving subcutaneous insulin when administering the subcutaneous Enoxaparin. Telephone interview with Resident #4's hospice nurse on 07/10/25 at 2:42pm revealed hospice had never administered Resident #4's Enoxaparin or had a discussion with the facility staff about administration of the medication being	

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 3 of 63

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	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:		
					R	
		HAL047015	B. WING		07/11/2	2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		8398 FAYE	TTEVILLE ROA	AD		
SPRING A	RBOR OF SAND HILLS	RAEFORD,	NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 163	Continued From page	3	D 163			
D 163	Interview with the faci Director of Quality and 3:40pm revealed: -They both expected or hospice agency to the primary care proving medication to a form a could administerMAs were educated but did not receive an validation from the PC administer EnoxapariThe Director of Qualifacility staff to call her Enoxaparin was orde were allowed to administer enoxaparin was orde were allowed to administerMAs and to care competent to perform Enoxaparin unless spadminister the medicate to watch for such as a -Possible side effects blood in stool, increas blood in the urine. Based on observation	lity's Administrator and the d Education on 07/10/25 at a nurse from a home health administer Enoxaparin or ider (PCP) to change the the medication aides (MAs) to give subcutaneous insulin y specific education or skills CP or quality nurse to n. ty and Education expected when a medication like red to discuss whether MAs nister the medication or not. with Resident #4's PCP on evealed: iffy that the facility MAs were administration of the been administering the ecifically trained to ation and what side effects	D 163			
D 273	10A NCAC 13F .0902		D 273			
<i>D</i> 270	10A NCAC 13F .0902 (b) The facility shall a	. ,	22.0			

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 4 of 63

PRINTED: 07/28/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			B WING		R	
		HAL047015	B. WIIVO		07/11/2025	\dashv
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
SPRING A	RBOR OF SAND HILLS		TTEVILLE ROA , NC 28376	AD		
(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 COMPLETE	
D 273	Continued From page	÷ 4	D 273			
	This Rule is not met a TYPE A2 VIOLATION Based on observation					
	Based on observations, interviews, and record reviews, the facility failed to ensure health care coordination and follow-up for 5 of 9 sampled residents (#3, #4, #6, #15, #16) including failing to report high blood pressures to the primary care provider (PCP) for two residents (#15, #16); failing to ensure a resident with history of falls was seen by the PCP after a fall (#6); failing to schedule a neurology referral and failing to notify the hospice provider of the neurology referral					
	resident (#4). The findings are:					
	1. Review of Resident #16's current FL-2 dated 12/16/24 revealed diagnoses included essential hypertension, heart failure, chronic obstructive pulmonary disease, dementia, diabetes mellitus type 2, chronic kidney disease, and muscle weakness.					
	(PCP) order dated 03 -There was an order t (BP) two times daily a	o check blood pressure and record for hypertension. o notify the PCP for systolic				
		order to notify the PCP if s than (<) 100, diastolic				

Division of Health Service Regulation

Review of Resident #16's June 2025 electronic

STATE FORM SQXI11 If continuation sheet 5 of 63

Division of	<u>of Health Service Regu</u>	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		_
			D. WING		R
		HAL047015	B. WING		07/11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE	
TVAIVIL OF T	NOVIDER OR GOLT EIER				
SPRING A	RBOR OF SAND HILLS		ETTEVILLE ROA	AD	
		RAEFORI), NC 28376		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	SIATE DATE
				52.18.2.16.1	
D 273	Continued From page	e 5	D 273		
	medication administra	ation record (eMAR)			
	revealed:				
	-There was an entry v				
	scheduled 3 times a	day at 8:00am, 2:00pm, and			
	8:00pm to notify provi	ider if SBP >160 or <100 or			
	DBP >100 or <62 (sh	ould have been <60).			
	-There was no docum	nentation of BP results with			
	the BP medication en	trv.			
		n the "Vitals" section of the			
		neduled times of 8:00am,			
	2:00pm, and 8:00pm.				
		neters listed with the BP			
	-	s" section of the eMAR.			
		n 102/74 - 240/88 from			
	06/01/25 - 06/30/25.	11 102/14 - 240/00 110111			
	-The SBP was docum	antad as >160 as 24			
	occasions from 06/01				
	·	ident's BP was documented			
		5 at 8:00am; 236/100 on			
		and 219/72 on 06/12/25 at			
	8:00am.				
		nentation the PCP was			
	notified of any SBPs :				
	-The DBP was docum	nented as <60 on 5			
	occasions from 06/01	/25 - 06/30/25.			
	-For example, the res	ident's BP was documented			
	as 145/52 on 06/08/2	5 at 2:00pm; 135/52 on			
	06/20/25 at 2:00pm; a	and 143/52 on 06/30/25 a			
	8:00pm.				
	-There was no docum	nentation the PCP was			
		DBPs <60 on the eMAR.			
	Review of Resident #	16's July 2025 eMAR			
	revealed:	, · · · · · ·			
	-There was an entry v	with a BP medication			
	_	day at 8:00am, 2:00pm, and			
		ider if SBP >160 or <100 or			
	DBP >100 or <62 (sh				
	-ı nere was no docum	nentation of any BP results	1		

with the BP medication entry.

STATE FORM 6899 3QXI11 If continuation sheet 6 of 63

DIVISION	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_			
					R	ŧ .
		HAL047015	B. WING		07/1	1/2025
NAME OF B	DOMBED OD OUDDINED	OTREET AR	DDE00 01TV 0TA	TE 710 000E		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS	8398 FAYE	TTEVILLE RO	AD		
OI KING A	INDON OF GAND HILLO	RAEFORE), NC 28376			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V	(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 APPROPE	RIATE	DATE
				DEFICIENCY)		
D 272	0	. 0	D 273			
D 273	Continued From page	9 0	D 2/3		ļ	
	-There was an entry i	n the "Vitals" section of the			ļ	
	_	neduled times of 8:00am,			ļ	
	2:00pm, and 8:00pm.	•			ļ	
		neters listed with the BP			ľ	
	•				ļ	
	-	s" section of the eMAR.			ļ	
	•	n 119/79 - 245/93 from			ļ	
	07/01/25 - 07/09/25.				ļ	
	-The SBP was docum				ļ	
	occasions from 07/01	/25 - 07/09/25.			ļ	
	-For example, the res	ident's BP was documented				
	as 231/93 on 07/01/2	5 at 8:00am; 245/93 on			ļ	
	07/02/25 at 8:00am; a	and 224/76 on 07/05/25 at			ļ	
	8:00am.				ļ	
	-There was no docum	nentation the PCP was				
	notified of any SBPs :	>160 on the eMAR.			ļ	
	-The DBP was docum					
	occasions from 07/01				ļ	
		ident's BP was documented			ļ	
		5 at 2:00pm and 131/54 on				
		3 at 2.00pm and 13 1/34 on			ļ	
	07/05/25 at 8:00pm.	antation the DCD was				
		nentation the PCP was			ļ	
	noulled of any of the i	DBPs <60 on the eMAR.			ļ	
		401 1 4 5 6 1111				
	Review of Resident #	•				
	progress notes for Ju	•			ļ	
	revealed no documer	ntation the PCP was notified			ļ	
	of any of the BPs that	t were outside of the ordered			ļ	
	parameters.					
	Observation of the 8:0	00am medication pass on				
	07/09/25 revealed:					
	-The medication aide	(MA) checked Resident				
		and it was 212/73 but it was				
	checked with the BP					
		by surveyor to recheck the				
	resident's BP.	, ,				
		e resident's BP with the BP				
	cuff applied correctly	at 1.53am and it Was				
	214/111.	Alba DCD and acretical				
	- i ne MA did not notify	y the PCP and continued				

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 7 of 63

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		UAI 047045	B. WING		R
NAME OF D	ROVIDER OR SUPPLIER	HAL047015	DRESS, CITY, STA	TE 7ID CODE	07/11/2025
			TTEVILLE RO	,	
SPRING A	RBOR OF SAND HILLS	RAEFORD	, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 7	D 273		
	with the medication peresident's BP on the e	ass after documenting the eMAR.			
	Interview with Reside 8:01am revealed:	nt #16 on 07/09/25 at			
	-She felt okay but was	s a little dizzy. s dizzy because she did not			
	sleep well last night.	•			
	-She felt "wobbly" sor sure why she felt that	netimes, but she was not way.			
	Interview with the MA revealed:	on 07/09/25 at 9:02am			
	-She had not contacte	ed Resident #16's PCP			
		high BP that morning. check Resident #16's BP			
	after the resident ate	breakfast to make sure it			
	was accurateShe still planned to c rechecked the resider				
	Second interview with 9:22am revealed:	n the MA on 07/09/25 at			
	-She had just recheck was 145/70.	ked Resident #16's BP and it			
	-She had not contacted the high BP that morn	ed the resident's PCP about ning.			
	-She would recheck the	he resident's BP again			
	before lunchIf the resident's BP w the PCP.	vent back up, she would call			
	Third interview with the	ne MA on 07/09/25 at			
	1:13pm revealed: -She rechecked Residunch today, and it was	dent #16's BP right before as 139/63.			
	-She did not notify Re	esident #16 of the resident's , because the resident's BP			

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 8 of 63

INMAE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE SASS FAYETTEVILLE ROAD RAFFORD, NC 2376 SUMMARY STATEMENT OF DEPCIENCIES RAFFORD, NC 2376 CACH CORRECTION AUGUST OF PRECEDED BY PILL PRETIX TAG CROSS-REFERNOED TO THE APPROPRIATE DEFICIENCY) D 273 Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: -The MAs should notify the PCP immediately of any BPs that were outside of the ordered parameters. -The MA should have contacted Resident #16's PCP Immediately that morning, 07/09/25, when the resident's BP was high and outside of the ordered parameters. -The MAs falled to notify the PCP of Resident #16's BPs that were outside of the parameters. -The MAs should notify a resident's PCP of any vital signs outside of the ordered parameters. -The MA should have called Resident #16's PCP immediately when the resident's BP was so high that morning. -The PCP would have given further instructions to the MA on what to do about the Resident #16's PCP immediately when the resident's BP was so high that morning. -The PCP would have given further instructions to the MA on what to do about the Resident #16's high BP. Telephone interview with a nurse at Resident #16's PCP office on 07/10/25 at 1:59pm revealed: -Resident #16's PCP was unavailable for interview. -There was no documentation of the PCP being notified by the facility of Resident's BP being outside of ordered parameters in June 2025 or July 2025. -She was not aware of the resident's BP being outside of ordered parameters in June 2025 or July 2025. -The resident needed to be seen by the PCP as soon as possible to be assessed.		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JIP CODE SPRING ARBOR OF SAND HILLS SUBMANAY STATEMENT OF REPCENDEDS PREFIX (SCALIDSTOPHEN'S MERT OF REPCENDEDS OF TILL) PREFIX (SCALIDSTOPHEN'S MERT OF REPCENDEDS OF TILL) PREFIX (REQUATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 8 Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: -The MAs should notify the PCP immediately of any BPs that were outside of the ordered parameters. -The MA should have contacted Resident #16's PCP immediately that morning, 07/09/25, when the resident's BP was high and outside of the ordered parameters. -The MAs should notify a resident's PCP of any vital signs outside of the ordered parameters. -The MAs should have called Resident #16's PCP immediately what the resident's BP was so high that morning. -The PCP would have given further instructions to the MA on what to do about the Resident #16's PCP immediately when the resident's BP was so high that morning. -The PCP would have given further instructions to the MA on what to do about the Resident #16's PCP immediately when the resident's BP was so high notified by the facility of Resident #16's BP being outside of ordered parameters in June 2025 or July 2025. -She was not aware of the resident's BP being 214/111 on 07/09/225. -The resident could have a stroke or heart attack with her BP being that high. -The resident could have a stroke or heart attack with her BP being that high. -The resident could have a stroke or heart attack with her BP being that high. -The resident could have a stroke or heart attack with her BP being that high. -The resident could have a stroke or heart attack with her BP being that high. -The resident could have a stroke or heart attack with her BP being that high. -The resident could have a stroke or heart attack with her BP being that high.				7 11 20122 11 101	7. BOILDING.		,
SPRING ARBOR OF SAND HILLS SUMMARY STATEMENT OF DEFICIENCIES PREFIX SUMMARY STATEMENT OF DEFICIENCIES DISPRETED PROVIDER'S PLAN OF CORRECTION (200) PREFIX TAG			HAL047015	B. WING		1	
CALL D SUMMARY STATEMENT OF DEFICIENCIES D PROVIDENS PLAN OF CORRECTION COMPETITION PREFIX TAG PROVIDENS PLAN OF CORRECTION COMPETITION PREFIX PREFIX	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CMAID PREFIX PROVIDERS PLANT OF DEPICEACIES PREFIX PROVIDERS PLANT OF CORRECTION CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE	SPRING A	RBOR OF SAND HILLS			AD		
Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: -The MAs should notify the PCP immediately of any BPs that were outside of the ordered parametersThe MA should have contacted Resident #16's PCP immediately that morning, 07/09/25, when the resident's BP was high and outside of the ordered parameters. Interview with the facility's Director of Quality and Education / Registered Nurse (RN) on 07/09/25 at 1:46pm revealed: -The MAs failed to notify the PCP of Resident #16's BPs that were outside of the parametersThe MAs should notify a resident's PCP of any vital signs outside of the ordered parametersThe MA should have called Resident #16's PCP immediately when the resident's BP was so high that morningThe PCP would have given further instructions to the MA on what to do about the Resident #16's high BP. Telephone interview with a nurse at Resident #16's PCP office on 07/10/25 at 1:59pm revealed: -Resident #16's PCP was unavailable for interviewThere was no documentation of the PCP being notified by the facility of Resident #16's BP being outside of ordered parameters in June 2025 or July 2025She was not aware of the resident's BP being 214/1111 on 07/09/25The resident needed to be seen by the PCP as	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
2. Review of Resident #15's current FL-2 dated	D 273	Interview with the Res (RCC) on 07/09/25 at -The MAs should noti any BPs that were out parameters. -The MA should have PCP immediately that the resident's BP was ordered parameters. Interview with the fact Education / Registere at 1:46pm revealed: -The MAs failed to not #16's BPs that were control of the MAs should notivital signs outside of the MA should have immediately when the that morning. -The PCP would have immediately when the that morning. -The PCP would have immediately when the MA on what to do high BP. Telephone interview with the facility outside of ordered particles and the mass of the mass of the facility outside of ordered particles by the facility outside of ordere	sident Care Coordinator 1:50pm revealed: fy the PCP immediately of tside of the ordered contacted Resident #16's t morning, 07/09/25, when high and outside of the dility's Director of Quality and did Nurse (RN) on 07/09/25 tify the PCP of Resident butside of the parameters. fy a resident's PCP of any the ordered parameters. called Resident #16's PCP eresident's BP was so high egiven further instructions to about the Resident #16's with a nurse at Resident 17/10/25 at 1:59pm revealed: was unavailable for mentation of the PCP being of Resident #16's BP being rameters in June 2025 or of the resident's BP being ave a stroke or heart attack t high. to be seen by the PCP as e assessed.	D 273	DETICIENCE!)		

