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		1 . 1			PRINTED: 07/28/20: FORM APPROVI	
STATEMENT	of Health Service Required For Deficiencies of Correction	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL047015	a. WING		R 07/11/2025	
NAME OF D	DUNUES US SIBBIFK	SINCE! M	JUREOO, UISS, GIRIS	., 17: 00DC		
				•		
(X4) ID PREPIX TAG	(EACH DEFICIENC	DATEMEN) OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFEX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 000	Initial Comments		D 000		The second secon	
	annual survey, a state complaint investigation 07/11/25. The complete	aint investigations were County Department of Social				
D 163	10A NCAC 13F .950 Validation For LHPS	4(d) Competency Eval & Tasks	D 163		fields housestable defende	
	and Validation For Li Support Tasks (d) If a physician cer provided to a resident temporary basis in a 131D-2.2(a), the faci performing the care to physician are competed accordance with Pan Rule. For the purpost basis" means a lengthe resident's physician	ility shall ensure that the staff lask(s) authorized by the lask(s) in agraphs (b) and (c) of this se of this Rule, "temporary the of time as determined by land to meet the care needs of the resident's relocation.				
	facility failed to obtain the facility staff were	lews and Interviews, the n physician certification that competent to administer a lagulant as ordered for 1 of 5				
	The findings are:					
	Review of Resident i	#4's FL-2 dated 11/20/24				

Executive Ductor: STATE FORM Amended per telephone conversation with Ms. Sinclair on 08/18/25 tag 273 and 280. Thusa a skept 98/18/25
Review and acknowledged

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE :	
			Tr. Dollastica.			₹
		HAL047015	6. WING			11/2025
	ROVIDER OR SUPPLIER ARBOR OF SAND HILLS	8398 FA	ODRESS, CITY, STATE YETTEVILLE ROAL			Annual Control
		RAEFOF	RD, NC 28376			***
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL (LSC IDENTIFYING INFURMATION)	PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REPENENCED TO THE DEFICIENCY)	SHOULD BE	COMPLE UNIC
D 000	initial Comments		D 000			
ления на принципалний принципалний принципалний принципалний принципалний принципалний принципалний принципалн	annual survey, a star complaint investigati 07/11/25. The compl	nsure Section conducted an le involved complaint and two ons from 07/08/25 to aint Investigations were County Department of Social 5 and 06/20/25.				
	Validation For LHPS 10A NCAC 13F .050 Support Tasks (d) If a physician cerprovided to a resident temporary basis in act 131D-2.2(a), the faciliperforming the care to physician are compet accordance with Para Rule. For the purpose basis" means a length the resident and preyfrom the adult care here.	4 Competency Evaluation tifies that care can be it in an adult care home on a coordance with G.S. lity shall ensure that the staff ask(s) authorized by the itent to perform the task(s) in agraphs (b) and (c) of this e of this Rule, "temporary h of time as determined by an to meet the care needs of cent the resident's relocation orne.	· ROLEGE AT OF	he community in obtified the physical physical the physical and also hedication on 7/11/252 mofessional Suppoint 7/11/25 and one of the team was education as the team was education as the period of the period of the team was education as the period of the period	continued (25. Lucated or	the 1/11/25
	facility failed to obtain the facility staff were	ews and Interviews, the physician certification that competent to administer a agulant as ordered for 1 of 5	R	egional Quality and lurse on 7/10/25 and orgoing. 10 Lovenox or any south injections of	a Education	h
	Review of Resident #	4's FL-2 dated 11/20/24		Shore Arbor South	Wile Solly	Ļ.

STATEMEN	of Health Service Re-	(X1) PROVIDER/SUPPLIER/CLIA	OCO MINTER	CONSTRUCTION	[4m] = :== =
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAL047015	B. WING		R 07/11/2025
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TC 715 CARE	
		9900 EA	YETTEVILLE RO		
PRING A	ARBOR OF SAND HILL	0	RD, NC 28376	NO .	
(X4) ID		STATEMENT OF DEFICIENCIES	al	PROVIDER'S PLAN OF CORRI	ECTION (X5)
PREFIX TAG	REGULATORY OF	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE COMPLETE
D 163	Continued From page	ge 1	D 163	Sandhills staff unli	essit is
	ravadiari rijahundaa	inciacieci Aizireimer's cibease,		administered by "Ho	
	insomnia, anxiety di	sorder unspecified, and			
	hypertensive heart of	useasa.		Home Health agenc	
	Review of Resident	#4's Transition of Care Visit	•	All non-subcutained	usinjections
-	note dated 06/23/25	revealed additional		will be flagged by	Had plants
Towards.	diagnoses included	transient ischemic attack,		and the triangle by	TVIC pridinacy
	osteoarthritis, anemi	la, hypoproteinemia, I deficiency, and vitamin B12		and must be given	by a 8 31 25
	deficiency	denciency, and vitamin 512		nurse.	
	Daview of Dooldons	#4's After Visit Summary		The RCCI Designee wi	ill review!
Antonome	Note dated 06/16/25			all new medication	order that
5	-Resident #4 had tw	o surgeries to repair a left			1
-	and a right hip tractu	re during the nospitalization.	1 1	Come into the com	
		arted on Enoxaparin in the		for I month and we	ekly-for '
	the blood to prevent	is a medication used to thin	1	2 months or until :	,
		for Enoxaparin 30mg/0.3 mL		compliance 15 obtai	
1	inject 0.3 mL under to	he skin one time each day		William Co. Co.	ned to 8 8 12
- Company	for 24 days to begin	on 06/17/25.		ensure that there a	MC 10
i		Madonnia di Pita		we can you a labor when you would be a labor of the	
	electronic medication (eMARs) revealed:	administration records		or non-insulining a	Tions,
	There was an entry	for Enoxaparin 30mg/0.3 mL			
	syringes inject 0.3 m	L subcutaneously every day			
	ior blood clot prevent starting on Ω6/19/25 :	llon for 24 days at 8:00am and ending on 07/11/25			
	(subcutaneously mea	ans to inject the medication			
1	into the fat under the	skin, typically into the skin of			200
	the stomach).				
	-Enoxaparin was doc times by facility medi	umented as administered 22			
		int the site of administration			
	and there was no pla	ce available on the eMAR to			
	document the site of i	injection.			
	interview with a medi				
11	07/10/25 et 1:30pm re	evealed:			

Division of Health Service Regulation

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		TE SURVEY MPLETED	
		HAL047015	B. WING		07	R 7/11/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	7IP CODE		TITEOEG	
CODMA	DDAD OF ALUB AUT A		YETTEVILLE ROAD				
SPRING /	ARBOR OF SAND HILLS	RAEFOR	RD, NC 28376				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION OF COMMENT OF THE CORRECTIVE ACTION OF THE COMMENT OF T	ON SHOULD BE 40 ADDROORIATE	(X5) COMPLETE DATE	
D 163	-She was told yesterd	2 ay, 07/09/25, that only ster Enoxaparin, but she did	D 163				
	not know why. Che had administered to Resident #4When she administer pinched up an area or and administered it just injectionShe did not receive at Shevenarin and a numerical she stalled to administer the She trained herself by	d Enexaparin multiple times ed Enoxaparin, she in Resident #4's abdomen st like she would an insulin my training to administer					
	every date that was initially a state administered End Resident #4's stomach fold of the stomach, and medication. "She administered End every time she gave the she never noticed bruth Resident #4. "She did not receive an validation to administered."	oxaparin to Resident #4 tialed by her on the eMAR. oxaparin by cleansing with alcohol, pinching up a did then injecting the oxaparin in the same place e medication. ising or abnormal bleeding my special training or skills Enoxaparin. lige of giving subcutaneous					
The second secon	Telephone interview wi nurse on 07/10/25 at 2: had never administered Enoxaparin or had a di	scussion with the facility on of the medication being					

Division	of Health Service Rec	ulation			1 71 317 4 1 11 7 1 11 7
	NT OF DEFICIENCIES Y OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A, BUILDING:	E CONSTRUCTION	(XS) DATE SUBVEY COMPLETED
		HAL047015	B. WING	AND AND THE PROPERTY OF THE PR	R 07/11/2025
NAME OF	PROVIDER OR SUPPLIER	etoret i	DORESS, CITY, ST.	ATE 215 AARE	
	The second secon		YETTEVILLE RO	· · · · · · · · · · · · · · · · · · ·	
SPRING	ARBOR OF SAND HILLS	2 CONTRACTOR OF THE	RD, NC 28376	- An	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
5 (6	Continued From pay	je ŝ	0 100		
	Interview with the fa	clity's Administrator and the		na version de la constante de	
	Director of Quality a	nd Education on 07/10/25 at			
	3:40pm revealed:				
- 1		a nurse from a home health			
		administer Enoxaparin or			
		vider (PCP) to change the			
	could administer.	the medication aides (MAs)			
	1 1111	to give subcutaneous insulin			
		ny specific education or skills			
		CP or quality nurse to			
	administer Enoxapar				
		lity and Education expected			
	facility staff to call he	r when a medication like			to de la constantina
		ered to discuss whether MAs			
	were allowed to adm	inister the medication or not.			
		with Resident #4's PCP on			
	07/10/25 at 4:00pm t	evealed: rtify that the facility MAs were			
	competent to perform				
	Enoxaparin.	1 GOTTING STORT OF			
		e been administering the			
	Enoxaparin unless s				
	administer the medic	ation and what side effects			
	to watch for such as				
		from Enoxaparin included			
		sed bleeding, bruising, and			
	blood in the urine.				
	Based on observation	ns, record reviews, and			
		#4 was not interviewable.			11-1
	I I I I I I I I I I I I I I I I I I I	A A A A A A A A A A A A A A A A A A A		Tomas inity dave	invincolate
D 27:	10A NCAC 13F .090	2(b) Health Care	D 273	The community gave education to Med-Tec shifts 7/9/25 by Ro RN which included:	the other
		* *		Education to Mea- 100	No ou
	10A NCAC 13F .090	2 Health Care		24:CHE 7/0/25 hu D.	enional
		assure referral and follow-up		DUILL IN	7
24 4		nd acute health care needs		RN which included:	bober
	of residents.			14 -	
	1				