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 9 of 63

STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	S	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			7 ti Boilebii (o	7. BOILDING.		
		HAL047015	B. WING		1	1/2025
NAME OF PROVIDER OR SUP	PLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SPRING ARBOR OF SAN	ID HILLS		TTEVILLE RO	AD		
PREFIX (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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
vascular dise end stage re gastroesoph and history of and history of and history of a trevealed of the stage	ealed: ncluded ease, chr nal disea ageal ref of falls. an order eport if sy greater (> nary care esident # idministra an entry to a and not olic blood BP <100 a space to e eMAR is docume 121/59 - as docume 131/59 - as docu	hypertension, peripheral onic kidney disease, edema, ase with dialysis, flux disease, osteoarthritis, to check blood pressure vistolic blood pressure (SBP) and if below (<) 100, a provider (PCP). 15's June 2025 electronic ation record (eMAR) 10 check BP daily for ify provider if SBP >160 or dipressure) <100 (should not DBP) scheduled at 10 document the MAs' initials ment the BP reading. Intry under the "Vitals" for BP. Intented daily at 8:00am and 196/87. In ented as >160 on 8 /25 - 06/30/25, with the SBP - 196/87 on those 8 11 mentation the PCP was ccasions when the info. 12 mentation the PCP was ccasions when the info. 13 mentation the PCP was ccasions when the info. 14 mentation the PCP was ccasions when the info.	D 273			

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 10 of 63

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
			A. BOILDING		
		HAL047015	B. WING		R 07/11/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SDDING A	RBOR OF SAND HILLS	8398 FAY	ETTEVILLE ROA	AD	
SPRING A	RBOK OF SAND HILLS	RAEFORI	D, NC 28376		
(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	2 10	D 273		
	but no space to docur -There was another e section of the eMAR for of 8:00am. -The BP was docume ranged from 132/93 - 07/09/25. -The SBP was docume occasions from 07/01 ranging from 163/61 - occasions. -There was no docume contacted on 3 of 3 of resident's SBP was > Review of Resident # progress notes for June revealed no document of any of the BPs that parameters. Observation of the 8:0 07/09/25 revealed:	ment the BP reading. Intry under the "Vitals" for BP with a scheduled time Inted daily at 8:00am and 197/69 from 07/01/25 - Inented as >160 on 3 1/25 - 07/09/25, with the SBP Inentation the PCP was coasions when the 160. 15's electronic facility			
	#15's BP at 7:33am a -The MA did not notify	nd it was 169/71.			
	revealed: -If there were parame notified about, she we document that in the progress notesShe did not notify Re	esident's electronic facility esident #15's PCP about the >160 that morning on le did not notice the			

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 11 of 63

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL047015	B. WING		R 07/11/2025	
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF SAND HILLS	8398 FAYE	DRESS, CITY, STA ETTEVILLE ROAD, NC 28376			
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
checked her BPHer BP usually ran "preknewShe had a headache yowas the first headache some she denied any other some she denied and she denied and she denied she	#15 on 07/10/25 at ecked by staff at the a week. often facility staff usually etty good" as far as she esterday, 07/09/25, and it she had in a long time. symptoms of high BP. dent Care Coordinator :50pm revealed: the PCP immediately of ide of the ordered ontacted Resident #15's 19/25, when the resident's y's Director of Quality and Nurse (RN) on 07/09/25 y the PCP of Resident tside of the parameters. a resident's PCP of any e ordered parameters. alled Resident #15's PCP esident's SBP was >160 th a Nurse Practitioner PCP office on 07/11/25 at w medications for high	D 273			

Division of Health Service Regulation

the parameters were to make sure the resident's

STATE FORM STATE FORM If continuation sheet 12 of 63

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			30.25,110.		R	
		HAL047015	B. WING		07/11/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS	8398 FAY	ETTEVILLE ROA	AD		
		RAEFORI	D, NC 28376			
(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 APPROPF DEFICIENCY)	BE COMPLETE	
D 273	Continued From page	2 12	D 273			
D 2/3	BP did not get too hig-She did not see any was notified of Reside of the ordered parametric was important to know the parameters to be medications and to problood pressure such a series of the parameters to be medications and to problood pressure such a series of the parameters to be medications and to problood pressure such a series of Residen 01/21/25 revealed: -Diagnoses included the hyperlipidemia, congentation of the was admitted on the was admitted on the was admitted on the was admitted and transferring.	th or too low. documentation that the PCP ent #15's BP being outside eters in July 2025. how whether the BP was out be able to adjust the revent complications of high as stroke. It #6's current FL-2 dated chronic kidney disease, estive heart failure, vitamin etention of urine with a 08/16/24. 6's care plan dated 02/13/25 ly dependent on ambulation 6's accident and incident is revealed:	D 273			
	 -He stated he was reaching for something and fell out of his wheelchair. -He refused to go to the emergency department 					
	(ED)There were no visible	e injuries.				
	Review of Resident #6's accident and incident report dated 02/28/25 revealed: -His urine was cloudyHe complained of pain in his groin and legsHe stated he wanted to go to the ED. Review of Resident #6's ED after visit summary dated 02/28/25 revealed:					
	-The reasons for his vand ankle pain.	risit were difficulty urinating				

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 13 of 63

STATEMENT OF DEFIC AND PLAN OF CORRE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVE	
			A. BOILDING			
		HAL047015	B. WING		R 07/11/20	025
NAME OF PROVIDER (OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING ARBOR O	F SAND HILLS	8398 FAYE RAEFORD,	TTEVILLE ROANNE 1807	AD		
	(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 C	(X5) OMPLETE DATE
-The diend of Review dated (Control of the reserved of the res	left fibula and a v of Resident # 03/02/25 revea eason for his vi iagnosis include of shaft of the hedication given incophen-code is used to tree v of Resident # note dated 03/1 for pain. One interview ver on 07/09/25 isited Resident income interview ver on 07/09/25 at CP conducted ach fall. Vas responsible een by the PCI id not know where on 07/09/25 at CP conducted ach fall. Vas responsible een by the PCI id not know where on 07/09/25 at 07/09/25 at 1:45pm responsible each income interview verspected the face ted an assessible et days and seed an assessible et days and out Residue came back for the came back for the face et days and assessible et days and seed an assessible et days and seed a	ded closed fracture of distal a urinary tract infection. 6's ED after visit summary led: sit was ankle pain. ed closed nondisplaced e left fibula with healing. n was ine (Tylenol). (Tylenol at severe pain). 6's primary care providers' 03/25 revealed to continue with Resident #6's family at 3:30pm revealed: #6 on 02/28/25 and he n. her on 03/01/25 he had a sident Care Coordinator 12:47pm revealed: an assessment on residents of or ensuring the residents of a fall. by Resident #6 was not seen all on 02/16/25 because the ent #6 had a broken leg from the ED on 02/28/25. with Resident #6's PCP on	D 273			

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 14 of 63

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL047015	B. WING		R 07/1	1/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	•	
SPRING A	RBOR OF SAND HILLS	8398 FAYE	TTEVILLE ROA	AD		
OI KINO A	THE COURT OF THE C	RAEFORD	, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	fell on 02/16/25She saw Resident #6 diagnosed with a leg of she ordered Tylenol 03/03/25 because she visit at the ED on 02/2 Interview with the Adr 2:56pm revealed: -It was the protocol of PCP saw a resident at a The RCD and/or the ensuring the PCP cor Resident #6 after his -She was not sure who Resident #6 after he for the ensuring the PCP cor Resident #6 after he for the ensuring the protocol of PCP saw a resident and the ensuring the PCP cor Resident #6 after his -She was not sure who Resident #6 after he for the ensuring the protocol of the ensuring the protocol of PCP saw a resident and the ensuring the PCP cor Resident #6 after his -She was not sure who Resident #6 after he for the ensuring the protocol of the ensuring the	ing notified that Resident #6 3 on 03/03/25 after he was fracture on 02/28/25. for pain to continue was following up with his 28/25 and 03/02/25. Ininistrator on 07/10/25 at the facility to ensure the fter a fall. RCC were responsible for inpleted an assessment on fall on 02/16/25. In the PCP did not see well. Interview with Resident #6 in was unsuccessful. It #4's FL-2 dated 11/20/24 included Alzheimer's disease, order unspecified, and sease. It's Transition of Care Visit revealed additional ansient ischemic attack,	D 273			

Division of Health Service Regulation

Review of Resident #4's record revealed there

STATE FORM STATE FORM If continuation sheet 15 of 63

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	ובט
			B WING		R	
		HAL047015	B. WING		07/1	1/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS		TTEVILLE RO	AD		
			, NC 28376		. 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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	: 15	D 273			
	were no CBC, CMP, o	or Vitamin B12 level results.				
	of Quality and Educat revealed: -Resident #4's ordere performedThe Special Care Cocoordinator should ha and sent it to the facility contracte send a staff member received the orderThey were unsure if passed along to the later a resident was out when the laboratory eshould have reschedution.	of the facility for any reason employee arrived, the SCC uled the lab work. vider (PCP) never inquired e labs. der today, 07/10/25, from the				
	08/27/25 revealed: -Diagnoses included to	D deficiency, and major				
	Review of Resident # revealed she was total bathing, grooming, dr Review of Resident # summary dated 06/18	3's care plan dated 04/09/25 ally dependent for toileting, essing, and transfers. 3's hospital after visit				
	disease (PAD).	nitted for peripheral artery ollow up with Neurology in 4				

weeks.

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 16 of 63

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLET	ED
		HAL047015	B. WING		R 07/11/	/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE ZIP CODE		
TO WILL OF TH	to vibert of tool i eleft		TTEVILLE ROA			
SPRING A	RBOR OF SAND HILLS		, NC 28376			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE
D 273	Continued From page	: 16	D 273			
	Review of Resident # was no documentatio appointment schedule neurologist.					
		lity's Regional Nurse on revealed the Receptionist appointments.				
Interviews with the Receptionist on 07/10/25 at 10:21am and 11:01am revealed: -She scheduled resident appointmentsShe scheduled appointments when she received referrals from the Resident Care Coordinator (RCC) and the Resident Care Director (RCD)The referrals received were usually from a provider or the hospitalResident #3's family member scheduled most of her appointmentsShe had not received any information regarding a referral to neurology for Resident #3 until yesterday (07/09/25)The Administrator and RCD asked her about a neurology appointment for Resident #3 yesterday (07/09/25)Resident #3's appointment information was in a						
	Resident #3's family ropenedThe hospital did send residents for the facili what information was -She scheduled a neu Resident #3 this morr Interviews with the R0 11:20am and 11:50am	orology appointment for sing (07/10/25) for 07/18/25. CC on 07/10/25 at 10:30am, or revealed: de all resident appointments				

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 17 of 63

Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
		HAL047015	B. WING		R	1/2025
		HAL047015			07/1	1/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		8398 FAY	ETTEVILLE RO	AD		
SPRING A	RBOR OF SAND HILLS	RAEFORI), NC 28376			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEFIGIENCY)		
D 273	Continued From page	e 17	D 273			
	-She was unsure wha	at discharge paperwork the				
	Receptionist was give	en for Resident #3.				
	-The facility did not re	ceive a copy of Resident				
	#3's discharge paper	work with appointment				
	information listed.					
		ogy appointment information				
		packet addressed to the				
	resident's family mem					
	-	packet addressed to the				
	resident's family mem					
		discharge paperwork from				
	the hospital for Resid	ent #5. ave obtained a copy of				
	_	ge paperwork from the				
	hospital.	ge paperwork from the				
	=	ntment was scheduled				
	yesterday (07/09/25)					
	- , ,	rmed of the neurology				
	appointment.					
	Interview with the RC	D on 07/10/25 at 5:27pm				
	revealed:	•				
	-She was not aware on Resident #3.	of the neurology referral for				
	-Resident #3's discha	rge paperwork was in a				
		ressed to the resident's				
	family member.					
	-The facility received	discharge paperwork but				
	that paperwork did no	ot have the referral to				
	neurology listed.					
		the discharge paperwork				
	the facility received for					
		k for all residents was kept				
	in a stack in the RCC	/KUD OΠICE.				
	Second interview with	n the RCD on 07/11/25 at				
	11:49am revealed:	THE ROD ON OT/ 11/23 at				
	-All orders and referra	als were given to the				
		o make the appointments.				
		nsible for giving the orders				

STATE FORM 6899 3QXI11 If continuation sheet 18 of 63

DIVISION	n Health Service Negu	ialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					R	
		HAL047015	B. WING		07/1	1/2025
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		8398 FAYE	TTEVILLE ROA	AD		
SPRING A	RBOR OF SAND HILLS	RAEFORD.	NC 28376			
I			110 20010		1	
(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	REGOLATORY OR E	100 IDENTIF THE INTO CHIMATION)	TAG	DEFICIENCY)	IAI E	
				,		
D 273	Continued From page	e 18	D 273			
	and referrals to the Re	eceptionist.				
	Telephone interview v	vith the				
	-	red Nurse for Resident #3's				
	hospice provider on 0					
	revealed:	11/10/25 at 11.45am				
		2 : 1 / // 2 / 1 /				
	-She was not aware F					
	referred to neurology.					
	-She did not know wh	y Resident #3 had been				
	referred to neurology					
	-Hospice would not ha	ave referred Resident #3 to				
		would not be covered by				
	hospice and the famil					
		rology services were not				
		id not mean Resident #3				
	could not attend the a	• •				
	-If the facility had noti	fied hospice of the				
	neurology referral, the	ey and the family would have				
		e service was not covered.				
	Interview with the Adr	ministrator on 07/10/25 at				
	4:10pm revealed:	Tillistrator on 07/10/25 at				
		41				
		the neurology referral for				
	Resident #3 within the	•				
	-She did not know wh	en the neurology				
	appointment was.					
	-She expected the RC	CC and RCD to give referral				
	and appointment infor	rmation to the Receptionist				
		ed the transportation and				
	appointment schedule	•				
		RCC and RCD yesterday				
		formed that the discharge				
		rom the hospital in a sealed				ļ
		Resident #3's daughter.				ļ
	-The facility did not re	ceive a copy of Resident				ļ
	#3's discharge paper					ļ
	•	ave requested a copy of				
	Resident #3's dischar					
	resident #3 5 disolial	ge paperwork.				