Division of Health Service Regulation

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			B. WING		R
		HAL047015			07/11/2025
NAME OF P	ROVIDER OR SUPPLIER	•	DDRESS, CITY, ST		
SPRING A	RBOR OF SAND HILLS	// / / / / / / / / / / / / / / / / / /	ETTEVILLE RO D. NC 28378	JAU	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE BATE DATE
D 273	reviews, the facility facuordination and folious residents (#3, #4, #6, to report high blood provider (PCP) for two falling to ensure a resident ground and provider (PCP) for two falling to ensure a resident ensured provider (#3); and fatting to concesident (#4). The findings are: 1. Review of Resident 12/16/24 revealed dia hypertension, heart facult factor (#4); and fatting to concesident (#4). Review of Resident factor (#6) and factor (#6) weakness. Review of Resident #(FCP) ander dated Calling times daily and times daily and times daily and times daily and times factor (#6) two times daily and times daily an	as evidenced by: as, interviews, and record lied to ensure health care w-up for 5 of 8 sampled #15, #16) including falling ressures to the primary care of residents (#15, #16); ident with history of falls efter a fall (#8); falling to referral and failing to notify of the neurology referral ordinate labwork for a if #16's current FL-2 dated gnoses included essential flure, chronic obstructive ementia, diabetes mellitus disease, and muscle 16's primary care provider 16's primary care provider	D 273	notification procedu Correct identification medication orders, la medication orders, la medication orders, la and cocumentation appropriate parameter parameter and when to call the conditions. The physicians of resultance in additional were no additional received. Education for medication for medications of resultance in additional received. Education for medication for medications of fall program with emon members on Fall program with emon notifications of fall program with emon notification dashbothed	dentifying oritoring of crorders, propriate ephysician physician physician administering sidents ed of VS pere 7/11/25 orders techteam 1/23/25. matinifor the Rose phasis 11s to 525.
Skidalan at War	ith Canina Panislation				

If continuation sheet 5 of 63



TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	B. WING		07/11/2025
Continued From par medication administrevealed: -There was an entry scheduled 3 times a	STREET A RADA FAN RAEFOR STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) ge 5 tration record (eMAR) with a BP medication ideay at 8:00 am, 2:00 pm, and	DORESS, CITY, ST, VETTEMILIE RO RD, NC 28376 ID PREFIX TA9 D 273		ion (pob) LD BE complete pariate days threquire arameters.
DBP > 100 or <62 (s -There was no docu the BP medication of -There was an entry eMAR for BP with se 2:00pm, and 8:00pm -There were no para entry under the "Vita -The BPs ranged fro 06/01/25 - 06/30/25 -The SBP was docu occasions from 06/0 -For example, the re as 240/88 on 06/18/ 06/14/25 at 8:00am; 8:00amThere was no docu notified of any SBPs -The DBP was docu occasions from 06/0 -For example, the re as 145/52 on 06/08/ 08/20/25 at 2:00pm; 8:00pmThere was no docu notified of any of the Review of Resident revealed: -There was an entry scheduled 3 times a 8:00pm to notify pro DBP > 100 or <62 (si	In the "Vitals" section of the cheduled times of 8:00am, in. ameters listed with the BP als" section of the eMAR, om 102/74 - 240/88 from 102/74 - 26/30/25, asident's BP was documented 102/74 - 240/86 from 102/74 - 240/88 from 102/74 - 240		until substantial compositioned. RCD/ARCC/Designee wall falls to ensure powerkly X4 weeks or substantial compliance. The RCC will audit to appointment book to wanted appointment for until substantial is obtained.	pliance is will audit roper notificate until is obtained, ne conclude verifyall 8/3/2 ents and leted workly (X2 months

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O	ONSTRUCTION		E SURVEY PLETED
	HAL047015	8. WING			R 7/11/2025
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF SAND HILLS	8398 FA	ODRESS, CITY, STATE YETTEVILLE ROAL RD, NC 28376	,		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREI-IX TAG	PROVIDER'S PLAN ÓF (EACH CORRECTIVE AC CRÓSS-REFERENCED TO DEFICIEN	tion chould de The appropriate	(X5) COMPLETE DATE
eMAR for BP with sche 2:00pm, and 8:00pm. -There were no parame entry under the "Vitals" -The BPs ranged from 07/01/25 - 07/09/25. -The SBP was docume occasions from 07/01/2 -For example, the resid as 231/03 en 07/01/25 07/02/25 at 8:00am; an 8:00am. -There was no docume notified of any SBPs >1 -The DBP was docume occasions from 07/01/2 -For example, the resid as 149/48 on 07/08/25 07/05/25 at 8:00pm. -There was no docume notified of any of the DB Review of Resident #16 progress notes for June revealed no documenta of any of the BPs that w parameters. Observation of the 8:00 07/09/25 revealed: - The medication and (i) #10' DP at 7.56am and checked with the BP cu -The MA was asked by resident's BP.	the "Vitals" section of the eduled times of 8:00am, eters listed with the BP section of the eMAR. 119/79 - 245/93 from ented as >160 on 6 to 5 - 07/09/25. Item's BP was documented at 9:00am; 245/93 on at 224/76 on 07/05/25 at entition the PCP was 160 on the eMAR. Inted as <60 on 4 to 5 - 07/09/25. Item's BP was documented at 2:00pm and 131/54 on entition the PCP was 18Ps <60 on the eMAR. Inted as <60 on the eMAR. Interest of the ordered at 2:00pm and 131/54 on entition the PCP was notified were outside of the ordered earn medication pass on entitle of the ordered earn medication pass on early ordered earn entitle of the ordered earn entitle ordered earn entitle ordered earn entitle	D 273			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A, BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		HAL047015	B. WING		07	R 07/11/2025	
IAME OF P	ROVIDER OR GUPPLIER	CTREET,	LODREGG, CITY, OTATE	7IP OOBT		7112040	
PRING A	ARBOR OF SAND HILLS		a way a st man as departments a set of the s				
71111007	WOOLOL ONLD INCL		RD, NC 28376				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY,	N SHOULD BE E APPROPRIATE	(X6) COMPLE DATE	
D 273	Continued From pag	ge 7	D 273				
***	with the medication resident's BP on the	pass after documenting the eMAR.					
	8:01am revealed:	ent #16 on 07/09/25 at					
	sleep well last night.	s dizzy because she did not					
	She felt "wobbly" sometimes, but she was not sure why she felt that way.						
-	revealed:	A on 07/09/25 at 9:02am					
-	about Resident #16's	ed Resident#10's PCF shigh BP that morning. check Resident#16's BP				offer collections	
	after the resident ate was accurate.	breakfast to make sure it					
	 She still planned to or rechecked the reside 	call the PCP after she nt's BP.	the formation of the state of t				
	Second Interview with 9:22am revealed:	1 the MA on 07/09/25 at					
1	was 145/70.	ked Resident #16's BP and it					
11	the high BP that morr	ed the resident's PCP about ning, he resident's BP again	and the second s				
	before lunch.	vent back up, she would call					
	Third interview with th					A control of the cont	
1	unch today, and it wa	dent #16's BP right before is 139/63. sident #16 of the resident's			,	With the state of	
1	high BP that morning, had come down when	because the resident's BP				Andreas	

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA				
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		TE SURVEY MPLETED
W		HAL047015	B. WING			R 7/11/2025
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
PRING	REOR OF SAND HELL		YETTEVILLE ROAL			
			RD, NC 20376			
(X4) ID PREFIX	SUMMARY S	STATEMENT OF DEPTCIENCIES	10	PROVIDER'S PLAN OF CORP	RECTION	Comb
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE AI DEFICIENCY)	MUULU BE	LUMPLE IE DATE
D 273	Continued From pag	ge 8	D 273			
	Interview with the R	esident Care Coordinator				
	(RCC) on 07/09/25	at 1:50nm revealed:				
and the same of th	-The MAs should no	ollfy the PCP Immediately of				
Management	any BPs that were o	outside of the ordered				
the same of the sa	parameters.	and of the breakly				
	-The MA should have	e contacted Resident #16's				
1	PCP immediately the	at morning, 07/09/25, when				
1	the resident's RP wa	is high and outside of the				
	ordered parameters.					
	Intandou with the for	cility's Director of Quality and				
	Education / Dedictor	ed Nurse (RN) on 07/09/25				
	at 1:46pm revealed:	ed Nurse (RIN) on 07/09/25				
		otify the PCP of Resident				
	#16's BPs that were	outside of the parameters.				
	The MAs should not	lify a resident's PCP of any				
	vital signs outside of	the ordered parameters.				
	The MA should have	called Resident #16's PCP				
	mmediately when the	e resident's BP was so high				
1	that morning.	-	-			
,	The PCP would have	e given further instructions to				
	he MA on what to do	about the Resident #16's				
AND THE PERSON NAMED IN	nigh BP.					
	Telephone interview v	with a nurse at Resident				
		07/10/25 at 1:59pm revealed:				
	Kesident #16'6 PCP	was unavailable for	i i			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nentation of the PCP being				
1,	entitied by the facility	of Resident #16's BP being				
1	suitside of ordered no	rameters in June 2025 or				
	uly 2025.	CSUS III DUNG ZUZU UI				
-		of the resident's BP being				
-	The resident could ha	eve a stroke or heart attack				
W	Ath her BP being that	f high.				
1	The resident needed	to be seen by the PCP as				
S	oon as possible to be	assessed,				
2	. Review of Resident	#15's current FL-2 dated				