Division of Health Service Regulation

Telephone interview with a Nurse Practitioner at

STATE FORM STATE FORM If continuation sheet 19 of 63

PRINTED: 07/28/2025 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 19 Resident #3's PCP office on 07/10/25 at 1:45pm revealed: -Resident #3 was seen by neurology while in the hospitalShe was aware of the 4 week follow up referral to neurology due to review of the hospital notesNeurology suspected possible microvascular ischemia (spots on the brain that were possibly dying off or not working properly)She was not aware Resident #3 had not attended the neurology appointment or had not had an appointment scheduledDue to the fact that Resident #3 was on hospice, the neurology appointment would have had to be		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 19 Resident #3's PCP office on 07/10/25 at 1:45pm revealed: -Resident #3 was seen by neurology while in the hospital. -She was aware of the 4 week follow up referral to neurology due to review of the hospital notesNeurology suspected possible microvascular ischemia (spots on the brain that were possibly dying off or not working properly)She was not aware Resident #3 had not attended the neurology appointment or had not had an appointment scheduledDue to the fact that Resident #3 was on hospice, the neurology appointment would have had to be				7. BOILDING.			
SPRING ARBOR OF SAND HILLS (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 19 Resident #3's PCP office on 07/10/25 at 1:45pm revealed: -Resident #3 was seen by neurology while in the hospitalShe was aware of the 4 week follow up referral to neurology due to review of the hospital notesNeurology suspected possible microvascular ischemia (spots on the brain that were possibly dying off or not working properly)She was not aware Resident #3 had not attended the neurology appointment or had not had an appointment scheduledDue to the fact that Resident #3 was on hospice, the neurology appointment would have had to be			HAL047015	B. WING		1	
RAEFORD, NC 28376 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 19 Resident #3's PCP office on 07/10/25 at 1:45pm revealed: -Resident #3 was seen by neurology while in the hospitalShe was aware of the 4 week follow up referral to neurology due to review of the hospital notesNeurology suspected possible microvascular ischemia (spots on the brain that were possibly dying off or not working properly)She was not aware Resident #3 had not attended the neurology appointment or had not had an appointment scheduledDue to the fact that Resident #3 was on hospice, the neurology appointment would have had to be	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 19 Resident #3's PCP office on 07/10/25 at 1:45pm revealed: -Resident #3 was seen by neurology while in the hospitalShe was aware of the 4 week follow up referral to neurology due to review of the hospital notesNeurology suspected possible microvascular ischemia (spots on the brain that were possibly dying off or not working properly)She was not aware Resident #3 had not attended the neurology appointment or had not had an appointment scheduledDue to the fact that Resident #3 was on hospice, the neurology appointment would have had to be	SPRING A	RBOR OF SAND HILLS			AD		
Resident #3's PCP office on 07/10/25 at 1:45pm revealed: -Resident #3 was seen by neurology while in the hospitalShe was aware of the 4 week follow up referral to neurology due to review of the hospital notesNeurology suspected possible microvascular ischemia (spots on the brain that were possibly dying off or not working properly)She was not aware Resident #3 had not attended the neurology appointment or had not had an appointment scheduledDue to the fact that Resident #3 was on hospice, the neurology appointment would have had to be	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
approved because hospice did not typically pursue aggressive treatment. -She did not see the need for a neurology follow up due to the resident being on hospiceShe had no concern with Resident #3 not attending the neurology appointment. Attempted telephone interview with the Neurology office on 07/10/5 at 9:40am was unsuccessful. Attempted telephone call to Resident #3's family member on 07/10/25 at 11:10am was unsuccessful. The facility failed to ensure health care referral and follow-up for 5 of 9 sampled residents. Resident #16's high blood pressure (BP) on 24 occasions in June 2025 and 6 occasions in July 2025 were not reported to the primary care provider (PCP) as ordered. The resident reported feeling dizzy and "wobbly" and could have caused the resident to have a stroke or heart attack according to the nurse at the resident's PCP office. Resident #15's high BP on 8 occasions in	D 273	Resident #3's PCP of revealed: -Resident #3 was see hospitalShe was aware of th to neurology due to re-Neurology suspected ischemia (spots on the dying off or not working. She was not aware frattended the neurology had an appointment should be a pursue aggressive tresched did not see the resident pursue aggressive tresched had no concernattending the neurology appointment of the neurolog	en by neurology while in the e 4 week follow up referral eview of the hospital notes. d possible microvascular e brain that were possibly ng properly). Resident #3 had not gy appointment or had not excheduled. Resident #3 was on hospice, tment would have had to be expice did not typically eatment. need for a neurology follow to being on hospice. with Resident #3 not gy appointment. interview with the Neurology e40am was unsuccessful. call to Resident #3's family at 11:10am was nsure health care referral 9 sampled residents. blood pressure (BP) on 24 25 and 6 occasions in July ed to the primary care dered. The resident reported bbly" and could have caused a stroke or heart attack e at the resident's PCP	D 273			

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 20 of 63

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL047015	B. WING		07	R 7/11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SPRING A	ARBOR OF SAND HILLS	8398 FA	YETTEVILLE ROAD			
	INDON OF CAND THEE	RAEFOR	RD, NC 28376			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	Resident #6 had a fal was not notified. On complained of severe emergency departme broken leg. The failui health care coordinate substantial risk of ser constitutes a Type A2 The facility provided a accordance with G.S. this violation.	as ordered putting the aplications including stroke. I on 02/16/25 and the PCP 02/28/25, the resident ankle pain, went to the nt and was diagnosed with a re of the facility to provide ion and follow-up resulted in ious physical harm and Violation.	D 273			
D 280	registered nurse, occiphysical therapist in the evaluation of the residual plan and care provide (a) of this Rule, is condays of admission or a resident develops the least quarterly therea following: (1) performing a physical president as related to current condition requitasks specified in Par	assure that participation by a upational therapist or he on-site review and dents' health status, care ed, as required in Paragraph inpleted within the first 30 within 30 days from the date ne need for the task and at	D 280			

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 21 of 63

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
		HAL047015	B. WING		R 07/11/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CDDING A	DDOD OF CAND UILLE	8398 FAYE ⁻	TTEVILLE ROA	AD		
SPRING A	RBOR OF SAND HILLS	RAEFORD,	NC 28376			
(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 COMPLE	
D 280	Continued From page	21	D 280			
	being provided; (3) recommending chresident as needed be assessment and evaluation (4) documenting the (1) through (3) of this This Rule is not met a Based on observation reviews, the facility falicensed health professiveness and evaluation residents (#1, #2, #3, were completed and it assessment, evaluation recommendations because sessment and evaluation to the commendation of the c	nanges in the care of the ased on the physical uation of the progress of the activities in Subparagraphs Paragraph. as evidenced by: as, interviews, and record illed to ensure the quarterly asional support (LHPS) ans for 5 of 5 sampled #4, #5) with LHPS tasks included a physical on of care provided, and sed on the physical				
	The findings are:	1 #21a august El 2 datad				
	08/27/24 revealed: -Diagnoses included the hypertension, unspections.	t #3's current FL-2 dated Type 2 diabetes, ified systolic and vitamin D				
		atory. of bladder and bowel. al care assistance with				
	Review of Resident 3 revealed she was adr 09/13/19.	's Resident Register nitted to the facility on				

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 22 of 63

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			_		R	
		HAL047015	B. WING		07/11/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS		TTEVILLE ROA	AD		
			, NC 28376		ı	_
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	:
D 280	Continued From page	22	D 280			
	04/09/25 revealed: -Resident #3 was nor -She was incontinent -She was sometimes and needed reminder -She was totally depe grooming, dressing, a -She required supervi Review of Resident # Professional Support quarterly review dated -Review of health state physical assessment occasional feeding, w assists, toileting and I -There was no physic -There were no recon -LHPS personal care	of bowel and bladder. disoriented, was forgetful s. Indent for toileting, bathing, and transfers. Ision with eating. 3's Licensed Health (LHPS) evaluation and do 05/03/25 revealed: Itus and care provided and included shower, dressing, wheelchair, hoyer-2 person hospice. It al assessment documented. Inmendations documented. Itasks provided included hobility, bathing and feeding.				
	9:32am revealed: -Resident #3 was obs wheelchair in her roor -She had a catheter b	served sitting in a high back m. ag.				
	-She was clean and v-She was intermittent					
		n the Special Care Director				
	Refer to interview with 07/11/25 at 1:45pm.	n the Administrator on				
	Refer to attempted to LHPS nurse on 07/11	lephone interview with the /25 at 1:36pm.				

Division of Health Service Regulation

2. Review of Resident #2's current FL-2 dated

STATE FORM STATE FORM If continuation sheet 23 of 63

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL047015	B. WING		R 07/11/2025	
	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA ETTEVILLE RO D, NC 28376		,	
(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 280	hydronephrosis with robstruction. He was constantly di He was ambulatory. He was incontinent of He required personal bathing. Review of Resident 2 revealed he was adm 07/22/20. Review of Resident # 10/29/24 revealed: Resident #2 was am device. He was occasionally bladder. He was oriented but reminders. He required extensive ambulation and dressing. Review of Resident # Professional Support quarterly review dated Review of health starphysical assessment times, 1 person assis and dressing. There was no physical are wheelchair, toileting, 1	dementia, hypertension and renal and ureteral calculus soriented. of bladder. I care assistance with 's Resident Register inisted to the facility on 2's current care plan dated bulatory with the assistive incontinent of bowel and forgetful and required re assistance with toileting, sing. I care assistance with toileting, sing. I care assistance with toileting and the care provided and included incontinent at twith wheelchair, bathing all assessment documented. Inmendations documented.	D 280			

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 24 of 63

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILBING.		R	
		HAL047015	B. WING		07/11/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS	8398 FAYE RAEFORD	TTEVILLE ROA NC 28376	AD		
(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 280	quarterly review dated -Review of health state physical assessment at times and assist wi -There was no physical -There were no reconsisted the review of th	2's LHPS evaluation and d 05/16/25 revealed: tus and care provided and included assist with toileting th bathing/dressing. all assessment documented. Inmendation documented. Inmendation documented. It is and assistance with served ambulating to the use of assistive device. The	D 280			
	Refer to interview with	n the Administrator on				

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 25 of 63

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
					R	
		HAL047015	B. WING		07/11/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
CDDING A	RBOR OF SAND HILLS	8398 FAY	ETTEVILLE RO	AD		
SPRING A	RBOR OF SAND HILLS	RAEFOR	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 280	Continued From page	e 25	D 280			
	07/11/25 at 1:45pm.					
	Refer to attempted te LHPS nurse on 07/11	lephone interview with the /25 at 1:36pm.				
	•	t #1's current FL-2 dated				
		agnoses included dementia,				
		on, hyperlipidemia, major vitamin deficiency, and				
	insomnia.	vitariiir denolericy, and				
	moonina.					
	Review of Resident #	1's Resident Register				
		mitted from another facility				
	on 10/10/22.					
	Peview of Pesident #	1's assessment and care				
		evealed the resident was				
	totally dependent on t					
	dressing, grooming a					
		1's record on 01/23/24				
	revealed:	tation of a Licensed Health				
		(LHPS) completed on				
		sks currently present were				
		s, assist with showering,				
	dressing, geri chair, tr					
	-The documentation u	under the review of health				
	status and care provid	ded, physical assessment as				
	•	included incontinent care				
	_	with bathing and dressing,				
		ion, hospice, assist with				
	feeding, and wounds.					
		under the changes and				
		ation included to keep the				
		ambulation to prevent falls.				
	-There was no docum assessment was com					

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 26 of 63

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			_		R	
		HAL047015	B. WING		1	1/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS	8398 FAYE ⁻ RAEFORD,	FTEVILLE ROANCE 28376	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 280	Continued From page	: 26	D 280			
		n the Special Care Director				
	Refer to interview with 07/11/25 at 1:45pm.	n the Administrator on				
	Refer to attempted to LHPS nurse on 07/11	lephone interview with the //25 at 1:36pm.				
	revealed diagnoses ir	t #4's FL-2 dated 11/20/24 acluded Alzheimer's disease, order unspecified, and sease.				
	on 06/23/25 revealed included transient iscl	nemic attack, osteoarthritis, mia, dysphasia, vitamin d				
	Review of Resident # revealed she was adr 05/31/21.	4's Resident Register nitted to the facility on				
	06/17/25 revealed: -Resident #4 was nor gerichairResident #4 was tota	4's current care plan dated a-ambulatory and utilized a ally dependent on facility ag, ambulation/locomotion, asonal hygiene, and				
	quarterly review dated -Review of health stat recommended change	(LHPS) evaluation and d 02/03/25 revealed: cus and care provided and es in care included assist ng/dressing, resident used a				