	YY OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	l ich fert
THE PERSON	o onwerion	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	
		HAL047015	9. WING		07/4	1/2025
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	C 70 0000	0//)	1/2025
eraman.	ADDOS DE DAME III.		YETTEVILLE ROA			
NI-MENVO	ARBOR OF SAND HILL		RD, NC 28376			
(X4) ID PROFIX	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON	
TAG	REGULATORY	OR LSC IDENTIFYING INFORMATION)	TAG	(FACH CORRECTIVE ACTION SHOLD CROSS-REFERENCED TO THE APPROL DEFICIENCY)	DAE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 9	D 273			
	01/08/25 revealed:				1	
	-Diagnoses include	d hypertension, peripheral				
	vascular disease, c	hronic kidney disease, edema,				
	end stage renal disc	ease with dialysis,				
	and history of falls,	eflux disease, osteoarthrius,				
	-There was an orde	r to check blood pressure	1		-	
	(BP) dally, report if systolic blood pressure (SBP) was 160 or greater (>) and if below (<) 100,					
1	was 160 or greater	(>) and if below (<) 100,	- Company			
1	remark to primary cal	re provider (DCD)	1 1			
	Review of Resident	#15's June 2025 electronic				
	medication administ	ration record (eMAR)				
	revealed:	and the same of the same of the	-			
	-There was an entry	to check BP daily for				
1	hypertension and no	tiffy provider if SBP >160 or				
-	"DBP" (diastolic bloc	od pressure) <100 (should				
	nave read SBP <100 8:00am.) not DBP) scheduled at				
	-There was a space	to document the MAs' initials				
1	but no space to decu	ment the SP reading.				
1	-ไก้เล่าช พลิล สถอติเอา (entry under the "Vitale"				
	section of the eMAR					
	ranged from 121/59	ented daily at 8:00am and			•	
	The SBP was docum	nented as >160 on 8			-	
1		1/25 - 06/30/25, with the SBP			-	
	ranging from 161/81	- 196/87 on those 8				
10	occasions.					
1-	There was no docun	nentation the PCP was				
	contacted on 8 of 8 o					
1	resident's SBP was >	160,			and the second	
	Review of Resident #	15's July 2025 eMAR dated			Assu-rayy	
	07/01/25 - 07/09/25 rd				and the same of th	
. All	There was an entry t	o check BP daily for			Annual Section 1	
1	Typeriension and noti	ify provider if SBP >160 or ve read SBP <100 not DBP)			a.ess.ess.es	
4	scheduled at 8:00am.	we read SOF <100 not DBP)				
		o document the MAs' initials				
	t Service Regulation	A MARKING IN INC. INC. INC. INC. INC. INC. INC. I				

itatemen ND Plan	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY IPLETED
		HAL047015	B. WING		0	R 7/11/2025
AME OF F	PROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATI	E, ZIP CODE		
PRING A	arbor of Sand Hill		YETTEVILLE ROAI RD, NC 20376	D		
(X4) ID PROFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PRETIX TAG	PROVIDER'S PLAN O (FACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	ge 10	D 273			
obse Artestu vheitwissessissississessissessisses	-There was another section of the eMAR of 8:00amThe BP was docum ranged from 132/93 07/09/25The SBP was docum occasions from 07/0 ranging from 163/61 occasionsThere was no docum contacted on 3 of 3 oresident's SBP was a Review of Resident's progress notes for Jurayealed no document.	mentation the PCP was occasions when the >160.				
	07/09/25 revealed; -The medication aide #15's BP at 7:33am a -The MA did not notify with the medication p resident's BP on the e	y the PCP and continued ass after documenting the				
	revealed: -if there were parame notified about, she wo document that in the r progress notes. -She did not notify Re	ters the PCP needed to be ould call the PCP and resident's electronic facility sident #15's PCP about the outfor the marriag and did not notice the				

FORM APPROVED

TATEMENT ND PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		TE SURVEY MPLETED
	<u> </u>	HAL047015	B, WING			R 7/11/2025
ime of Pr	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
PRING A	RBOR OF SAND HILLS		YETTEVILLE ROAE RD, NC 28376			
(%4) (D	SUMMARY S	TATEMENT OF DEFICIENCIES	ID 1	DDAVIDEDIO DI ANIO		
TAG	(EACH DEFICIEN REGULATORY OF	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S FLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	OMPLETE DATE
D 273	Continued From pag	je 11	D 273			
	5:15pm revealed: -Her BP was usually dialysis center 3 time -She was not sure he checked her BP, -Her DD menetly ren ' knewShe had a headache was the first headache she denied any othe nterview with the Re RCC) on 07/09/25 at The MAs should not eny BPs that were outerameters. The MA should have	"rveffy good" as for as sho e yesterday, 07/09/25, and it as she had in a long time, ar symptoms of high BP, sident Care Coordinator t 1:50pm revealed:				
Baw # TV N Tin th Te () X N To blo	iducation / Registere to 1:46pm revealed: The MAs falled to not 15's BPs that were of the MAs should not the MAs should not the MAs should have a mediately when the lat morning. Selephone Interview with a Resident #15's Resident #	ility's Director of Quality and d Nurse (RN) on 07/09/25 tify the PCP of Resident sutside of the parameters. The ordered parameters are called Resident #15's PCP resident's SBP was >160 with a Nurse Practitioner of PCP office on 07/11/25 at the ordered to be checked to				

Division	of Health Service Rec				FORM APPROVE	D
	IT OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	Cancien Intian	(K4) DATE STIRVEY COMPLETED	
		HAL047015	B. WING		07/11/2025	A.T.A.San
NAME OF F	PROVIDER OR SUPPLIER		address, city. Stati			
SPRING	ARBOR OF SAND HILLS	RAEFOI	YETTEVILLE ROA! RD, NC 28376	0		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	AD BE COMPLETE	N.O.
	was notified of Resid of the ordered param -It was important to keep of the parameters to medications and to publood pressure such 3. Review of Resident 3. Review of Resident	gh or too low. I documentation that the PCP ent #15's BP being outside leters in July 2025, mow 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, letive heart failure, vitamin letention of urine with a 08/16/24. B's care plan dated 02/13/25 by dependent on ambulation B's accident and incident revealed: floor, inching for something and fail me emergency department Injuries. B's accident and incident revealed: in in his groin and legs, to go to the ED. I's ED after visit summary	D 273	UEPICIENCY)		
	and ankle pain.					

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY IPLETED
-		HAL047015	a, wing		R 07/11/202	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
SPRING A	areor of Sand Hills		YETTEVILLE ROAI RD, NC 28376	0		
(X4) ID PREFIX YAG	(EACH DEFICIENC	'ATEMENT OF DEFICIENCIES 'Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC) CROSS-REFERENCED TO DEPICIENC	TION SHOULD BE THE APPROPRIATE	COMPLETE DAYE
	-The diagnoses included of left fibrial and attended 03/02/25 reveather the reason for his vistorial and fracture of shaft of the acetaminophen-code codeine is used to tree reason for pain. Telephone interview with the Resident #6 notified is broken leg. Interview with the Resident after each fall. She was responsible were seen by the PCP she did not know why by the PCP after his fall. She found out Resided.	ded closed fracture of distal a unimary inact infection. 6's ED after visit summary led: sit was ankle pain. ad closed nondisplaced of left fibula with healing. In 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 in. Inter on 03/01/25 he had a ident Care Coordinator 12:47pm revealed: an assessment on residents for ensuring the residents	D 273			
-	07/10/25 at 1:45pm red She expected the faci completed an assessin					

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		TE SURVEY
		HAL047015	8. WING			R 7/11/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	7 7 CODE		TTTTLUEU
SPRING A	ARBOR OF SAND HILL		YETTEVILLE ROAL			
- · · · · · · · · · · · · · · · · · · ·	ANDOR OF SAND FILL		RD, NC 28376	•		
(X4) ID PREFIX	SUMMARY:	STATEMENT OF DEFICIENCIES	ID II	PROVIDER'S PLAN OF	CORRECTION	
TAG	REGULATORY	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SMOULD BE THE APPROPRIATE	COMPL COMPL DAT
D 273	Continued From page	ge 14	D 273			
	fell.					
		eing notified that Resident #6				
		#6 on 03/03/25 after he was	44			
	diagnosed with a leg	fracture on 02/28/25,				
9	-She ordered Tyleno	for pain to continue				
-	03/03/25 because st	ne was following up with his				
	visit at the ED on 02	/28/25 and 03/02/25.				
	Interview with the Ad	ministrator on 07/10/25 at				
	2:56pm revealed:					
	-it was the protocol o	f the facility to ensure the				
1	PCP saw a resident	after a fall.				
-	-The KCD and/or the	RCC were responsible for mpleted an assessment on				
	Resident #6 after his	fall on 02/18/28				
-	She was not sure wh	ry the PCP dld not see	1			-
	Resident #6 after he	fell.				
	Attempted telephone on 07/10/25 at 11:19s	interview with Resident #6 im was unsuccessful.	Andrew Property and Control of Co			
4	I. Review of Residen	t #4's FL-2 dated 11/20/24	-			
11	evezied diagnoses in	iciocieci Alzhemmen's cilsease				
i	nsomnia, anxiety disc lypertensive heart dis	order unspecified, and sease.				
F	Review of Resident #	t's Transition of Care Visit				
٨	lote dated 06/23/25 n	evealed additional				
d	iagnoses included tra	ansient ischemic attack,				
0	steoarthritis, anemia,	hypoproteinemia,				
d	yspnasia, vitamin d d eficiency.	eficiency, and vitamin B12	the state of the s			
R	eview of Resident #4	's progress note dated				
100	3117726 to totaled the	s war leb arders for a		,		
m	etabolic panel (CMP)	(CBC), comprehensive), and vitamin B12 level.	uniter to provide the factor of the factor o		PARTIES PARTIES.	
R	eview of Resident #4	's record revealed there			THE AMERICAN AND ADDRESS OF THE AMERICAN AND ADDRESS OF THE AMERICAN ADDRESS O	

ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATI	E SURVEY
			A. BUILDING:	***************************************	COM	PLETED
		HAL047015 B, WING			R	
ame of F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	* *** ****		//11/2025
י מווומם			YETTEVILLE ROAL			
L. CORNER N	arbor of Sand Hill		RD, NC 28376	3		
(X4) ID PREFIX	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDERS FLAN OF	- 0000000000	
TAG	REGULATORY OF	ICY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
D 273	Continued From pag	ge 15	D 273			
	were no CBC, CMP	, or Vitamin B12 level results.				
-	Interview with the Ad	iministrator and the Director	The state of the s			
	of Quality and Educa	ation on 07/10/25 at 10:40am				
	revealed;					
-	 Resident #4's order performed. 	ed March 2025 labs were not				
There is to see the second	The Special Care C	condinator (CCC) or appletant				
	onceinater stania to	are notion the evicen for the				
	and sent it to the faci	IIITY contracted lanoratory				İ
	- I ne racility contracte sand a staff member	ed laboratory would then to draw the labs once they	-			
	received the order.	to draw the labs once they				
	They were unsure If	the resident lab order was				
	passed along to the l	aboratory.				
	-If a resident was out	of the facility for any reason				
	should have reschedu	employee arrived, the SCC				
1-	The primary care pro	vider (PCP) never inquired				
1 8	about the status of the	e labs.				
-	They received an ord	ler today, 07/10/25, from the				
1	PCP to discontinue th	e lab order.				
5	i. Review of Resident 8/27/25 revealed:	#3's current FL-2 dated				
-	Diagnoses included t	vpe 2 diabetes			_	
h	ypertension, vitamin	D deficiency, and major			-	
j a	epressive disorder.					
-	The resident was non	-ambulatory.			and the second	
R	eview of Resident #3	's care plan dated 04/09/25			and the same of th	
re	evealed she was total	ly dependent for tolleting.				
ba	athing, graoming, dre	ssing, and transfers.				
R	eview of Resident #3	's hospital after visit				
SU	Immary dated 06/18/	25 revealed:				
-17	tesident #3 was admi	Itted for peripheral artery				
	sease (PAD). lasidant #3 was to fol	low up with Neurology in 4			discount	
	eeks.	now up with repurplogy in 4				

3QX111

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (ONCTRUCTION	(X3) DAT	E SURVEY
		as succes a succession of the safe intelligented.			COV	IPLETED
		TALV4/U10	D IKNNIP			R
ame of P	PROVIDER OR SUPPLIER		ODRESS, CITY, STATE	: 70 CARE	1 0	1111444
DDMC A	ARBOR OF SAND HILL	****	YETTEVILLE ROAL			
T TORRUS P	- RBOR OF SAND HILL	.0	RD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN ÓF Ó (EACH CORRECTIVE ACYK CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLE DATE
D 273	Continued From pa	ge 16	D 273			
	was no documentat appointment schedu neurologist.	#3's record revealed there ion Resident #3 had an alled or was seen by a				
	Interview with the facility's R 07/10/25 at 10:07am reveals scheduled resident's appoin	n revealed the Receptionist	Table Control of the			
	10:21am and 11:01s -She scheduled resi -She scheduled app referrals from the Re (ROC) and the Resid	dent appointments. ointments when she received esident Care Coordinator dent Care Director (RCD), ed were usually from a				
	her appointmentsShe had not receive	member scheduled most of any information regarding by for Resident #3 until				
	neurology appointme (07/09/25).	nd RCD asked her about a ont for Resident #3 yesterday				
	sealed packet from ti Resident #3's family opened.	ntment information was in a he hospital addressed to member and had not been	100000000000000000000000000000000000000			
¥	residents for the facili what information was She scheduled a nei	d discharge paperwork with ily, but she did not know sent. urology appointment for ning (07/10/25) for 07/18/25.				
1.1	interviews with the Ri	CC on 07/10/25 at 10:30am, n revealed: de all resident appointments				reministration of the property of the contract

ITATEMEN IND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL047015	s. WING		R //11/2025	
AME OF P	ROVIDER OR SUPPLIER	STREET/	DDRESS, CITY, STATE	E. ZIP CODE		
PRÍNG A	RBOR OF SAND HILL		YETTEVILLE ROAL			
, , , , , , ,	TODA OF SAMO MILL		RD, NC 28376			
(X4) ID	SUMMARY S	STATEMENT OF DEPICIENCIES	ID	PROVIDER'S PLAN OF CORE	COMOL	
PREFIX TAG	REGULATORY OF	ICY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOLEDE	COMPLET DATE
D 273	Continued From pag	ge 18	D 273			
	and referrals to the i	Receptionist,				
Particologic	Telephone interview	with the				
	Administrator/Regist	ered Nurse for Resident #3's				
	revealed:	07/10/25 at 11:45am				
- Annual Property Control of the Con	 She was not aware referred to neurology 	Resident #3 had been				
-	-She did not know wi	ny Resident #3 had been				
-	referred to neurology	y Resident #3 nad been				
	-Hospice would not h	ave referred Resident #3 to				
	neurology because it	would not be covered by				
- 1	hospice and the fami	ly would receive a bill.				
1	The fact that the neu	irology services were not				
	covered by hospice o	lid not mean Resident #3				
	could not attend the a	appointment,				
1,	If the facility had not	ried nospice of the by and the family would have				
	peen informed that th	e service was not covered.				
	nterview with the Adr k:10pm revealed:	ministrator on 07/10/25 at				
-	She found out about	the neurology referral for				
	Resident #3 within the She did not know wh	en the neurology				
8	ppointment was.					
15	She expected the RC	C and RCD to give referral				
а	ind appointment infor	mation to the Receptionist				
þ	ecause she manage	d the transportation and				
a	ppointment schedule				_	
10	Tringing and was led	CC and RCD yesterday				
0	anemork was sent fo	formed that the discharge om the hospital In a sealed			ł	
p	acket addressed to R	tesident #3's daughter.				
-	The facility did not rec	ceive a copy of Resident				
#	3's discharge paperw	ork.				
-1	he facility should have	ve requested a copy of				
R	esident #3's discharg	e paperwork.				
Te	elephone Interview wi	th a Nurse Practitioner at			1	

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING;	CONSTRUCTION	(X3) DATE COME	SURVEY
No		HAL047015	8. WING			R /11/2025
NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	ZIP CODE		1112020
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	STOCK OF GARAGE HIERO		RD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING (NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO YHE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(XS) COMPLET DATE
D 273	Continued From pag	e 19	D 273			
	revealed: -Resident#3 was see	ffice on 07/10/25 at 1:45pm on by neurology while in the				
	hospitalShe was aware of th	e 4 week follow up referral aview of the hospital notes.				
	-Neurology suspected lschemia (spots on the	d possible microvascular e brain that were possibly				
	dying off or not working. She was not aware Fattended the neurology	ng properly). Resident #3 had not gy appointment or had not				
- Participation of	had an appointment s	cheduled. Resident #9 was on hospice				
	approved because ho pursue aggressive tre	ment would have had to be spice did not typically atment.				
	-She did not see the n up due to the resident	eed for a neurology follow being on hospice.				
	-She had no concern attending the neurolog	with Resident #3 not 3y appointment,				
With the second	Attempted telephone i office on 07/10/5 at 9:4	nterview with the Neurology 40am was unsuccessful.				
1	Attempted telephone omember on 07/10/25 aunsuccessful.	eall to Resident #3's family at 11:10am was				
7	The facility failed to enand follow-up for 5 of 9	sure health care referral				
F	Resident #16's high bid	ood pressure (BP) on 24 5 and 6 occasions in July				
fe	provider (PCP) as orde eeling dizzy and "wob!	red, The resident reported				
a	he resident to have a s occording to the nurse	stroke or heart attack				
J	une 2025 and 3 occas	lons in July 2025 were not				

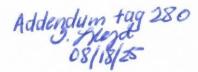
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		ESURVEY
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	HAL047015	a. wing	02	R 711/2025	
AME OF PROVIDER OR SUPPL	ER STREET	ADDRESS, OTTY, STATE	F 7ID CODS		11112023
PRING ARBOR OF SAND		AYETTEVILLE ROA			
THE PROJECT SAND		ORD, NG 28376	ь		
(C4) ID SUMN PREFIX (EACH DEF	ARY STATEMENT OF DEFICIENCIES	ID T	PROVIDER'S PLAN OF	CORRECTION	1
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D 273 Continued Fron	page 20	D 273			
resident at risk of Resident #6 had was not notified, complained of significant emergency depsilence for the health care coon substantial risk of constitutes a Type. The facility provides accordance with this violation.	PCP as ordered putting the of complications including stroke. It a fall on 02/16/25 and the PCP on 02/28/25, the resident overe ankle pain, went to the order and was diagnosed with a failure of the facility to provide dination and follow-up resulted in a facility to provide a A2 Violation. It is plan of protection in G.S. 131D-34 on 07/11/25 for ATE FOR THE TYPE A2 L. NOT EXCEED AUGUST 10,	. All on re	he community imported the LHPs Nurs on RN Consultar on 07/17/25 on one eview of each re enify that the	ntwas him a or comple esident to whave an	te te
Professional Supp (c) The facility shared nurse, controlled the replace and care provided the replan and care provided the resident develops least quarterly therefollowing: (1) performing a phresident as related to current condition related in Pasks specified	ort 903 Licensed Health	D281 Litals Visit do	sto date LHPS tPS Nurse will spread sheet of sit that will sho thes completed of le. A Copy of li be housed in w move ins with l be added to the land to the fix the ARCC week LED/Designee w weekly audit X4 n monthly until	I complete at each of the LHPS and clates the community to be LHPS now the LHPS now	9/31/25 Sheet 10/14/2, 15/25

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(XS) DATE S	
		HAL047015	9, WING		R	
	PROVIDER OR SUPPLIER	STREET	ODRESS, CITY, ST		1 07/1	1/2025
PRING	ARBOR OF SAND HILLS		YETTEVILLE RO RD, NC 20376	AD		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REPERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLE DATE
	being provided; (3) recommending of resident as needed I assessment and evaresident; and (4) documenting the (1) through (3) of this This Rule is not met Based on observation reviews, the facility for licensed health profereviews and evaluation residents (#1, #2, #3, were completed and assessment and evaluations be assessment and evaluations to assessment and eval	changes in the care of the based on the physical aluation of the progress of the activities in Subparagraphs are evidenced by: as evidenc	D 280	Compliance of the reviews to ensure and by the nurse and that all residents. Completed and up LHPs based on the Mare plan.	ptured to ensure s have a 1967 date	1

STATE FORM

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If continuation sheet 22 of 63