Division of Health Service Regulation

STATE FORM 6899 3QXI11 If continuation sheet 27 of 63

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL047015	B. WING		07/11/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CDDING A	DDOD OF SAND UILLO	8398 FAYE	TTEVILLE ROA	AD		
SPRING A	RBOR OF SAND HILLS	RAEFORD	, NC 28376			
(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 280	Continued From page	27	D 280			
D 280	-There was no physic -Changes and follow the Resident's needs when confusedLHPS personal care toileting every 2 hours showering/dressing, a Review of Resident # quarterly review dated - Review of health starecommended changwith toileting, showeri walker, and wheelcha -There was no physic -Changes and follow the Resident's needs when confusedLHPS personal care toileting every 2 hours showering/dressing, a Observation of Resident 7:55am revealed: -Resident #4 was in hoomResident #4 was una and once stated "I do	al assessment documented. up recommended to meet included redirect resident tasks provided included s, assist with and assist with wheelchair. 4's LHPS evaluation and d 05/16/25 revealed: atus and care provided and es in care included assist ing/dressing, resident used a air at times. al assessment documented. up recommended to meet included redirect resident tasks provided included s, assist with and assist with wheelchair. ent #4 on 07/09/25 at her gerichair in the dining able to answer questions	D 280			
	07/10/25 at 10:30am -Resident #4 had very versus prior to her ho 2025Resident #4 was wal wheelchair before hos	revealed: y different care needs now spitalization in mid-June king with a walker or using a				
	Based on observation	ns, record review, and				

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 28 of 63

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL047015		B. WING		R 07/11/2025	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	F ZIP CODE	1 01/11/2020
TO UNIC OF T	NOVIBER OR GOLF EIER		ETTEVILLE ROA		
SPRING A	RBOR OF SAND HILLS		D, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE
D 280	Continued From page	e 28	D 280		
	interviews, it was dete was not interviewable	ermined that Resident #4			
	Refer to interview with (SCD) on 07/11/25 at	n the Special Care Director 12:24pm.			
	Refer to interview with 07/11/25 at 1:45pm.	n the Administrator on			
	Refer to attempted tel	lephone interview with the /25 at 1:36pm.			
	06/03/25 revealed:	t #5's current FL-2 dated			
	dementia.	cardiac arrest and vascular			
		n-ambulatory and required			
	assistance with bathir -There was an order f	ng and dressing. for Repatha 140mg/ml inject			
	140mg subcutaneous	ly every 14 days for			
	hyperlipidemia. [Repa hyperlipidemia (high o triglycerides).]				
	Review of Resident # revealed:	5's Resident Register			
	-The resident was add 03/24/25.	mitted to the facility on			
		d assistance for dressing,			
	_	aving, ambulation, getting , hair/grooming, skin care,			
	and orientation to time	e and place.			
	_	nificant memory loss and			
	must be directedThe resident used a	walker.			
	Review of Resident #	5's current assessment and 06/03/25 revealed:			
	-The resident was do	cumented as ambulatory			
	with aide or device, b	ut the type of device was not			

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 29 of 63

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			_		R	
		HAL047015	B. WING		07/11/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CDDING A	DDOD OF CAND UILLS	8398 FAYE ⁻	TTEVILLE ROA	AD		
SPRING A	RBOR OF SAND HILLS	RAEFORD,	NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 280	Continued From page	29	D 280			
	and needed reminder -The resident was do dependent on staff as ambulation, bathing, o transferring.	cumented as totally sistance with toileting, dressing, grooming, and				
	Observation of Reside 8:00am revealed the wheelchair to the dini	resident was pushed in a				
	including ambulation transferring.	nt #5 on 07/11/25 at sted the resident with tasks with her wheelchair and if she received an injection.				
	Professional Support 05/16/25 revealed: -The nurse document tasks were ambulation that required physical semi-ambulatory or ne-The nurse did not incinjection as a task for	ed the resident's LHPS n using assistive devices assistance and transferring on-ambulatory residents. clude medication through the resident. signs and weight was blank.				
	assessment noted: as showering/dressing, was toileting every 2 hours. There was no physic any of the resident's Later was no physic resident's need for as transferring including required for assistance.	esist with wheelchair assistance, s, and hospice. al assessment related to LHPS tasks. al assessment related to the sistance with ambulation or how many staff were				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 30 of 63 3QXI11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
			A. BOILDING.			Б
		HAL047015	B. WING		07	R //11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
ODDING A	DDOD OF CAND IIII I C	8398 FAY	ETTEVILLE ROAL)		
SPRING A	RBOR OF SAND HILLS	RAEFOR	D, NC 28376			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 280	Continued From page	: 30	D 280			
	no documentation reg	through injection including parding the injection sites. Inmendations related to a of the resident.				
	Refer to interview with (SCD) on 07/11/25 at	n the Special Care Director 12:24pm.				
	Refer to interview with 07/11/25 at 1:45pm.	n the Administrator on				
	Refer to attempted to LHPS nurse on 07/11	ephone interview with the //25 at 1:36pm.				
	07/11/25 at 12:24pm and a LHPS nurse usually checked reviews were any manufactor (RCD), (SCC), or the Resident Surviews were done quality tasks for the resident comment of the comment of	ally came to the facility to uld see the residents and and she used the LHPS assessment. jor issues or concerns, the otify her or the Resident Special Care Coordinator at Care Coordinator (RCC). to make sure the LHPS larterly and included all				
	1:45pm revealed: -The LHPS nurse usu orders and records ar with each residentThe LHPS review sh	ninistrator on 07/11/25 at ally reviewed residents' nd also physically visited ould include a physical ould be documented on the				

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 31 of 63

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL047015	B. WING		R 07/11/2025
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E. ZIP CODE	07/17/2023
			ETTEVILLE ROA		
SPRING A	RBOR OF SAND HILLS	RAEFOR	RD, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 280	Continued From page	31	D 280		
	for all LHPS tasks for -The RCD, RCC, SCI responsible for check reviews to make sure Attempted telephone				
D 358	10A NCAC 13F .1004 Administration	(a) Medication	D 358		
	(a) An adult care hon preparation and admi prescription and non-by staff are in accorda(1) orders by a licens which are maintained	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments ance with: ed prescribing practitioner in the resident's record; and on and the facility's policies			
	This Rule is not met a TYPE A2 VIOLATION				
	reviews, the facility fa were administered as (#16, #17) observed of including errors with a an eye drop for dry ey for constipation (#16), blood pressure and a and for 4 of 8 samples #17) including errors	s, interviews, and record iled to ensure medications ordered for 2 of 4 residents during the medication pass in eye drop for glaucoma, re disease and a medication and a medication for high topical pain patch (#17); diresidents (#4, #5, #15, with a blood thinner and an edications for high blood 7).			

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 32 of 63

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		_	
HAL047015		B. WING		R 07/11/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
000000		8398 FAY	ETTEVILLE ROA	AD		
SPRING A	RBOR OF SAND HILLS	RAEFOR	D, NC 28376			
(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 358	Continued From page	32	D 358			
	The findings are:					
	during the 8:00am me a. Review of Residen 12/16/24 revealed: -Diagnoses included failure, chronic obstrudementia, diabetes modisease, and muscle -There was an order to every morning and at laxative used to treat Miralax is a powder a the bottle has a marking used to measure the	s out of 30 opportunities edication pass on 07/09/25. It #16's current FL-2 dated essential hypertension, heart active pulmonary disease, rellitus type 2, chronic kidney weakness. For Miralax 17 grams (g) bedtime. (Miralax is a and prevent constipation. Ind the inside of the cap on the dosage at the top of the				
	the bottle has a marking for 17g that should be used to measure the dosage at the top of the white section of the inner cap.) Observation of the 8:00am medication pass on 07/09/25 revealed: -There was a white section lining the inside of the purple cap on the Miralax bottle. -There was "17g" imprinted near the top of the white section with an arrow pointing up to indicate the measurement for 17g was at the top of the white section inside the cap. -The medication aide (MA) poured the Miralax powder halfway below the marking for the 17g dose. -The MA mixed the Miralax powder in water and gave it to Resident #16 to take with her oral medications at 7:49am. -The resident drank all the water with Miralax. -The MA did not measure the Miralax correctly and the full dosage was not mixed in the cup of water.					

Miralax.

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 33 of 63

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL047015	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	07/11/2025	\dashv
			ETTEVILLE RO			
SPRING A	RBOR OF SAND HILLS	RAEFOR	D, NC 28376			
(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 358	Continued From page	÷ 33	D 358			
	medication administrate revealed: -There was an entry full and drink twice as scheduled at 8:00am -Miralax was docume from 07/01/25 - 07/09 Observation of Reside hand on 07/09/25 at 15 bottle of Miralax dispedirection change stick instructions on the medical lateral medical lateral medical lateral medical lateral medical lateral l	for Miralax, mix 17 grams in a day for constipation and 8:00pm. Inted as administered daily 1/25. Ident #16's medications on 1:11pm revealed there was a consed on 05/30/25 with a corplaced over the redication label. If on 07/09/25 at 1:13pm revealed the Miralax dosage cap. If the Miralax powder below the marking for 17g pointing white lining of the cap. It is with a groove of had bowel movements sident did not complain of 1 mt #16 on 07/09/25 at 1 miralax every day and she				

Division of Health Service Regulation

(RCC) on 07/09/25 at 1:50pm revealed:

STATE FORM STATE FORM If continuation sheet 34 of 63

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
74401 2744	or dorate of the transfer of t	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		
		HAL047015	B. WING	B. WING		1/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
SDDING A	RBOR OF SAND HILLS	8398 FAYE	TTEVILLE RO	AD		
SPRING P	INDUK OF SAND HILLS	RAEFORD	, NC 28376			
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	Continued From page	e 34	D 358			
	-The MAs were supported ining of the Miralax of dosageThere should be a mon the white inner lini. Interview with the Adr 1:58pm revealed the marking for 17 grams amount of Miralax for. Telephone interview with the Helphone interview with the Adr 1:58pm revealed the marking for 17 grams amount of Miralax for. Telephone interview with the Adr 1:58pm revealed the marking for 17 grams amount of Miralax for. Telephone interview with the resident's PCP with the resident's PCP with the resident's PCP with the resident the full constipationResident #16 had co	posed to use the white inner ap to measure the correct sarking to measure 17 grams ing of the cap. ministrator on 07/09/25 at MAs should use the correct to measure the correct to measure the correct Resident #16. with a nurse at Resident ovider (PCP) office on evealed: was unavailable for dose of Miralax could cause ingestive heart failure and				
	did not need to be collished. -The additional strain cause increased bloo	of being constipated could				
	12/16/24 revealed: -There was an order finstill 1 drop in both e (Combigan is used to -There was an order foots instill 1 drop in	•				
	date of 05/2021) reve -The facility provided Administration Skills \ highlighted eye drops	s and procedures (revision aled: a copy of the Medication Validation Form and				

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 35 of 63

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
		HAL047015	B. WING		R 07/11/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS		ETTEVILLE ROA	AD		
			D, NC 28376		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 COMPLETE	
D 358	Continued From page	e 35	D 358			
	the Medication Admin Form. -According to the Gui different eye drops m same time, a 3 to 5-m allowed between each Observation of the 8:07/09/25 revealed: -The medication aide in each eye of Cyclos #16 at 7:50am instead ordered. -The MA immediately	00am medication pass on (MA) administered 2 drops porine 0.05% to Resident d of 1 drop in each eye as administered 1 drop in each				
	eye of Combigan 0.2- causing the resident's eye drops ran out of t her face.	-05% to Resident #16, s eyes to overflow and the he resident's eyes and down 3 to 5 minutes between				
Review of Resident #16's July 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Combigan 0.2-0.5% instill 1 drop in each eye 2 times daily for glaucoma scheduled at 8:00am and 8:00pm. -Combigan was documented as administered from 07/01/25 - 07/09/25 (8:00am). -There was an entry for Cyclosporine 0.05% place 1 drop in each eye 2 times daily scheduled at 8:00am and 8:00pm. -Cyclosporine was documented as administered from 07/01/25 - 07/09/25 (8:00am). Observation of Resident #16's medications on hand on 07/09/25 at 1:11pm revealed: -There were 180 single use vials of Cyclosporine 0.05% eye drops dispensed on 03/18/25.						