STATEMEN	of Health Service Re					
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY MPLETED
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vame of p	PROVIDER OR SUPPLIER	STREET	ACCRESS, CITY, STATI	E, ZIP CODE		
SPRING A	ARBOR OF SAND HILL		YETTEVILLE ROAL			
	THE OF SHIP PIECE		RD, NC 28376			
(X4) ID PREFIX			al al	PROVIDER'S PLAN OF CO	RRECTION	(3(5)
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE APPROPRIATE	COMPLETE
D 260	Continued From pa		D 280			
	Review of Resident	#3's current care plan dated				
	04/09/25 revealed:					
	-Resident #3 was he	on-ambulatory.				
	-She was incommen	nt of bowel and bladder. s disoriented, was forgetful				
	and needed reminde	ere				
The state of the s		pendent for toileting, bathing,				
	grooming, dressing,	and transfers,	1			
* Control of the Cont	-She required super	vision with eating.				and the second
	Review of Resident	#3's Licensed Health				
	Professional Suppor	t (LHPS) evaluation and	1			
	quarterly review date	ed 05/03/25 revealed:				
and	-Review of health sta	atus and care provided and				
]	physical assessment	t included shower, dressing,				
	assists, tolleting and	wheelchair, hoyer-2 person				
		cal assessment documented,	1			
	-There were no recor	mmendations documented.				
	-LHPS personal care	tasks provided included				
and the same of th	wheelchair, transfer/i	mobility, bathing and feeding.				
	Observation of Resid	lent #3 on 07/08/25 at				
	9:32am revealed:	1 400 1 11111				
	wheelchair in her roo	served sitting in a high back	1			
	She had a catheter to					
- -	She was clean and v	vell argomed				
-	She was intermittent	ly oriented.				
F	Refer to Interview will	h the Special Care Director				
(SCD) on 07/11/25 at	12:24pm.				oraconating viscous
F	Refer to interview with	n the Administrator on				
0	7/11/25 at 1:45pm.	A STATE OF THE STATE OF STATE				
F	tefer to attempted tel	ephone interview with the				
L	HPS nurse on 07/11/	/25 at 1:36pm.				
10	Daviou of Davidant	#2's current FL-2 dated				

Division of Health Service Regulation

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL047015	B. WING		R 07/11/2025	
NAME OF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
SPRING !	ARROR OF SAND HILLS		YETTEVILLE ROA	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION]	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
	03/24/25 revealed: -Diagnoses included hydronephrosis with robstructionHe was constantly dile was ambulatoryHe was incontinent of the required personal bathing. Review of Resident 2 revealed he was adm 07/22/20. Review of Resident #10/29/24 revealed: -Resident #2 was ambulatoreHe was occasionally bladderHe was occasionally bladderHe was oriented but if remindersHe required extensive ambulation and dressiful departs and bathing. Review of Resident #2 Professional Support (quarterly review dated -Review of health state physical assessment in times, 1 person assist and dressingThere was no physical-these were no recommunication, tolleting, by the elicitating, by the elicitating in the elicitation in the elicitat	dementia, hypertension and renal and ureteral calculus soriented. If bladder. I care assistance with Is Resident Register Inlated to the facility on It care assistance with the assistive incontinent of bowel and forgetful and required assistance with toileting, ng. Ident on staff for transferring I's Licensed Health LHPS) evaluation and 02/03/25 revealed: Is and care provided and included incontinent at with wheelchair, bathing assessment documented. It assessment documented. It assessment documented. It assessment documented.	D 280			

STATEMEN	of Health Service Re					-
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		· ·	1 / 4 - Dilamont dans ween	***************************************		
		HAL047015	9. WING		R 07/11/2025	
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
PRING A	RBOR OF SAND HILL	8398 FA	YETTEVILLE ROA	D		
		RAEFO	RD, NC 28376			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X6) COMPLETE DAYE
D 280	Continued From page	ge 24	D 280	APPRIMATE AND PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY		
	Review of Resident quarterly review dat -Review of health st physical assessment at times and assist value -There was no physical personal care tolleting every 2 hou bathing and dressing Observation of Resident #2 was obtained periodentity with the was oftented to the was oftented to the fire resident #2 used a was currently able to -Resident #2's demendent	#2's LHPS evaluation and ed 05/16/25 revealed; atus and care provided and at included assist with toileting with bathing/dressing. Ical assessment documented, a tasks provided included irs and assistance with g. Ident #2 on 07/08/25 at assistive device, well groomed, self only. with Resident #2's guardian in revealed; wheelchair upon return but walk independently, intia was progressing and he stance from staff for toileting, interview with Resident #2's r on 07/09/25 at 4:18pm was in, record review and armined that Resident #2	D 280			
	Refer to interview witi (SCD) on 07/11/25 at	h the Special Care Director 12:24pm.				
F	Refer to interview with	n the Administrator on				

	of Health Service Re				FORM	APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
anno anno balance	AAnoni	HAL047015	9. WING		07/1:	1/2025
NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E. ZIP CODE	711	TIMOMO
SDDMA	ARBOR OF SAND HILL	2222 W	YETTEVILLE ROA			
	ARBOIT OF SAND HILL	RAEFO	RD, NC 28376			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(XS) COMPLETE DATE
D 280	Continued From pa	ge 25	D 280			
	07/11/25 at 1:45pm.					
	Refer to attempted I LHPS nurse on 07/	telephone interview with the 11/25 at 1:36pm.	447		Indicated to make the population of the second	
A CONTRACTOR CONTRACTO	07/23/24 revealed d anorexia, hypertens	int #1's current FL-2 dated iagnoses included dementia, ion, hyperlipidemia, major , vitamin deficiency, and			de la ciuda de la	
Parameter - material property and a second	Review of Resident revealed she was ac on 10/10/22.	#1's Resident Register Imitted from another facility				
-	plan dated 03/24/25	#1's assessment and care revealed the resident was tolleting, ambulation, and transferring.				
	revealed: -There was documer	#1's record on 01/23/24 Intation of a Licensed Health t (LHPS) completed on				
	toileting every 2 hour dressing, geri chair, t -The documentation	asks currently present were s, assist with showering, ransfers, and feeding. under the review of health				
	related to diagnoses every 2 hours, assist gerl chair for ambulat feeding, and wounds.					
f	ollow up recommend					
		•				

Division	of Health Service Re	gulation			FORM AP	FRUVE	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:		(X3) DATE SURVI COMPLETED		
······································		HAL047015	B. WING	W. Constitution of the Con	R 07/11/20	R 07/11/2025	
NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	Z ZIP CODE	777777	7410	
englike i	Ammon our dakin isu t	0000 24	YETTEVILLE ROAL				
SPRING A	ARBOR OF SAND HILL	9	RD, NC 28376				
(X4) ID PREFIX IAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX IAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S UNUSS-NET ENERGY OF THE AL DEFICIENCY)	HOULD BE CO	(X6) OMPLETE	
D 280	Continued From page	ge 26	D 280				
	Refer to Interview w (SCD) on 07/11/25	rith the Special Care Director at 12:24pm.					
	Refer to interview w 17/11/05 at 1-45pm	ith the Administrator on					
and the second s	LHPS nurse on 07/1	11/25 at 1:36pm.					
TERRITORISTICATION OF THE STATE	revealed diagnoses	nt #4's FL-2 dated 11/20/24 included Alzheimer's disease, sorder unspeolfied, and lisease.					
	on 06/23/25 revealed included transient is	#4's Transition of Care Visit d additional diagnoses chemic attack, osteoarthritis, remia, dysphasia, vitamin d					
-	deficiency, and vitan	nin B12 deficiency.					
		#4's Resident Register Imitted to the facility on					
	06/17/25 revealed:	#4's current care plan dated					
	gerichair, -Resident #4 was tot	ally dependent on facility Ing, ambulation/locomotion,			Annaha di Parada di Annaha da A		
Andrews and Andrew	transfers.				terbe année méteorie		
	quarterly review date	#4's Licensed Health (LHPS) evaluation and d 02/03/25 revealed: fus and care provided and			Tree minimum and an analysis a		
	recommended chang	les in care included assist ing/dressing, resident used a					

Division of Health Service Regulation

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED	
Marrie Ma		HAL047015	B. WING		0.	07/11/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE			
SPRING	ARBOR OF SAND HILLS	8398 FA	YETTEVILLE ROAL	3			
OF IMICO	THEORY OF WARD HILLS		RD, NC 28376				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENT)FYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEPICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
D 280	Continued From pag	e 27	D 280				
	-Changes and follow	cal assessment documented, up recommended to meet included redirect resident					
	toileting every 2 hour	tasks provided included s, assist with and assist with wheelchair.	Bill insequential deserge				
	quarterly review date - Review of health sur- recommended chang with toileting, shower walker, and wheelche	atus and care provided and les in care included assist ing/dressing, resident used a				e	
estra-	-Changes and follow the Resident's needs when confused.	up recommended to meet included redirect resident				The company of the same same	
	Observation of Resid. 7:55am revealed: -Packdont #// woo in history.	ent #4 en 07/00/25 at her gerichelr in the dining able to answer questions					
	07/10/25 at 10:30am -Resident #4 had very versus prior to her hos 2025Resident #4 was wal wheelchair before hos	y different care needs now spltalization in mid-June king with a walker or using a					
	07/10/25 at 10:30am r-Resident #4 had very versus prior to her hos 2025Resident #4 was wall wheelchair before hos required total care for	revealed: y different care needs now spltalization in mid-June king with a walker or using a spltalization and now all personal care needs					