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 36 of 63

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
	HAL047015	B. WING		07	R 7/11/2025
ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE	, ,	
RBOR OF SAND HILLS	RAEFOR	D, NC 28376			
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Continued From page	36	D 358			
eyes two times a dayThere was a bottle of dispensed on 06/02/2 -The instructions were affected eye(s) two tir Interview with the MA revealed: -She thought she only each eye of Cyclospo drops sometimes carr very fastShe administered bo drops at the same tim scheduled at the sam -She did not remembe	f Combigan eye drops 5. e to instill 1 drop into mes a day as directed. on 07/09/25 at 1:13pm v administered 1 drop in rine to Resident #16, but the me out of the single use vials th of Resident #16's eye me because they were both me time on the eMAR. er being trained to wait				
Interview with Resider 1:22pm revealed: -She usually received eye drop at the same -The MAs were supposet between the drops, buther eye doctor had to minutes between the -She was not currently eyes. Interview with the Resident of the MAs were supposed between different eye administer 1 drop in each eye.	Combigan, and one other time. seed to wait 5 minutes at they "never do". y ran out of her eyes. old her they should wait 5 eye drops. y having any issues with dry sident Care Coordinator 1:50pm revealed: seed to wait 3 to 5 minutes drops. was ordered, the MA should ach eye, not 2 drops in				
	ROVIDER OR SUPPLIER RBOR OF SAND HILLS SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTE INTO INTO INTO INTO INTO INTO INTO INTO	ROVIDER OR SUPPLIER REGOR OF SAND HILLS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 36 -The instructions were to instill 1 drop in both eyes two times a dayThere was a bottle of Combigan eye drops dispensed on 06/02/25The instructions were to instill 1 drop into affected eye(s) two times a day as directed. Interview with the MA on 07/09/25 at 1:13pm revealed: -She thought she only administered 1 drop in each eye of Cyclosporine to Resident #16', but the drops sometimes came out of the single use vials very fastShe administered both of Resident #16's eye drops at the same time because they were both scheduled at the same time on the eMARShe did not remember being trained to wait between different eye drops. Interview with Resident #16 on 07/09/25 at 1:22pm revealed: -She usually received Combigan, and one other eye drop at the same timeThe MAs were supposed to wait 5 minutes between the drops, but they "never do"The eye drops usually ran out of her eyesHer eye doctor had told her they should wait 5 minutes between the eye dropsShe was not currently having any issues with dry eyes. Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: -The MAs were supposed to wait 3 to 5 minutes between different eye dropsIf 1 drop in each eye was ordered, the MA should administer 1 drop in each eye, not 2 drops in	ROVIDER OR SUPPLIER REDOR OF SAND HILLS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATIONY OR LSC IDENTIFYING INFORMATION) The instructions were to instill 1 drop in both eyes two times a day. There was a bottle of Combigan eye drops dispensed on 06/02/25. The instructions were to instill 1 drop into affected eye(s) two times a day as directed. Interview with the MA on 07/09/25 at 1:13pm revealed: She administered both of Resident #16, but the drops sometimes came out of the single use vials very fast. She administered both of Resident #16's eye drops at the same time because they were both scheduled at the same time to the MAR. She did not remember being trained to wait between different eye drops. Interview with Resident #16 on 07/09/25 at 1:22pm revealed: She usually received Combigan, and one other eye drop at the same time. The MS were supposed to wait 5 minutes between the drops, but they "never do". The eye drops usually ran out of her eyes. Her eye doctor had told her they should wait 5 minutes between the eye drops. She was not currently having any issues with dry eyes. Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: The MAs were supposed to wait 3 to 5 minutes between different eye drops. Interview mith the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: The MAs were supposed to wait 3 to 5 minutes between different eye drops. Interview mith the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: The MAs were supposed to wait 3 to 5 minutes between different eye drops. If 1 drop in each eye was ordered, the MA should administer 1 drop in each eye, not 2 drops in each eye.	TOWNDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 399 FAYETTEVILLE ROAD RAFFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 36 The instructions were to instill 1 drop in both eyes two times a day. There was a bottle of Combigan eye drops dispensed on 06/02/25. The instructions were to instill 1 drop in to affected eye(s) two times a day as directed. Interview with the MA on 07/09/25 at 1:13pm revealed: She thought she only administered 1 drop in each eye of Cyclosporine to Resident #16, but the drops sometimes came out of the single use vials very fast. She administered both of Resident #16's eye drops at the same time to the eMAR. She did not remember being trained to wait between different eye drops. Interview with Resident #16 on 07/09/25 at 1:22pm revealed: She usually received Combigan, and one other eye drop at the same time. The MAS were supposed to wait 5 minutes between the drops, but they "never do". The eye drops usually ran out of her eyes. Her eye doctor had told her they should wait 5 minutes between the eye drops. She was not currently having any issues with dry eyes. Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: The MAS were supposed to wait 3 to 5 minutes between different eye drops. Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: The MAS were supposed to wait 3 to 5 minutes between different eye drops. Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: The MAS were supposed to wait 3 to 5 minutes between different eye drops. Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: The MAS were supposed to wait 3 to 5 minutes between different eye drops.	A BUILDING: HALO47015 B. WING B. WING A BUILDING: B. WING COM ASSET TEVILLE ROAD RABOR OF SAND HILLS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC DENTFYNN INFORMATION) COntinued From page 36 The instructions were to instill 1 drop in both eyes two times a day as directed. Interview with the MA on 07/09/25 at 1:13pm revealed: She thought she only administered 1 drop in each eye of Cyclosporine to Resident #16; but the drops sometimes came out of the single use vials every fast. She administered both of Resident #16's eye drops at the same time on the eMAR. She did not remember being trained to wait between different eye drops. Interview with Resident #16 on 07/09/25 at 1:25pm revealed: The was a the with the Ma on other eye drop susually received Combigan, and one other eye drop susually received Combigan, and one other eye drop susually ran out of her eyes. Here yed octor had told her they should wait 5 minutes between the eye drops, but they "never do". The yed drops usually ran out of her eyes. Here yed octor had told her they should wait 5 minutes between the eye drops. She was not currently having any issues with dry eyes. Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: The MAS were supposed to wait 3 to 5 minutes between different eye drops. Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: The MAS were supposed to wait 3 to 5 minutes between different eye drops. Interview with the Resident Care Coordinator (RCC) on 07/09/25 at 1:50pm revealed: The MAS were supposed to wait 3 to 5 minutes between different eye drops. Interview with the Resident Park of the MA should administer 1 drop in each eye, not 2 drops in each eye.

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 37 of 63

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 8388 FAYETTEVILLE ROAD RAEFORD, NC 28376 ((A4) ID PREFIX (EACH DECIGIENCY MUST BE PRECEDED BY FULL TAG (EACH DECIDENCY) D 358 Continued From page 37 1:58pm revealed: -The MAs should wait 3 to 5 minutes between each different eye drop. -The MAs should only administer the amount of eye drops ordered. Telephone interview with a triage staff person at Resident #16's eye care provider's office on 07/10/25 at 9:08am revealed: -The eye care provider was unavailable for interview. -Resident #16 should only receive 1 drop in each eye of Cyclosporine. -There should be a 5-minute wait period between the administration of different eye drops to prevent the eye drops from running out of the eye, which would lower the dosage received and make the medication less effective. c. Review of Resident #17's current FL-2 dated 05/12/25 revealed diagnoses included	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
SPRING ARBOR OF SAND HILLS (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 37 1:58pm revealed: -The MAs should wait 3 to 5 minutes between each different eye dropThe MAs should only administer the amount of eye drops ordered. Telephone interview with a triage staff person at Resident #16's eye care provider's office on 07/10/25 at 9:08am revealed: -The eye care provider was unavailable for interviewResident #16's eye care provider to the eye drop to prevent the eye drops from running out of the eye, which would lower the dosage received and make the medication less effective. c. Review of Resident #17's current FL-2 dated			HAL047015	B. WING		07	
CAMPLETER SUMMARY STATEMENT OF DEFICIENCIES FACA DEFICIENCY MUST BE PRECEDED BY FULL REACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION GROULD BE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 D 358	NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CX4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF CORRECTION (CAG) PREFIX TAG PREFIX TAG	SPRING A	ARBOR OF SAND HILLS	8398 FA	YETTEVILLE ROAD	1		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 37 1:58pm revealed: -The MAs should wait 3 to 5 minutes between each different eye dropThe MAs should only administer the amount of eye drops ordered. Telephone interview with a triage staff person at Resident #16's eye care provider's office on 07/10/25 at 9:08am revealed: -The eye care provider was unavailable for interviewResident #16 should only receive 1 drop in each eye of CyclosporineThere should be a 5-minute wait period between the administration of different eye drops to prevent the eye drops from running out of the eye, which would lower the dosage received and make the medication less effective. c. Review of Resident #17's current FL-2 dated	OI KINO P	THE COURT OF THE C	RAEFOR	RD, NC 28376			
1:58pm revealed: -The MAs should wait 3 to 5 minutes between each different eye dropThe MAs should only administer the amount of eye drops ordered. Telephone interview with a triage staff person at Resident #16's eye care provider's office on 07/10/25 at 9:08am revealed: -The eye care provider was unavailable for interviewResident #16 should only receive 1 drop in each eye of CyclosporineThere should be a 5-minute wait period between the administration of different eye drops to prevent the eye drops from running out of the eye, which would lower the dosage received and make the medication less effective. c. Review of Resident #17's current FL-2 dated	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE E APPROPRIATE	COMPLETE
Alzheimer's dementia, type 2 diabetes mellitus, osteoarthritis of the knees, and hyperlipidemia. Review of Resident #17's primary care provider (PCP) order dated 05/30/25 revealed an order for Hydralazine 10mg 1 tablet 3 times a day, hold if systolic blood pressure (SBP) is less than (<) 110 or diastolic blood pressure (DBP) is <60 and/or heart rate (HR) is <60. (Hydralazine is used to lower blood pressure.) Observation of the 8:00am medication pass on 07/09/25 revealed: -The medication aide (MA) prepared and administered morning medications to Resident #17 including Hydralazine 10mg at 8:23am. -The MA did not check Resident #17's BP or HR prior to administering Hydralazine to determine if the medication should have been held.	D 358	1:58pm revealed: -The MAs should wai each different eye droThe MAs should only eye drops ordered. Telephone interview of Resident #16's eye of 07/10/25 at 9:08am reThe eye care provide interviewResident #16 should eye of CyclosporineThere should be a 5- the administration of prevent the eye drops eye, which would low make the medication c. Review of Resident #05/12/25 revealed dia Alzheimer's dementia osteoarthritis of the k Review of Resident #(PCP) order dated 05- Hydralazine 10mg 1 the systolic blood pressure or diastolic blood pressure or diastolic blood pressure of the systolic blood pressure	t 3 to 5 minutes between op. y administer the amount of with a triage staff person at are provider's office on evealed: er was unavailable for only receive 1 drop in each minute wait period between different eye drops to serom running out of the er the dosage received and less effective. It #17's current FL-2 dated agnoses included and type 2 diabetes mellitus, nees, and hyperlipidemia. It's primary care provider is 30/25 revealed an order for ablet 3 times a day, hold if are (SBP) is less than (<) 110 sesure (DBP) is <60 and/or one (MA) prepared and generation medication pass on (MA) prepared and generation medications to Resident azine 10mg at 8:23am. It's Resident #17's BP or HR Hydralazine to determine if	D 358			

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 38 of 63

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL047015	B. WING		07	R 7/11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
		8398 FAY	ETTEVILLE ROAL			
SPRING A	RBOR OF SAND HILLS		D, NC 28376			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
D 358	Continued From page	e 38	D 358			
	Observation on 07/09	0/25 at 8:27am revealed the				
	MA checked Residen	t #17's BP and HR, after				
	Hydralazine was adm	inistered, and the resident's				
	BP was 162/86 and the	ne HR was 78.				
	Review of Resident #	17's July 2025 electronic				
	medication administration record (eMAR) revealed: -There was an entry for Hydralazine 10mg take 1 tablet 3 times a day for BP, hold if SBP <110 or DBP ,60 or HR <60.					
	-Hydralazine was sch	eduled at 8:00am, 2:00pm,				
	and 8:00pm.					
	-Hydralazine was doo from 07/01/25 - 07/09	cumented as administered 9/25 (8:00am).				
	Observation of Resid	ent #17's medications on				
	hand on 07/09/25 at 1					
		of Hydralazine 10mg tablets				
	dispensed on 06/14/2					
		e to take 1 tablet 3 times a				
	<60.	P <110 or DBP <60 or HR				
	Interview with the MA revealed:	on 07/09/25 at 12:53pm				
		the Resident #17's BP prior				
	to administering the F					
		25, she was in a hurry and				
	moving too fast with t					
	because she was late					
	morning.					
	-Resident #17's BP u	sually ran high.				
	Interview with Reside 12:46pm revealed:	nt #17 on 07/09/25 at				
	•	er blood pressure every day.				
	-They sometimes che	cked it before she got her				
	medications and som	etimes it was after she got				

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 39 of 63

	or periornoiro		()(0) MI II TIDI E	CONOTRICTION	Toyou BATE 6	N IDVEV	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S		
VIAD I TVIA	J. JOHNLOHON	DENTI IOATION NOWIDER.	A. BUILDING: _	A. BUILDING:		COMPLETED	
					F	₹	
		HAL047015	B. WING		1	1/2025	
NAME OF D	DOVIDED OD SUDDUJED	OTDEET AD	DDEEC OILV OIL	TE ZID CODE			
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,			
SPRING A	RBOR OF SAND HILLS		ETTEVILLE ROA	AU			
		RAEFORI	D, NC 28376			T	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE	
170		,	IAG	DEFICIENCY)			
D 358	Continued From page	20	D 358				
D 330	Continued From page	: 39	D 336				
	her medications.						
	Interview with the Spe	ecial Care Director (SCD) on					
	07/09/25 at 1:34pm re						
	-The MAs had been t	rained to read the eMAR					
	and medication labels	s and administer the					
	medications as ordered						
		ck Resident #17's BP and					
	HR prior to administe						
	determine if it should be held.						
		ministrator on 07/09/25 at					
	1:58pm revealed:						
		d the instructions on the					
	eMAR and medication						
		for parameters, Resident					
		ould be checked prior to					
	administering the Hyd	dralazine.					
	Telephone interview v	vith a Nurse Practitioner					
		's PCP office on 07/11/25 at					
	12:01pm revealed:						
	-Resident #17's BP a	nd HR should be checked					
	prior to administering	Hydralazine.					
	-If Hydralazine was a	dministered when the					
	resident's BP or HR v	vere below the parameters,					
	it could cause low BP	and lead to dizziness and					
	falls.						
	d Paviou of Pasidon	t #17's primary care provider					
		t #17's primary care provider /30/25 revealed an order for					
	Lidocaine 5% topical						
	-	of one rib, right side) one					
		re and discard patch within					
		ed. (Lidocaine 5% patch is a					
	topical medication us						
	15 piece in odiodion do	12 11 001 pan)					
	Observation of the 8:0	00am medication pass on					
	07/09/25 revealed:	•					
	-Resident #17 was sit	tting up on the side of her					

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 40 of 63

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		_		R	
	HAL047015	B. WING		07/11/2025	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING ARBOR OF SAND HILLS		TTEVILLE ROA	AD		
	RAEFORD,	NC 28376			
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 APPROPR DEFICIENCY)	BE COMPLETE	
D 358 Continued From page	40	D 358			
bedThe medication aide (5% patch to Resident; 8:26amThe resident did not obackThe MA did not apply resident's right side as Review of Resident #1 medication administrat revealed: -There was an entry for apply 1 patch to affect fractured rib once daily before applying a new off for 12 hoursLidocaine patch was as 8:00pm (removal)Lidocaine patch was as 8:00pm (removal)Lidocaine patch was as 100pm (removal)Lidocaine patch was a 10pm (removal).	(MA) applied a Lidocaine #17's lower midback at complain of pain in her the Lidocaine patch to the cordered. (7's July 2025 electronic tion record (eMAR) or Lidocaine 5% patch, ed area of right side for y for pain; remove old patch patch; on for 12 hours and escheduled for 8:00am and documented as applied to m from 07/01/25 - 07/09/25. Int #17's medications on 2:52pm revealed: docaine 5% patches 5. to apply 1 patch to side for fractured rib once on 07/09/25 at 12:53pm the Lidocaine patch to e or back, wherever the	D 356			

Division of Health Service Regulation

Interview with Resident #17 on 07/09/25 at

STATE FORM STATE FORM If continuation sheet 41 of 63

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			_
		HAL047015	B. WING		07	R 7/11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STATE	E, ZIP CODE		
		8398 FAY	ETTEVILLE ROAL			
SPRING A	ARBOR OF SAND HILLS	RAEFOR	D, NC 28376			
(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 T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	2 41	D 358			
D 358	12:46pm revealed: -She had pain at time sideThe MAs sometimes back or either her left -The pain patch usual Interview with the Spe 0/709/25 at 1:34pm re-The MAs had been to and medication labels medications as ordered resident #17's Lidoc applied to the right side instructions on the election labelIf a MA had question her or the Special Call Interview with the Adra 1:58pm revealed: -The MAs should read eMAR and medication-Resident #17's Lidoc applied according to the eMAR. Telephone interview work (NP) at Resident #17's Lidoc applied according to the eMAR.	put a pain patch on her or right side. Illy helped with her pain. ecial Care Director (SCD) on evealed: rained to read the eMAR and administer the ed. eaine patch should be de and indicated in the MAR and the medication s, the MA should come to re Coordinator (SCC). ministrator on 07/09/25 at d the instructions on the n label.	D 358			
	-Diagnoses included l vascular disease, chr end stage renal disea	hypertension, peripheral onic kidney disease, edema, ise with dialysis, lux disease, osteoarthritis,				

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 42 of 63

DIVISION	n Health Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
]		l _	
			D WING		R	
		HAL047015	B. WING		07/1	1/2025
NAME OF D	ROVIDER OR SUPPLIER	STREET ADE	RESS, CITY, STA	TE 710 CODE		
NAME OF FI	NOVIDER OR SUFFLIER		, ,	•		
SPRING ARBOR OF SAND HILLS			TTEVILLE RO	AD		
		RAEFORD	, NC 28376			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PRÉFIX	`	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	DATE
				DEFICIENCY)		
D 358	Continued From page	42	D 358			
	Continuou i rom page	, 12				
	and history of falls.					
	-There was an order f	for Hydralazine 100mg 1				
	tablet 3 times a day for	or hypertension, hold of				
	blood pressure (BP) is	s less than (<) 120/60.				
	(Hydralazine lowers b	` '				
	(· ·)	,				
	Review of Resident #	15's June 2025 electronic				
	medication administra					
		ation record (elviArt)				
	revealed:					
		or Hydralazine 100mg 1				
	•	r hypertension, hold for BP <				
	120/60.					
	-Hydralazine was sch	eduled for administration at				
	8:00am, 2:00pm, and	8:00pm.				
	-Hydralazine was doo	cumented as administered 3				
	times daily from 06/01	1/25 - 06/30/25.				
	-	designated with the entry				
		cument the resident's BP.				
	•	under the "Vitals" section of				
	-	scheduled times of 8:00am				
		i scrieduled times of 6.00am				
	and 2:00pm.	DD 1 1 1 1 0 00				
	•	BP documented at 2:00pm				
		0/25 which was 123/63 on				
	06/14/25.					
	-The resident's BP wa	as documented daily at				
	8:00am and ranged fr	om 121/59 - 196/87.				
	_	nentation of the resident's				
		or to the administration of				
		n and 8:00pm from 06/01/25				
		one BP check at 2:00pm on				
	06/14/25.	one by oneon at 2.00pm on				
		min ad if Lludralazina ale auld				
		mined if Hydralazine should				
		the BP was not checked at				
	2:00pm and 8:00pm.					
	Review of Resident #	15's July 2025 eMAR				
	revealed:					
	-There was an entry f	or Hydralazine 100mg 1				
	_	r hypertension, hold for RP <				

120/60.

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 43 of 63

Division of	of Health Service Regu	ılation				
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
					-	2
		HAL047015	B. WING		F	11/2025
		HAL04/013			0111	1/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SDDING V	PROPOS OS CAMP UILLO	8398 FAY	ETTEVILLE ROA	AD		
SPRING A	ARBOR OF SAND HILLS	RAEFORI	D, NC 28376			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
TAG	REGULATORY	-30 IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	NAIE	5,2
			+			
D 358	Continued From page	∍ 43	D 358			
	-Hydralazine was sch	neduled for administration at				
	8:00am, 2:00pm, and					
		cumented as administered 3				
		1/25 - 07/09/25 at 8:00am.				
		designated with the entry				
		cument the resident's BP.				
		under the "Vitals" section of				
	the eMAR for BP with	ı a scheduled time of				
	8:00am.					
	-There was no sched	uled BP check for 2:00pm or				
	8:00pm.					
		as documented at 8:00am				
	and ranged from 132/ 07/09/25.	/93 - 197/69 from 07/01/25 -				
	-There was no docum	nentation of the resident's				
		ior to the administration of				
	Hydralazine at 2:00pr - 07/09/25.	m and 8:00pm from 07/01/25				
		mined if Hydralazine should				
		the BP was not checked at				
	2:00pm and 8:00pm.					
	Interview with a medi	cation aide (MA) on				
	07/09/25 at 1:06pm re	• •				
	-She usually worked t					
	· ·	Resident #15's BP when it				
	popped up on the eM					
	8:00am.					
	-Sometimes she chec	cked the resident's BP				
	before she administer					
	medications and som					
		the instructions to hold the				
	Hydralazine based or					
		ything popping up on the				
	eMAR at 2:00pm to c	heck the resident's BP.				
	Interview with Poside	ent #15 on 07/10/25 at				
	5:15pm revealed:	111 #15 011 07/10/25 at				
ļ	o. ropini ic vedica.					

-She received medications for high BP.
-Her BP was usually checked by staff at the

STATE FORM STATE FORM If continuation sheet 44 of 63

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL047015	B. WING		R 07/11/2025	
NAME OF D			DESS CITY STA	TE ZID CODE	0771172020	_
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA TTEVILLE RO			
SPRING A	RBOR OF SAND HILLS		, NC 28376	40		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		
D 358	Continued From page	2 44	D 358			
	dialysis center 3 times	s a week.				
		w often facility staff usually				
	checked her BP.	anatha na adula a fan ar ala				
	-Her BP usually ran " knew.	pretty good" as far as she				
	KIIGW.					
	Interview with the Res	sident Care Coordinator				
	(RCC) on 07/09/25 at					
		ck Resident #15's BP prior				
	to administering each dose of Hydralazine.					
		necked and documented 3				
	on the eMARs.	Iministration of Hydralazine				
		Resident #15's BP was not				
		ocumented prior to the				
	administration of Hyd 8:00pm.	ralazine at 2:00pm and				
	•	ed orders into the eMAR				
	system.					
		vith a pharmacist at the				
	facility's contracted pt 3:57pm revealed:	narmacy on 07/10/25 at				
	-The pharmacy staff t the eMAR system, inc	ypically entered orders into cluding hours of				
	administration.	-				
		d been some problems with				
	hours of administratio system.	n in the facility's eMAR				
	-The facility was supp	osed to review and approve				
	orders prior to the ord	•				
	-	ve rejected the Hydralazine				
		macy know it needed to be				
	nixed of the facility col	uld have fixed it on their end.				
		ility's Director of Quality and				
	Education / Registere	d Nurse (RN) on 07/09/25				
	at 1:46pm revealed:					
	The pharmacy usual	ly entered orders into the	1	1		

Division of Health Service Regulation

eMAR system.

STATE FORM STATE FORM If continuation sheet 45 of 63

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL047015	B. WING		R 07/11/2025	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	,	
SPRING A	RBOR OF SAND HILLS		TTEVILLE RO	AD		
		RAEFORD,	NC 28376			
(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 COMPLETE	
D 358	Continued From page	÷ 45	D 358			
D 358	-The Resident Care Dispectal Care Director Coordinator (SCC) had into the eMAR system responsible for verifying orders becoming activation -The order for Reside have been checked to correctly in the system resident's BP to be do administration of Hydronic -They could not locate Resident #15's BP be 8:00pm. -Resident #15's BP sl prior to administering the medication should reliable to the medication should resident #15' and the medication needed to administering Hydral medication needed to administering Hydral BP was below the ordinate the resident's be which could cause did alzheimer's dementia osteoarthritis of the kreview of Resident #	Director (RCD), RCC, (SCD), and Special Care ad access to enter orders an, and they were also ang all orders prior to the ave in the eMAR system. Ant #15's Hydralazine should a make sure it was set up an to include a space for the accumented for the aralazine. Are any documentation of a sing checked at 2:00pm or a should have been checked A Hydralazine to determine if at have been held. Avith a Nurse Practitioner as PCP office on 07/11/25 at a few medications for high are deded to be checked before a sine to determine if the a be administered or held. Alazine when the resident's a fered parameter could alood pressure to be too low aziness and falls. At #17's current FL-2 dated	D 358			
	(PCP) order dated 05 Hydralazine 10mg 1 t					

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 46 of 63

Division of	of Health Service Regu	ılation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TΕυ
					R	
		HAL047015	B. WING		07/11	1/2025
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE. ZIP CODE		
			ETTEVILLE ROA			
SPRING A	RBOR OF SAND HILLS), NC 28376	_		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX		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 APPROPF DEFICIENCY)	NAIE	DAIL
D 050			+			
D 358	Continued From page	∍ 46	D 358			
		ssure (DBP) is <60 and/or				
		0. (Hydralazine is used to				
	lower blood pressure.	.)				
	Pavious of Posidont #	447's July 2025 electronic				
	medication administra	‡17's July 2025 electronic				
	revealed:	alion record (elvizit)				
		for Hydralazine 10mg take 1				
		or BP, hold if SBP <110 or				
	DBP <60 or HR <60.					
		neduled at 8:00am, 2:00pm,				
	and 8:00pm.					
		cumented as administered 3 01/25 - 07/09/25 (8:00am).				
	-There was no space	` ,				
	documented with the					
		in the "Vitals" section of the				
	eMAR for BP daily at					
		as documented as being				
	•	Dam from 07/01/25 - 07/09/25				
		/75 - 166/82 but there were				
	no HRs documented.	hecks documented for				
	2:00pm or 8:00pm.	lecks documented for				
		hecks documented at				
	8:00am, 2:00pm, or 8					
		mined if Resident #15's				
	Hydralazine should ha					
	administered without	BP and HR being checked.				
	Observation of Pesid	ent #17's medications on				
	hand on 07/09/25 at					
		of Hydralazine 10mg tablets				
	dispensed on 06/14/2					
	-The instructions were	e to take 1 tablet 3 times a				
	day for BP, hold if SB	3P <110 or DBP <60 or HR				
	<60.					

Interview with a medication aide (MA) on

07/09/25 at 12:53pm revealed:

STATE FORM 6899 3QXI11 If continuation sheet 47 of 63

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71. BOILBING.		R	
		HAL047015	B. WING		07/11/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS		TTEVILLE ROA	AD		
	CHMMADY CT	RAEFORD,		DDOVIDEDIC DI AN OF CORDECTIO	N	
(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 APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	÷ 47	D 358			
	to administering the H -The HR was also not machine when the res -The resident's BP us -She usually checked appeared on the eMA -She did not recall che HR other than during pass because she did popping up on the eM document it at any oth Interview with Reside 12:46pm revealed: -The MAs checked he -They sometimes che	the resident's BP when it R. ecking the resident's BP or the 8:00am medication I not recall a specific entry IAR to check it and ner time.				
	07/09/25 at 1:34pm re- The MAs had been to and medication labels medications as ordered. The MAs should che HR prior to administe time it was scheduled heldIf there were any que the MAs should notify Coordinator (SCC). Interview with the Administration of the MAs should reach eman and medications. If there were orders for the MAs and medications.	rained to read the eMARs and administer the ed. ck Resident #17's BP and ring Hydralazine at each to determine if it should be estions about the eMARs, her or the Special Care Ininistrator on 07/09/25 at the instructions on the habel. For parameters, Resident and administrator to				

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 48 of 63

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
					R	
		HAL047015	B. WING		07/1	1/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS		TTEVILLE ROA	AD		
		RAEFORD,	NC 28376		Г	
(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 358	Continued From page	· 48	D 358			
	Education / Registere at 1:46pm revealed: -The pharmacy usuall eMAR systemThe Resident Care Date Care Coordinator (RO access to enter orders and they were also reorders prior to the orde eMAR systemThe order for Reside have been checked to correctly in the system resident's BP and HR administration of Hydroshe could not locate Resident #17's BP and 2:00pm or 8:00pmResident #17's BP and checked prior to administration and the could not locate and access to enter orders and the could not locate and the could not locate and the could not locate access to enter orders and the could not locate and the co	lity's Director of Quality and d Nurse (RN) on 07/09/25 ly entered orders into the Director (RCD), Resident CC), SCD, and SCC had so into the eMAR system, sponsible for verifying all lers becoming active in the ent #17's Hydralazine should to make sure it was set up in to include a space for the to be documented for the ralazine. any documentation of d HR being checked at end HR should have been inistering Hydralazine to cation should have been decided.				
	(NP) at Resident #17' 12:01pm revealed:	vith a Nurse Practitioner s PCP office on 07/11/25 at and HR should be checked				
	-If Hydralazine was ac resident's BP or HR w	-				
	06/03/25 revealed:	t #5's current FL-2 dated				