STATEMENT	Division of Health Service Regulation STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	0/10/17/00/17/01	(X3) DATE SURVEY COMPLETED
		HAL047015	B. WING		R 07/11/2025
			ODRESS, CITY, STATE	7/0 0005	
NAME OF P	ROVIDER OR SUPPLIER		YETTEVILLE ROAL		
SPRING A	RBOR OF SAND HILLS		RD, NC 28376		
(A4) IU PREFIX TAG	(EACH DEFICIENC	ATCHENT OF DETICIONOICO MY MUST BE PRECEDED BY FULL LSC IDENTIPYING INFORMATION)	PREFIX TAG	PROVIDERS PLANT OF GORRESTION (EACH CORRECTIVE ACTION SMOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
D 280	Continued From pag	e 28	D 280		
	interviews, it was deli was not interviewable	ermined that Resident #4			
	Refer to interview wil (SCD) on 07/11/25 a	th the Special Gare Director t 12:24pm.			obbias in construction of the state of the s
	Refer to interview will 07/11/25 at 1:45pm.	th the Administrator on			The state of the s
	Refer to attempted to LHP5 nurse on 07/1	elephone interview with the 1/25 at 1:35pm.			hamatana Pakkahara Joh
	06/03/25 revealed:	nt #5's current FL-2 dated cardiac arrest and vascular			erancia constitui esta din const
	dementia.				
	-The resident was no assistance with bath	n-ambulatory and required inc and dressing.			
		for Repatha 140mg/ml inject			
		sly every 14 days for			
_	hyperlipidemia. [Rep	atha is used to treat			
	hyperlipidemia (high triglycerides).]	cholesterol and high			
	Review of Resident	#5's Resident Register			
		dmitted to the facility on			
		ed assistance for dressing,			
		naving, ambulation, gelling			
	and orientation to tin	g, hair/grooming, skin care,	1		
	- I he resident had si must be directed.	gniticant memory loss and			
	-The resident used a	walker.			and the same of th
	care plan completed	#5's current assessment and 06/03/25 revealed:			
destinates de la factoria del la factoria de la factoria de la factoria del la factoria de la factoria de la factoria del la factoria de la factoria de la factoria de la factoria del la factoria de la	-The resident was d	ocumented as ambulatory but the type of device was not			

STATEMENT	of Health Service Reg	(X1) PROVIDER/SUPPLER/CL(A	(X2) MULTIPLE C	ONSTRUCTION		SURVEY PLETED
		HAL047015	a. WING		i 07	R /11/2025
INCOME OF ES	177415717 A17 AN 1 PIP)		Omen's forestable dest, c 8 me as as we			
SPRING A	RBOR OF SAND HILLS	2	YETTEVILLE ROAL RD, NC 28376			
(X4) ID PRÉFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(XS) COMPLETE DATE
D 280	Continued From pag	ge 29	D 280			
	documentedThe resident was d	ocumented as being forgetful				
	dependent on staff a	ocumented as totally assistance with toileting, . dressing. grooming, and				
		Ident #5 on 07/09/25 at e resident was pushed in a ning room by staff.				
	11:44am revealed:	lent #5 on 07/11/25 at sisted the resident with tasks	4			
	cransterring.	Il if sho received an injection.				des constitutes your money
		#5's current Licensed Health ਜ (LHF5) review dated				
	tasks were ambulat that required physic semi-ambulatory or -The nurse did not i	nted the resident's LHPS don using assistive devices all assistance and transferring non-ambulatory residents. include medication through				
	-The section to doc assessment noted:	ol signs and weight was blank. ument the physical				
	tolleting every 2 hor- There was no physically of the resident	urs, and hospice. sical assessment related to s LHPS tasks.				
	resident's need for transferring includir required for assista	sical assessment related to the assistance with ambutation or ing how many staff were ince with those tasks. sical assessment related to the				

STATEMENT	of Health Service Regu or deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047015	(X2) MULTIPLE CA A. BUILDING: B. WING	ONSTRUCTION	COM	SURVEY PLETED R V/11/2025
7.0000000000000000000000000000000000000	ROVIDER OR SUPPLIER	8398 FA	ADDRESS, CITY, STATE YETTEVILLE ROAD RD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEPICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX YAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 280	no documentation re- There were no reco- physical assessment Refer to interview wi (SCD) on 07/11/25 at Refer to interview wi 07/11/25 at 1:45pm. Refer to attempted to LHPS nurse on 07/1 Interview with the Sp 07/11/25 at 12:24pm -The LHPS nurse wassess the residents form to document he- If there were any many the companient of the	n through injection including garding the injection sites. Immendations related to a tof the resident. It the Special Care Director it 12:24pm. Ith the Administrator on elephone interview with the 1/25 at 1:36pm. Decial Care Director (SCD) on a revealed: Invalid came to the facility to build see the residents and is and she used the LHPS or assessment. It is alor issues or concerns, the motify her or the Resident (RCC), and to make sure the LHPS quarterly and included all	D 280			

	of Health Service Rec	(X1) PROVIDER/SUPPLIER/CLIA	OCO MINTER E	CONSTRUCTION	[Nas name	Of ADJ. 2004
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	ANA OLIVICA I I OM	(X3) DATE: COMPI	
						R
	Manufacture and the state of th	HAL047015	8. WING		The second secon	11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE		
PRING A	ARBOR OF SAND HILLS	8398 FA	YETTEVILLE ROA	D		
		RAEFO	RD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(XS) COMPLETE DATE
D 280	Continued From pag	je 31	D 280			
	for all LHPS tasks for -The RCD, RCC, SC responsible for chec reviews to make sun Attempted telephone					
D 358	10A NCAC 13F .100 Administration		D 358	The med-Techs and of Spring Arbor of School	d leadersh andhills w	ip Prop.
	 (a) An adult care hor preparation and admiprescription and non-by staff are in accord (1) orders by a licentification and maintained 	4 Medication Administration me shall assure that the inistration of medications, prescription, and treatments lance with: sed prescribing practitioner in the resident's record; and ion and the facility's policies		immediately educate propropriate orders whith the orders as whith by the regional RN	ted on ide and follo ren on 7/ i. re re-edi	ntifying wing olps ucated
	This Rule is not met TYPE A2 VIOLATION			n medication adm a) the Regional Ri	N on $7/10$	n 25-
	reviews, the facility fa were administered as (#16, #17) observed including errors with an eye drop for dry er for constipation (#16) blood pressure and a and for 4 of 8 sample #17) including errors	ns, interviews, and record sided to ensure medications ordered for 2 of 4 residents during the medication pass an eye drop for glaucoma, ye disease and a medication for high topical pain patch (#17); d residents (#4, #5, #15, with a blood thinner and an edications for high blood		A clanification of reder was sent to on 7/11/25. The promoter to disconnedication. The removed from the 11/11/25.	the phy nysician tinue the nedication	sician sent n was

	of Health Service Re				FORM APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A, BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL047015	B. WING		R
NAME OF F	PROVIDER OR SUPPLIER	other	annone and an	Falling Control of the Control	07/11/2025
		Sana ra	ADDRESS, CITY, ST		
SPRING A	ARBOR OF SAND HILL	.0	PO NC 29376	MO	
(X4) ID PREFIX YAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX YAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From pa	ge 32	D 356	on delivery of eye d	rons.
	The findings are:			proper usage of mira	
	The same of the sa			all medication doses given as ordered ar appropriate delivery. An audit of all resimedication orders was on 7/10/25 by all depoleaders to ensure the medications orders was appropriate and all persons or each order.	nsuning are nd with idents' Completed urtiment at all vere varameters as written.
	Observation of the 3.00am 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		Random observation of administening medication completed by the Region during community vis	na Inurse	
And the second section is a second section in the second section is a second section in the second section is a	white section inside the cap. -The medication aide (MA) poured the Mi powder halfway below the marking for the dose. -The MA mixed the Miralax powder in wat gave it to Resident #16 to take with her or medications at 7:49am.		a -	Pharmacy Education completed on 7/23/25 emphasis on appropriate to the course.	was swithan te mediation
	-The resident drank a -The MA did not mea and the full dosage w water.	all the water with Miralax. sure the Miralax correctly was not mixed in the cup of receive the full dosage of		The leadership team is a daily review of medic X4 weeks with parame time limited medication	action orders ters and

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		
		HAL047015	B. WING		R 07/11/2025
NAME OF P	RÖVIDER OR SUPPLIER	STREET	ADDRESS, CITY, \$	TATE, ZIP CODE	
SPRING A	RROR OF SAND HILLS		YETTEVILLE R	OAD	
444.0	Manusco Com		RU, NC 28378		
(X4) IO PREFIX TAG	(EACH DEFICIENG	Atement of deficiencies Y must be preceded by poll LSC identifying information)	PREFIX TAG	PROVIDERS PLAN OF CORRECTED ACTION SHOULD CROSS-REFERENCED TO THE APPR	SECUL ASSESSED
D 358	Continued From page	33	D 358	appropriate complet	ion and 8 10 25
	Review of Resident # medication administrarevealed: -There was an entry if fluid and drink twice a scheduled at 8:00am - Miralax was documented from 07/01/25 - 07/09 Observation of Reside hand on 07/09/25 at 1 bottle of Miralax dispedirection change stick instructions on the medication that with the MA revealed: -She was taught to me using the white inner constitutions of the inner constitution of the inner constitution of the inner constitution of the inner constitution. Interview with Register interv	16's July 2025 electronic ation record (eMAR) or Miralax, mix 17 grams in a day for constipation and 8:00pm. Inted as administered daily /25. ent #16's medications on in the control of the rewas a sused on 05/30/25 with a ser placed over the edication label. on 07/09/25 at 1:13pm easure the Miralax dosage cap. In the Miralax powder below the marking for 17g pointing white lining of the cap. In the control of the cap. In th		appropriate complete documentation. In will continue until compliance is obtain	e audit significant red.
		ident Care Coordinator			
	(RCC) on 07/09/25 at				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY
			A dolesmos:	**************************************		
		HAL047015	B. WING			R 7/11/2025
iame of Pi	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		- INIAVAO
PRING A	RBOR OF SAND HILLS		YETTEVILLE ROAL			
		RAEFO	RD, NC 28376			
(X4) ID PREFIX	SUMMARY S (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF ((X5)
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATIONS	PREFIX	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEHICIENCE	HE APPROPRIATE	COMPLE DATE
D 358	Continued From pag	ge 34	D 358			
	-The MAs were supp	posed to use the white inner				
-	lining of the Miralax	cap to measure the correct				
	dosage.	mandalan kanan ana araw	and the state of t			
	on the white inner lin	marking to measure 17 grams				
		C-8-12 20 20 20 40 40 40 40 40 40 40 40 40 40 40 40 40	State of the state			
	interview with the Ad	ministrator on 07/09/25 at				
	1:58pm revealed the	MAs should use the correct				-
	amount of Miralax for	s to measure the correct r Resident #16.				NAME OF THE PARTY
	Telephone interview	with a nurse at Resident				Acceptable statutation
	#16's primary care pr	rovider (PCP) office on				
	07/10/25 at 1:59pm n -The resident's PCP :		4			Control of the Contro
	interview.	was unavailable for				
	Not receiving the full constipation.	dose of Miralax could cause				
- 1		ongestive heart failure and				
1	did not need to be co	nstipated.				
	- i he additional strain cause increased bloo	of being constipated could depressure.				
	o. Review of Residen 12/16/24 revealed:	t #16's current FL-2 dated				
	The second second second second	for Combigan 0.2-0.5%				- Annual Control of the Control of t
Î	nstill 1 drop in both e	yes 3 times a day.				and
10	Combigan is used to	treat glaucoma.)				- Parketananananananananananananananananananan
- 1	There was an order i	or Cyclosporine Opinitalinio				Aumon to
10	0.05% instill 1 drop in	both eyes every 12 hours				700
d	or tear production. (t Iry eye disease.)	Cyclosporine is used to treat				
F	Review of the facility's	eye medication				
a	dministration policies	and procedures (revision				
	ate of 05/2021) rever					
		a copy of the Medication				
1	dministration Skills V ighlighted eye drops					
		and diniments. nistration Skills Validation				