Division of Health Service Regulation

-There was an order for Carvedilol 25mg 1 tablet

STATE FORM STATE FORM If continuation sheet 49 of 63

STATEMENT OF DEPICIONICS AND PLAN OF CORRECTION IDENTIFICATION NUMBER: HALGATOTS RESIDENCY CONTRECTOR NAME OF PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, 2IP CODE SASS FAYETTE/FILLE ROAD RAFFORD, NC 28376 SPRING ARBOR OF SAND HILLS SIMMARY STATEMENT OF DEPICIENCES (PAR) DEPICIENCY MUST SE PROCEDED BY PLAN. PREPIX (PAR) DEPICIENCY MUST SE PROCEDED BY PLAN. PREPIX (PAR) DEPICIENCY MUST SE PROCEDED BY PLAN. PREPIX PROVIDER'S PLAN OF CORRECTION SOURCES (PAR) DEPICIENCY MUST SE PROCEDED BY PLAN. PREPIX PROVIDER'S PLAN OF CORRECTION SOURCES (PAR) DEPICIENCY PREPIX PROVIDER'S PLAN OF CORRECTION SOURCES (PAR) DEPICIENCY PREPIX PROVIDER'S PLAN OF CORRECTION	DIVISION	n nealth Service Negu	ialion			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STAFFORD, NC 28375 BYRING ARBOR OF SAND HILLS SUMMANY SYSTEMENT OF DEFICIENCES PREFIX (RACH DEFICIENCY MUST BE PRECEDED BY PULL PREFIX TAG COMMAND AND AND AND AND AND AND AND AND AND			` '	(X2) MULTIPLE	CONSTRUCTION	1 ' '
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 8389 FAYETTEVILLE ROAD RAFFORD, NC. 28379 RAFFORD, NC.	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STRICE, JOP CODE SPRING ARBOR OF SAND HILLS SUBMANDER OF SAND HILLS SUBMANDER OF SAND HILLS SUBMANDER OF SAND HILLS SUBMANDER OF SAND HILLS PROVIDER PLAN OF CASSEGUATION OF SERVICING BY PLL (FACI) CORRECTION AND SINGUALS BE PROVIDED BY PLL (FACI) CORRECTION AND SINGUALS BE PROVIDED BY PLL (FACI) CORRECTION AND SINGUALS BE COMMENTED BY PROVIDED BY P				_		_
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SPRING ARBOR OF SAND HILLS REPORT REPORT NO. 28378 PREFIX RACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX RACH DEFICIENCY MUST BE PRECEDED BY FULL PAPER PROVIDER'S PLAN OF CORRECTION (CAS) COMPLETE TAG TAG D 358 Continued From page 49 2 times a day with meals, hold for systolic blood pressure (SBP) less than or equal to (<) 100 and heart rate (HR) < 55. (Carvedilol is used to lower BP and HR.) Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP < 100 and HR < 55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was scheduled at 8:00am and 8:00pm. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 50f1/125 at 8:00am and was 128/90 and the HR was 68. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP < 100 and HR < 55. -Carvedilol was scheduled at 8:00am and 8:00am and 8:00am or 8:00pm.				D WING		
RAFFORD, NC 28376 MAIN D SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCE DI LINE APPROPRIATE CROSS-REFERENCE DI LINE APPROPRIATE D PREFIX TAG CROSS-REFERENCE DI LINE APPROPRIATE D D PREFIX TAG CROSS-REFERENCE DI LINE APPROPRIATE D D D D PREFIX TAG CROSS-REFERENCE DI LINE APPROPRIATE D D D D D D D D D			HAL047015	B. WING		07/11/2025
SPRING ARBOR OF SAND HILLS MAIN D SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG	NAME OF D	DOVIDED OD SLIDDLIED	STREET ADD	DECC CITY CTA	TE ZID CODE	
PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES SUMMARY SUMMARY STATEMENT OF SUMMARY SU	NAME OF T	NOVIDEN ON SOIT LIEN		, ,	•	
MAI)D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG D PREFIX TAG D PREFIX TAG CHOOSS-REFERENCE OF THE APPROPRIATE D PREFIX TAG PROVIDERS PLAN OF CORRECTION BOULD BE CHOOSS-REFERENCED TO THE APPROPRIATE D CHOOSS-REFERENCED TO THE APPROPR	SPRING A	RBOR OF SAND HILLS			AD	
D 358 Continued From page 49 2 times a day with meals, hold for systolic blood pressure (SBP) less than or equal to (<) 100 and heart rate (HR) <55. (Carvedilol is used to lower BP and HR) Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was documented as administered 2 times a day from 05/01/25-05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented at 8:00am and was 128/90 and the HR was 68. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was documented at 8:00am and was 128/90 and the HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.			RAEFORD	, NC 28376		
D 358 Continued From page 49 2 times a day with meals, hold for systolic blood pressure (SBP) less than or equal to (<) 100 and heart rate (HR) <55. (Carvedilol is used to lower BP and HR.) Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented at 8:00am and was 128/90 and the HR was 68. -There were no other HR checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.	(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)
D 358 Continued From page 49 2 times at day with meals, hold for systolic blood pressure (SBP) less than or equal to (<) 100 and heart rate (HR) < 55. (Carvedilol is used to lower BP and HR.) Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP < 100 and HR < 55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP < 100 and HR < 55. -Carvedilol was scheduled at 8:00am and 8:00pm.		`			,	
2 times a day with meals, hold for systolic blood pressure (SBP) less than or equal to (<) 100 and heart rate (HR) <55. (Carvedilol is used to lower BP and HR.) Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was scheduled at 8:00am and 8:00pm. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other HR checks documented at 8:00am or 8:00pm. -I there were no ther HR checks documented at 8:00am or 8:00pm. -I there were no ther HR checks documented at 8:00am or 8:00pm. -I there were no ther HR checks documented at 8:00am or 8:00pm. -I there were no ther HR checks documented at 8:00am or 8:00pm. -I there were no there HR checks documented at 8:00am or 8:00pm. -I there was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.	TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		RIATE
2 times a day with meals, hold for systolic blood pressure (SBP) less than or equal to (<) 100 and heart rate (HR) <55. (Carvedilol is used to lower BP and HR.) Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was occumented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -It nere were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.					DEFICIENCY)	
2 times a day with meals, hold for systolic blood pressure (SBP) less than or equal to (<) 100 and heart rate (HR) <55. (Carvedilol is used to lower BP and HR.) Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was occumented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -It record on the HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.	D 358	8 Continued From page 49		D 358		
pressure (SBP) less than or equal to (<) 100 and heart rate (HR) <55. (Carvedilol is used to lower BP and HR.) Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other BR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.		. •				
heart rate (HR) <55. (Carvedilol is used to lower BP and HR.) Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was occumented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was no entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other BR checks documented at 8:00am or 8:00pm. -I there were no after BP checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.		2 times a day with me	eals, hold for systolic blood			
BP and HR.) Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.		pressure (SBP) less t	han or equal to (<) 100 and			
BP and HR.) Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00 am and 8:00 pm. -Carvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00 am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00 am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00 am or 8:00 pm. -There were no other BP checks documented at 8:00 am or 8:00 pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00 am and 8:00 pm.		heart rate (HR) <55.	(Carvedilol is used to lower			
Review of Resident #5's May 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.			•			
medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.		,				
medication administration record (eMAR) revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.		Review of Resident #	5's May 2025 electronic			
revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm. -Carvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.			-			
-There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pmCarvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25There was no space for BP or HR to be documented with the Carvedilol entryThere was an entry in the "Vitals" section of the eMAR for BP at 8:00amThe resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68There were no other BP checks documented at 8:00am or 8:00pmThere were no other HR checks documented at 8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.			anon rodora (olvir ir t)			
tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pmCarvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25There was no space for BP or HR to be documented with the Carvedilol entryThere was an entry in the "Vitals" section of the eMAR for BP at 8:00amThe resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68There were no other BP checks documented at 8:00am or 8:00pmThere were no other HR checks documented at 8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.			for Carvadilal 25mg take 1			
<100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pmCarvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25There was no space for BP or HR to be documented with the Carvedilol entryThere was an entry in the "Vitals" section of the eMAR for BP at 8:00amThe resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68There were no other BP checks documented at 8:00am or 8:00pmThere were no other HR checks documented at 8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.						
-Carvedilol was scheduled at 8:00am and 8:00pmCarvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25There was no space for BP or HR to be documented with the Carvedilol entryThere was an entry in the "Vitals" section of the eMAR for BP at 8:00amThe resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68There were no other BP checks documented at 8:00am or 8:00pmThere were no other HR checks documented at 8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.		-	Mill meals, hold for SBP			
8:00pmCarvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25There was no space for BP or HR to be documented with the Carvedilol entryThere was an entry in the "Vitals" section of the eMAR for BP at 8:00amThe resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68There were no other BP checks documented at 8:00am or 8:00pmThere were no other HR checks documented at 8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.						
-Carvedilol was documented as administered 2 times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.			duled at 8:00am and			
times a day from 05/01/25 - 05/31/25. -There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.		•				
-There was no space for BP or HR to be documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.						
documented with the Carvedilol entry. -There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.		times a day from 05/0)1/25 - 05/31/25.			
-There was an entry in the "Vitals" section of the eMAR for BP at 8:00am. -The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.		-There was no space	for BP or HR to be			
eMAR for BP at 8:00amThe resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68There were no other BP checks documented at 8:00am or 8:00pmThere were no other HR checks documented at 8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.		documented with the	Carvedilol entry.			
eMAR for BP at 8:00amThe resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68There were no other BP checks documented at 8:00am or 8:00pmThere were no other HR checks documented at 8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.		-There was an entry i	n the "Vitals" section of the			
-The resident's BP was documented as being checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68There were no other BP checks documented at 8:00am or 8:00pmThere were no other HR checks documented at 8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.		_				
checked one day on 05/11/25 at 8:00am and was 128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.						
128/90 and the HR was 68. -There were no other BP checks documented at 8:00am or 8:00pm. -There were no other HR checks documented at 8:00am or 8:00pm. -It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.			<u> </u>			
-There were no other BP checks documented at 8:00am or 8:00pmThere were no other HR checks documented at 8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.						
8:00am or 8:00pmThere were no other HR checks documented at 8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.						
-There were no other HR checks documented at 8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.			br checks documented at			
8:00am or 8:00pmIt could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.		•	UD abooks degumented at			
-It could not be determined if Resident #5's Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.			TIT CHECKS GOCUITIETILEG AL			
Carvedilol should have been held or administered without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.			single if Decident #51-			
without BP and HR being checked. Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.						
Review of Resident #5's June 2025 eMAR revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.						
revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.		without BP and HR be	eing checked.			
revealed: -There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.						
-There was an entry for Carvedilol 25mg take 1 tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.			5's June 2025 eMAR			
tablet 2 times a day with meals, hold for SBP <100 and HR <55Carvedilol was scheduled at 8:00am and 8:00pm.						
<100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.						
<100 and HR <55. -Carvedilol was scheduled at 8:00am and 8:00pm.		tablet 2 times a day w	vith meals, hold for SBP			
8:00pm.		_				
8:00pm.		-Carvedilol was sched	duled at 8:00am and			
		•				
		•	mented as administered 2			
times a day from 06/01/25 - 06/30/25 except on		_				

Division of Health Service Regulation

06/12/25 and 06/25/25 at 8:00pm with no reason

STATE FORM STATE FORM If continuation sheet 50 of 63

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	EIED
		1101 047045	B WING		F	
		HAL047015			07/1	1/2025
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,		
SPRING A	RBOR OF SAND HILLS		ETTEVILLE RO	AD		
	OLIMAN DV OT		D, NC 28376	DDOUBERIO DI AN OF CORRECTION		
(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 358	Continued From page	e 50	D 358			
	noted.					
	-There was no space	for BP or HR to be				
	documented with the					
		HR checks documented at				
	8:00am or 8:00pm.					
		mined if Resident #5's re been held or administered				
	without BP and HR be					
	William Di ana in Co	ong oncoked.				
	Review of Resident #	5's July 2025 eMAR				
	revealed:					
	_	for Carvedilol 25mg take 1				
	tablet 2 times a day w <100 and HR <55.	vith meals, hold for SBP				
	-Carvedilol was sched	duled at 8:00am and				
	8:00pm.					
		mented as administered 2				
	times a day from 07/0					
	-There was no space					
	documented with the	· HR checks documented at				
	8:00am or 8:00pm.	The oneons documented at				
	·	mined if Resident #5's				
	=	e been held or administered				
	without BP and HR be	eing checked.				
	Observation of Resid	ent #5's medications on				
	hand on 07/10/25 at					
		of Carvedilol 25mg tablets				
	dispensed on 06/11/2	25 with 4 of 30 tablets				
	remainingThere was a supply of	of Carvedilol 25mg tablets				
		25 with 17 of 22 tablets				
	remaining.					
		e to take 1 tablet 2 times a				
	day, hold for SBP <10	00 and HR <55.				
	Interview with a medi	cation aide (MA) on				
	07/10/25 at 11:18am					

Division of Health Service Regulation

-A block did not always pop up on the eMAR to

STATE FORM STATE FORM If continuation sheet 51 of 63

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		HAL047015	B. WING		07/11/2025
				TE 7/0 0005	1 0111112020
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
SPRING ARBOR OF SAND HILLS			ETTEVILLE RO	AD	
			D, NC 28376		
(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 APPROPRIED TO THE APPROPRIED TO THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF T	BE COMPLETE
D 358	Continued From page	e 51	D 358		
	check Resident #5's I				
	_	check the resident's BP and			
	HR prior to administe	p with the Carvedilol entry,			
		the BP and HR in the vital			
		MAR when she checked it.			
		y there were no BPs or HRs			
		MARs for Resident #5.			
	Interview with Reside	nt #5 on 07/11/25 at			
	11:44am revealed:				
	-The MAs checked he	er blood pressure, but she			
	could not say how oft				
		ent symptoms of high or low			
	BP.				
	Telephone interview v	vith a pharmacist at the			
		harmacy on 07/10/25 at			
	3:57pm revealed:	namaey en er, 10,20 at			
		ypically entered orders into			
	the eMAR system, inc	* · · · *			
	administration.				
		d been some problems with on in the facility's eMAR			
	system.				
		s for Resident #5's BP and			
		d documented on the eMAR			
		MAR system but not on the			
	facility's eMAR syster				
	orders prior to the ord	oosed to review and approve			
		er becoming active. /e rejected the Carvedilol			
	•	macy know it needed to be			
		ty could have corrected it on			
	their end.	-,			
	•	ecial Care Coordinator			
	(SCC) on 07/10/25 at				
	-She could not locate	BPs or HRs on the eMARs	1		

Division of Health Service Regulation

for Resident #5's Carvedilol.