Division	of Health Service Rec	julation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SU COMPLET	
		MAL047015	b. Wilvig		07/11	/2025
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
SPRING	ARBOR OF SAND HILLS		YETTEVILLE ROAI RD, NC 28376	D		
(X4) ID Prepia TAG	Francisco - many southern a	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFEC TAG	PROVIDER'S PLAN OF CORRECTI (FACH CORRECTIVE ACTION SHOUR CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DAF	(XS) COMPLETE DATE
D 358	Continued From pag	e 35	D 358			
en enterent per	Form referenced the the Medication Admi Form. -According to the Gu different eye drops in same time, a 3 to 5-rallowed between each Observation of the 8: 07/09/25 revealed: -The medication aide in each eye of Cyclos #16 at 7:50am instea ordered. -The MA immediately eye of Combigan 0.2-causing the residents eye drops ran out of the face.	Guidelines for Completing nistration Skills Validation Idelines, when two or more nust be administered at the pinute period should be				
	medication administra revealed: -There was an entry fi 1 drop in each eye 2 t scheduled at 8:00am - -Combigan was docur from 07/01/25 - 07/09/ -There was an entry fo place 1 drop in each e at 8:00am and 8:00pm -Cyclosporine was doc from 07/01/25 - 07/09/	or Combigan 0.2-0.5% instill times daily for glaucoma and 8:00pm. mented as administered (25 (8:00am). or Cyclosporine 0.05% ove 2 times daily scheduled (a.c.) currented as administered (25 (8:00am). ont #16's medications on (11pm revealed; a use vials of Cyclosporine)				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL047015	B. WING		0.	R 7/11/2025
IANE OF F	PROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STAT	E ZIP CODE		
PRING A	RBOR OF SAND HILL		YETTEVILLE ROA	- F		
	ALLON OF SAND NILL	RAEFOI	RD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE TE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From pa	age 36	D 358			
	-The instructions w	ere to instill 1 drop in both				
-	eyes (wo times a da	av.				
		of Combigan eye drops				
	dispensed on 06/02	2/25,				
1	-The instructions we	ere to instill 1 drop into				
	affected eye(s) two	times a day as directed.				
	Interview with the M	IA on 07/09/25 at 1:13pm				
nem ericopiona de la companya de la		nly administered 1 drop in				
	each eye of Cyclosporine to Resident #16, but the					
	drops sometimes ca very fast.	ame out of the single use vials				
	-She administered b	ooth of Resident #16's eye				
***************************************	drops at the same ti	me because they were both	1 1			
	scheduled at the sai	me time on the eMAR.				
	between different ey	ber being trained to wait ve drops.				
	Interview with Resid 1:22pm revealed:	ent #16 on 07/09/25 at				
		od Combigan, and one other				
	eye drop at the same	e time.				
		posed to wait 5 minutes				
	between the drops, I	but they "never do".				
-	The eye drops usua	ally ran out of her eyes.				
		told her they should wait 5				
	minutes between the					
		tly having any Issues with dry				
- 1	eyes.		The state of the s			
	Interview with the Re	sident Care Coordinator				
1	(RCC) on 07/09/25 a	it 1:50pm revealed:				
-	The MAs were supp	losed to walt 3 to 5 minutes	-			
	between different eye		metichen			
	IT 1 drop in each eye	was ordered, the MA should				
	administer 1 drop in i each eye.	each eye, not 2 drops in	- Company of the Comp			
			Property			
1	nterview with the Ad	ministrator on 07/08/25 at				

STATEMEN	of Health Service Report of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DAT	ESURVEY
HAM I WAS	- CONTROLING	IDENTIFICATION NUMBER:	A. BUILDING:	***************************************		PLETED
		HAL047015	B. WING			R 7/11/2025
IAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	5 ZIP CODE	1 0	//11/2025
DDING	SOAS AP ALLE IN		YETTEVILLE ROA			
Francy /	ARBOR OF SAND HILI	The second secon	RD, NC 28376	•		
(X4) ID PREFIX	SUMMARY (FACH DESICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL	lD	PROVIDER'S PLAN OF C		(X6)
TAG	REGULATORY	OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	EAPPROPRIATE	COMPLETE
D 358	Continued From pa	age 37	D 358			
	1:58pm revealed:					
	-The MAs should w	valt 3 to 5 minutes between				
	each different eye	drop.				
	-The MAs should o	nly administer the amount of				
	ehe qiobe ordered					
	lelephone interviev	v with a mage starr person at	1			
i	Manidant #46h min	AREA NEWSHALP ATTENANT				
	07/10/25 at 9:08am					İ
	interview.	ider was unavailable for				
		ld only receive 1 drop in each				
-	eye of Cyclosporine					
	-There should be a	5-minute wait period between				
1	the administration of	of different eye drops to				ł
	prevent the eye dro	ps from running out of the				
The state of the s	make the medication	wer the dosage received and n less effective.				
	c. Review of Reside	ent #17's current FL-2 dated				
	05/12/25 revealed d	lagnoses included	The state of the s			
	osteoarthritis of the	la, type 2 diabetes mellitus, knees, and hyperlipidemia.				
-						
	Review of Resident	#17's primary care provider				
	(PGP) order dated 0	5/30/25 revealed an order for				
	systolic blood prace	tablet 3 times a day, hold if ure (SBP) is less than (<) 110				
	or diastolic blood pre	essure (DBP) is <60 and/or				
-	heart rate (HR) is <6	0. (Hydralazine is used to				_
]]	lower blood pressure	a,)				
	Observation of the O	100aus man din 18				
	Observation of the 6 07/09/25 revealed:	:00am medication pass on				
1		(MA) prepared and				
1 8	administered mornin	g medications to Resident				
1	#17 including Hydral	ezine 10mg at 8:23am.				
	The MA did not che	ck Resident #17's BP or HR				
		Hydralazine to determine if				
(he medication shoul	o nave been neid.				

I Wildian At Haoith Condro Don	Hattan	
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION

	of Correction	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(XS) DATE SURVEY
THE WAY	AL CONVECTION	IDENTIFICATION NUMBER:	A, BUILDING:		COMPLETED
					_
		HAL047015	B. WING		R
NAME OF	PROVIDER OR SUPPLIER				07/11/2025
	Manual Olf GOLL FIELd		ODRESS, CITY, STATI		
SPRING	ARBOR OF SAND HILLS		YETTEVILLE ROAI	D	
			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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 358	Continued From page	38	D 358		
	MA checked Resident	/25 at 8:2/am revealed the #17's BP and HR, after Inistered, and the realdent's e HR was 78.			The second secon
	medication administra revealed:				
And the second s	tablet 3 times a day for DBP ,60 or HR <60.	or Hydraiazine 10mg take 1 r BP, hold if SBP <110 or	ning challed and a second		
	and 8:00pm.	duled at 8:00am, 2:00pm, mented as administered			
	from 07/01/25 - 07/09/	25 (8:00am).	and the second s		
	hand on 07/09/25 at 12	Hydralazine 10mg tablets			
	-The instructions were day for BP, hold if SBP <60.	to take 1 tablet 3 times a <110 or DBP <60 or HR			
	revealed:	n 07/09/25 at 12:53pm			
[1	to administering the Hy	ne Resident #17's BP prior dralazine.			
	moving too fast with the	i, she was in a hurry and medication pass			Maria de la companione
	pecause she was late g	etting to work that			
	norning. Resident #17's BP usu	ally ran high.	helisten		
11	nterview with Resident 2:46pm revealed:				
-	ing was chacked her i	stood pressure every day.	-		
-	They sometimes check	ed it before she got her			
n	nedications and someti	mes It was after she got			
sion of Health	Sentre Remistion				

ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT	E SURVEY
		The state of the s	A. BUILDING:			FLETED
		HAL047015	8. WING		0.0	R 7/11/2025
AME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE		9	(111/2025
mmin.						
Pring A	ARBOR OF SAND HILL		YETTEVILLE ROAI RD, NG 28376)		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID I	SOOT HORON NAME OF		
Prefix Yag	(EACH DEFICIEN REGULATORY OF	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLET DATE
D 358	Continued From page	ge 39	D 358			
	her medications.					
	Interview with the Si	pecial Care Director (SCD) on				
	07/09/25 at 1:34pm	revealed:				
	-The MAs had been	trained to read the eMAR				
	and medication labe	Is and administer the				
	medications as orde	red. eck Resident #17's BP and				
	HR prior to administe	eck resident #1 /'s BP and	- Approximately			
	determine if it should	be held.				
	Interview with the Ad	ministrator on 07/09/25 at				Control of the Contro
1	1:58pm revealed:					
	-The MAs should rea	d the Instructions on the				
	eMAR and medicatio	п tabel. for parameters, Resident				
	#17's BP and HR sho	ould be checked prior to				
-	administering the Hyd	drafazine.				-
		with a Murae I traditionar				
	Resident #17's BP a	nd HR should be checked				
	orior to administering	Hydralazine. dministered when the				
1	esident's BP or HR v	vere below the parameters,				
i	t could cause low BP	and lead to dizziness and				
fi	alls.	Control and the control of the contr				
d	I. Review of Resident	#17's primary care provider				
(1	PCP) order dated 05/	30/25 revealed an order for				
L	idocaine 5% topical p	patch, apply 1 patch				
to	opically (for fracture o	of one rib, right side) one				
1	me each day; remove	e and discard patch within d. (Lidocaine 5% patch is a			The state of the s	
to	opical medication use	ot to treat pain.)			and the same of th	
0	bservation of the 8:0	Cam medication pass on			AND THE PERSON NAMED IN COLUMN	
0	7/09/25 revealed:				To a Programme	
-F	Resident #17 was sittl Service Regulation	ing up on the side of her				