STATE FORM SQXI11 If continuation sheet 52 of 63

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		 	
		HAL047015	B. WING		R 07/11/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS	8398 FAYET RAEFORD,	TTEVILLE ROA NC 28376	AD		
(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 358	Care Coordinator (RC checking orders and a systemShe usually checked for accuracyShe had not noticed #5's Carvedilol param-The facility just starte 2025, so they were st system. Interview with the faci Education / Registere at 1:46pm revealed: -The pharmacy usualle eMAR systemThe RCD, RCC, SCI enter orders into the ealso responsible for vithe orders becoming: -Vital signs for medication and docur Telephone interview vith Resident #5's hospice 10:56am revealed: -Resident #5's BP and certain level prior to CadministeredThe resident could be if Carvedilol was adminave been heldLow BP could cause lightheaded, weak, distance in the system.	Care Director (SCD), or (RCD), and Resident CC) were responsible for approving the in the eMAR. If the eMAR dashboard daily any problems with Resident neter not being followed. The ed using eMARs in April till learning the eMAR. It is director of Quality and ed Nurse (RN) on 07/09/25. It is entered orders into the CD, and SCC had access to eMAR system and they were verifying all orders prior to active in the eMAR system. ation orders with parameters rior to administering the mented on the eMARs. With the Clinical Manager for the provider on 07/11/25 at the Carvedilol being the mechanistering the mented when it should the resident to feel	D 358			
	revealed diagnoses ir	ncluded Alzheimer's disease,				

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 53 of 63

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		, , ,	(X3) DATE SURVEY COMPLETED	
						R
		HAL047015	B. WING		07	//11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		8398 FAY	ETTEVILLE ROAD			
SPRING A	ARBOR OF SAND HILLS	RAEFOR	D, NC 28376			
(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 AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 53	D 358			
		order unspecified, and				
	Review of Resident #4's Transition of Care Visit Note dated 06/23/25 revealed additional diagnoses included transient ischemic attack, osteoarthritis, anemia, hypoproteinemia, dysphasia, vitamin d deficiency, and vitamin B12 deficiency.					
	06/17/25 revealed: -Resident #4 was nor gerichairResident #4 was tota	4's current care plan dated n-ambulatory and utilized a ally dependent on facility ng, locomotion, bathing, giene, and transfers.				
	dated 06/16/25 revea -Resident #4 was hos 06/16/25 for left and r unwitnessed fall at the femur is the bone in the -Resident #4 had surge fracture on 06/09/25 and fracture on 06/10/25. -Resident #4 started of hospital (Enoxaparin the blood that preven -There was an order the	spitalized from 06/08/25 to right femur fractures after an e facility on 06/06/25 (the he thigh). Gery for the left femurand for the right femuron Enoxaparin in the is a medication used to thin ts blood clotting). For Enoxaparin 30mg/0.3 mL se skin one time each day				
	medication administra revealed: -There was an entry f syringes inject 0.3 ml	4's June 2025 electronic ation record (eMAR) for Enoxaparin 30mg/0.3 mL _ subcutaneously every day for for 24 days at 8:00am				

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 54 of 63

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R
		HAL047015	B. WING		07/11/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE	
SPRING A	RBOR OF SAND HILLS		ETTEVILLE ROAD, NC 28376	AD	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX TAG	•	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	
D 358	Continued From page	: 54	D 358		
	starting on 06/18/25 (inject the medication in typically into the skin of Enoxaparin was doct of 13 opportunitiesEnoxaparin was doct on 06/18/25. Review of Resident #4 revealed: -There was an entry for syringes inject 0.3 mL at 8:00amThe last dose was so on 07/11/25.	subcutaneously means to nto the fat under the skin, of the stomach). umented as administered 12 umented as "drug not given" 4's July 2025 eMAR or Enoxaparin 30mg/0.3 mL subcutaneously every day cheduled to be administered			
	-Enoxaparin 30mg/0.3 administered on 10 ou	3 mL was documented as ut of 10 opportunities.			
	hand on 07/10/25 at 1 -There were 6 single of on the medication care -The pharmacy dispersion which was dose syringes on 06/1 -There should have of Enoxaparin on the medication care.	dose syringes of Enoxaparin t for Resident #4. nsed 7.2 total mL of s the equivalent of 24 single 17/25. nly been 2 syringes left of edication cart to account for ose on 06/18/25 and the			
	Enoxaparin dose due 07/10/25, but did not a because she was told Enoxaparin should be nurse.	evealed: ministration of Resident #4's at 8:00am that morning,			

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 55 of 63

STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BOILDING.)
		HAL047015	B. WING		1	1/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS		ETTEVILLE RO	AD		
	Г		D, NC 28376			
(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 358	Continued From page	; 55	D 358			
	contracted pharmacy revealed: -Enoxaparin was disp 06/17/25 with a total of pharmacist confirmed equivalent of 24 dose -Resident #4's missin could have led to the Interview with the Adr Quality and Education revealed: -Initialed medication was armound and the medication was armound the missed doses of medication unless the medication unless the medication. Interview with Reside (PCP) on 07/10/25 at doses of the ordered could have caused a of Resident #4. b. Review of Residen Sheet dated 06/30/25 Sulfamethoxazole/Triused to treat infection Review of Resident #	g doses of Enoxaparin development of blood clots. ministrator and Director of n on 07/10/25 at 3:40pm on the eMAR indicated that dministered. dication and the reason for all be documented on the element administration of a ey administered the ent #4's primary care provider 4:00pm revealed missing 5 24 doses of Enoxaparin blood clot, stroke, or death at #4's Physician's Order or revealed an order for methoprim 400/80mg give 1 of 12 hours for 1 week rimethoprim is a medication of 1).				
	medication administra revealed:	ation record (eMAR)				

Division of Health Service Regulation

-There was an entry for

STATE FORM STATE FORM If continuation sheet 56 of 63

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL047015	B. WING		R 07/11/2025	
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
SPRING AR	BOR OF SAND HILLS	8398 FAYE	TTEVILLE ROA	AD		
		RAEFORD	, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT 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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page 56		D 358			
1	Sulfamethoxazole/Trintablet by mouth every 8:00am and 8:00pm sending with the 8:00pm Sulfamethoxazole/Trintablet Sulfamethoxazole/Trin	methoprim 400/80mg give 1 12 hours for 7 days at tarting on 07/01/25 and m dose on 07/07/25. imethoprim was histered 14 out of 14 ent #4's medications on :20pm revealed: so of methoprim 400/80mg ity's contracted pharmacy ablets of methoprim 400/80mg still ation cart. with Resident #4's hospice 3:50pm revealed: #4 three times a week to be her Stage II wound on her wound was a Stage two e size of a fifty-cent piece. For methoprim on 06/30/25 after #4's wound had a foul odor ion. macist from the facility's on 07/10/25 at 2:46pm imethoprim was dispensed tity of 14 tablets. g doses of methoprim could lead to	D 336			

Division of Health Service Regulation

Interview with the facility's Administrator and

STATE FORM STATE FORM If continuation sheet 57 of 63

PRINTED: 07/28/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '			SURVEY PLETED	
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	LLILD
						R
		HAL047015	B. WING		07	//11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			ETTEVILLE ROAD			
SPRING A	RBOR OF SAND HILLS		D, NC 28376	,		
0// 15	STIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	COPPECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 57	D 358			
	3:40pm revealed: -Medication aides (M/ administered all 14 do Sulfamethoxazole/Tri -MAs should not have the medication if they -MAs were taught to r of their shift to ensure documented as order potentially documente medication they did n Interview with Reside (PCP) on 07/10/25 at missing 2 of the 14 or	methoprim as ordered. de documented administering did not administer it. deview the eMAR at the end all medications were ded and could have ded administration of a ot give at that review time. Int #4's primary care provider 4:00pm revealed that dered doses of				
	The facility failed to a ordered to 2 of 4 resident and receive a full dosa treat constipation due not measuring the doresident complained of #16's eye drops for glidisease were administ causing the eye drops eyes thereby decrease eye drops to be less expedient #15, and Refor blood pressure (Blidthat were not checked their BP medications, of low blood pressure lightheadedness, weaf atigue. Resident #17	dminister medications as dents observed during the 7/09/25. Resident #16 did age of a medication used to to the medication aide (MA) sage correctly and the of constipation. Resident				

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 58 of 63

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R
		HAL047015	B. WING		07/11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
SPRING A	RBOR OF SAND HILLS	8398 FA	YETTEVILLE ROAD		
OI KING A	INDON OF GAND HILLS	RAEFOR	RD, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE
D 358	Continued From page	÷ 58	D 358		
	doses of an injectable which could have rest and death. Resident antibiotic for a sacral have led to a reoccurrinfection. The failure medications as ordere substantial risk of seri and constitutes a Type. The facility provided a accordance with G.S. this violation.	of the facility to administer ed put the residents at ious physical harm or death e A2 Violation. a plan of protection in 131D-34 on 07/10/25 for			
D 367	(j) The resident's med record (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa administered; (4) instructions for admort reatment; (5) reason or justificat medications or treatmed documenting the resure (6) date and time of a (7) documentation of	Medication Administration dication administration e accurate and include the cation or treatment order; ge or quantity of medication ministering the medication cion for the administration of tents as needed (PRN) and alting effect on the resident; dministration;	D 367		

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 59 of 63

PRINTED: 07/28/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
,		152.1111107111011152111	A. BUILDING: _			
		HAL047015	B. WING		R 07/11/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS		ETTEVILLE RO	AD		
		RAEFORE), NC 28376			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	
D 367	Continued From page	e 59	D 367			
	(8) name or initials of the medication or trea signature equivalent t	the person administering atment. If initials are used, a so those initials is to be antained with the medication				
	the facility did not ens	ews, interviews, and 5 sampled residents (#4), sure that the medication (MAR) was accurate and on of the omission of				
	The findings are:					
	revealed diagnoses ir	4's FL-2 dated 11/20/24 ncluded Alzheimer's disease, order unspecified, and sease.				
	Note dated 06/23/25 diagnoses included trosteoarthritis, anemia	ansient ischemic attack,				
	Note dated 06/16/25 for Enoxaparin 30mg/medication used to th blood clots) inject 0.3 each day for 24 days	4's June 2025 electronic				

Division of Health Service Regulation

STATE FORM SQXI11 If continuation sheet 60 of 63

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
					R			
HAL047015		HAL047015	B. WING		07/11/2025			
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SPRING A	RBOR OF SAND HILLS		TTEVILLE ROA	AD				
	OLIMAN DV OT	RAEFORD.		DDOWNERIO DI ANI OF CORRECTION				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE			
D 367	Continued From page 60		D 367					
	revealed:							
		or Enoxaparin 30mg/0.3 mL						
		_ subcutaneously every day						
	•	ion for 24 days at 8:00am						
	•	subcutaneously means to						
	typically into the skin	into the fat under the skin,						
		umented as "drug not given"						
	on 06/18/25Enoxaparin was documented as administered 12 out of 13 opportunities.							
	Review of Resident #	4's July 2025 eMAR						
	revealed: -There was an entry for Enoxaparin 30mg/0.3 mL syringes inject 0.3 mL subcutaneously every day at 8:00amThe last dose was scheduled to be administered on 07/11/25The medication was documented as							
	administered on 10 out of 11 opportunities in July 2025.							
	Observation of medic at 1:20pm revealed:	ations on hand on 07/10/25						
-There were 6 single dose syringes of Enoxapa		dose syringes of Enoxaparin						
	on the medication car							
	-The pharmacy dispe 24 doses on 06/17/25	nsed 7.2 mL which equaled 5.						
	Interview with a medion 07/10/25 at 1:30pm re							
	•	ministration of Resident #4's						
		at 8:00am that morning,						
	07/10/25, but did not	actually administer it.						
		documented administration						
	of Enoxaparin since she did not administer the							
	medication.							

Division of Health Service Regulation

Refer to interview with the facility's Administrator

STATE FORM STATE FORM If continuation sheet 61 of 63

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION		BENTIN IO/MISON NOMBER.	A. BUILDING:			
			B WING		R	,,,,,,,
		HAL047015	B. WING		07/11/	/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF SAND HILLS		ETTEVILLE ROA	AD		
	I	RAEFORI	D, NC 28376			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page 61		D 367			
	and Director of Quality and Education on 07/10/25 at 3:40pm. Refer to telephone interview with Resident #4's primary care provider (PCP) on 07/10/25. b. Review of Resident #4's Physician's Order Sheet dated 06/30/25 revealed an order for Sulfamethoxazole/Trimethoprim 400/80mg give 1 tablet by mouth every 12 hours for 1 week (Sulfamethoxazole/Trimethoprim is a medication that treats infection).					
	medication administrative revealed: -There was an entry f Sulfamethoxazole/Tri tablet by mouth every	or methoprim 400/80mg give 1 12 hours for 7 days at starting on 07/01/25 and m dose on 07/07/25. documented as				
	at 1:20pm revealed: -There were 14 tablet Sulfamethoxazole/Tri dispensed by the faci on 06/30/25There were 2 of 14 ta	methoprim 400/80mg lity's contracted pharmacy ablets of methoprim 400/80mg still				
	Quality and Education revealed: -Medication aides (Materials)	ninistrator and Director of n on 07/10/25 at 3:40pm As) were instructed to dministration of medications.				

Division of Health Service Regulation

-If a medication was omitted, MAs should

STATE FORM STATE FORM If continuation sheet 62 of 63

PRINTED: 07/28/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
HAL047015		B. WING			R 07/11/2025		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SPRING ARBOR OF SAND HILLS 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376							
(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 APPROPRIED DEFICIENCY)) BE	(X5) COMPLETE DATE	
D 367	document why the me-MAs should not have a medication if they d Interview with Reside (PCP) on 07/10/25 at -Accurate documenta important because it resident and determination of the medical important because it resident.	edication was omitted. e documented administering id not administer it. nt #4's primary care provider 4:00pm revealed: tion on the eMAR is reflects the care of the nes future care of the tation can lead to dents and changes to a orders that were not	D 367				

Division of Health Service Regulation

STATE FORM 6899 3QXI11 If continuation sheet 63 of 63