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE (A, BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL047015	B, WING			R //11/2025
iame of h	MUVIUER OR SUPPLIER	SINCE	određa, city, atate	, zif çode		
PRING /	ARBOR OF SAND HILLS		YETTEVILLE ROAL RD, NC 28376)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of Deficiencies Must be preceded by Full SC Identifying Information)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEPICIENCY	ON SHOULD BE BE APPROPRIATE	COMPLETE DATE
	bed. -The medication aide (5% patch to Resident; 8:26am. -The resident did not oback. -The MA did not apply resident's right side as Review of Resident #1' medication administration administration revealed: -There was an entry for apply 1 patch to affecte fractured rib once daily before applying a new poff for 12 hours. -Lidocaine patch was selected are apply to a selected at 8:00am Observation of Resident hand on 07/09/25 at 12: -There was a box of Liddispensed on 06/04/25. -The instructions were to affected area of right side aily for pain. Interview with the MA or revealed: She usually applied the Resident #17's left side resident #17's left side resident complained of president	MA) applied a Lidocalne #17's lower midback at omplain of pain in her the Lidocalne patch to the ordered. 7's July 2025 electronic for record (eMAR) *Lidocalne 5% patch, and area of right side for for pain; remove old patch patch; on for 12 hours and cheduled for 8:00am and cheduled for 8:00	D 358			
	esident complained of p She had not noticed the out the Lidocaine patch o ide.	n Instructions indicated to on the resident's right				

YATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X11 PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(XZ) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY	,
IATS I PUBL	OF CORRECTION	IDENTIFICATION NUMBER;	A. BUILDING:		COMPLETED	,
		HAL047015	B. WING		R	
AME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STATI	E 710 000E	07/11/202	5
Belleville b			YETTEVILLE ROAL			
PRING A	ARBOR OF SAND HILL		RD, NC 28376	U		
(X4) ID PREFIX	SUMMARY (FACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORR		(XS)
TAG	REGULATORYO	R LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION S) CROSS-REFERENCED TO THE AR DEFICIENCY)	HOULD BE COM	
D 358	Continued From pa	ge 41	D 358			
	12:46pm revealed:					
		nes on either her left or right				
	side.	= = = = = = = = = = = = = = = = = = =				
***************************************	-The MAs sometime	es put a pain patch on her				
-	back or either her le	ft or right side.				
	-The pain patch usu	ally helped with her pain.				
	Interview with the Sp	pecial Care Director (SCD) on				
	0/709/25 at 1:34pm					
	-The MAs had been	trained to read the eMAR				
	and medication labe medications as orde	ls and administer the				
		red. caine patch should be		•		
and the same of th	applied to the night s	ide and indicated in the				
	instructions on the e	MAR and the medication				
	label.	and the second control of the				
-	-If a MA had question her or the Special Co	ns, the MA should come to are Coordinator (SCC).				
1	1:58pm revealed:	ministrator on 07/09/25 at				
-	The MAs should rea	d the instructions on the				
	eMAR and medication					
	-Resident #17's Lido	caine patch should be				
	eMAR.	the Instructions on the				
1	Telephone Interview	with a Nurse Practitioner				
11	NP) at Resident #1/	'S PUP Office on U//TI/25 at				
1	2:01pm revealed if I	Resident #17's Lidocaine				
P	batch was not applied	d to the correct location, it				
ti	could cause the resid he affected area.	ent pain due to not treating				
	2. Review of Residen 11/08/25 revealed:	t #15's current FL-2 dated				
-	Diagnoses included I	hypertension, peripheral				
V	ascular disease, chr	onic kidney disease, edema.				
0	nd stage renal disea	se with dialysis,				
		lux disease, osteoarthritis.				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DAT	E ŞURVEY
		IDEATIFICATION NOTWORKS	A. BUILDING:	***************************************	CON	APLETED
		HAL047015	B. WING		0	R 7/11/2025
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
DDING A	RBOR OF SAND HILL		YETTEVILLE ROAL			
ir intides be	MOON OF SAND HILL		RD, NC 28376			
(X4) ID PREFIX	SUMMARY (FACE)	STATEMENT OF DEFICIENCIES	QI QI	PROVIDER'S PLAN OF	CORRECTION	n.m
TAG	REGULATORY	NCY MUST BE PRECEDED BY FULL R L9C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLET DATE
D 358	Continued From pa	ge 42	U 300			
	and history of falls.					
	-There was an orde	r for Hydralazine 100mg 1				
	tablet 3 times a day	for hypertension, hold of				
	blood pressure (BP)) is less than (<) 120/60.				
	(Hydralazine lowers	blood pressure.)				
	Review of Resident	#15's June 2025 electronic				
	medication administ	tration record (eMAR)				
	revealed:					
	 There was an entry tablet 3 times delly f 120/60. 	for Hydralazine 100mg 1 for hypertension, hold for BP <				
		theduled for administration at				
	-Hydralazine was do	cumented as administered 3				
	times daily from 06/0	01/25 - 06/30/25.	The same of the sa			
	There was no space	e designated with the entry				
1	for Hydralazine to do	ocument the resident's BP.				
1	-There was an entry the eMAR for BP wit and 2:00pm.	under the "Vitals" section of h scheduled times of 8:00am				
		BP documented at 2:00pm				
11	rom 06/01/25 - 06/3	0/25 which was 123/63 on	of the state of th			
	06/14/25.					
1	The resident's BP w	as documented daily at				
13	There was no document	from 121/59 - 196/87. mentation of the resident's				
1	P being checked or	ior to the administration of				
1	lydralazine at 2:00p	m and 8:00pm from 06/01/25				
	06/30/25, except for	r one BP check at 2:00pm on				
10	6/14/25.					
-	it could not be deten	mined if Hydralazine should				
h	ave been held when :00pm and 8:00pm.	the BP was not checked at				
F	leview of Resident #	15's July 2025 eMAR				
	evealed:	fan i hadaalaada adaa				
to to	thicke was an entry f	or Hydralazine 100mg 1	Market Ma			
1 40	20/60.	r hypertension, hold for BP <	1			

STATEMEN ASSOCIATION	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY
			A. BUILDING:	April 100 marsh	501	IN CTCA
Market Market (Market) 4.4		HAL047015	B. WING			R
AME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E 70.00s	1 0	7/11/2025
PRING	ARBOR OF BAND HILL		YETTEVILLE ROAL			
	ANDOR OF BARD MILL		RD, NC 28376	•		
(X4) ID PREFIX	SUMMARY (EACH DESIGNATION	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ADDECTION	1
TAG	REGULATORYO	NOY MUST BE PRECEDED BY FULL IN LISC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
D 358	Continued From pa	ge 43	D 358			
	-Hydralazine was so	cheduled for administration at				
	8:00am, 2:00pm, ar	nd 8:00pm.				
	-Hydralazine was do	ocumented as administered 3	- Control of the Cont			
	There was no snoo	01/25 - 07/09/25 at 8:00am. e designated with the entry				
1	for Hydralazine to de	ocument the resident's BP.				
	-There was an entry	under the "Vitals" section of				
	the eMAR for BP will 8:00am.	th a scheduled time of				
1	8:00pm.	duled BP check for 2;00pm or				
	-The resident's BP w	ras documented at 8:00am	1			
	07/09/25,	2/93 - 197/69 from 07/01/25 -	-			
	-There was no docur	mentation of the resident's				
	SP being checked pr	for to the administration of				
1	- 07/09/25.	m and 8:00pm from 07/01/25				
	-It could not be deten	mined if Hydralazine should				
	2:00pm and 8:00pm,	the BP was not checked at	Medianiperior			
- Constitution of the Cons	Interview with a medi	cation aide (MA) on	the state of the s			
	07/09/25 at 1:06pm n					
	She usually worked to	first shift,				and the same of th
		Resident #15's BP when it				
	Jopped up ôn life eivi 3:00am.	AR to be checked at				
-	Sometimes she chec	ked the resident's BP				
b	efore she administer	ed the resident's				
n	nedications and some	etimes after.				
-1	She had not noticed t	the instructions to hold the				
I F	lydralazine based on	the resident's BP.				
e	MAR at 2:00pm to ch	rthing popping up on the neck the resident's BP.				
100	nterview with Resider	nt #15 on 07/10/25 at			and the second	
	:15pm revealed:	Name of the Land			The state of the s	
1	She received medical	tions for high BP,				
	Ter SP was usually di	hecked by staff at the				

Division	ivision of Health Service Regulation				FOR	M APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL047015	B. WING			R 11/2025
NAME OF A	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	FZIPCODE		11/2020
Jenne,	Thom or come in	8398 FA	YETTEVILLE ROAI			
(X4) ID PREFIX TAG	i (EACH DETICION	STATEMENT OF DEFICIENCIES LT WUST SE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID MREFIX TAG	PROVIDER'S PLAN OF CORRECTION (CACH CONRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES OF THE CORRECTION OF THE	200	(X5) COMPLETE DATE
D 358	Continued From pag	e 44	D 358			
	dialysis center 3 time. She was not sure he checked her BPHer BP usually ran knew. Interview with the Re (RCC) on 07/09/25 a -The MAs should che to administering cacher the BP should be chaines a day for time at on the eMARsShe was not aware it being checked and in administration of Hyd 8:00pmThe pharmacy enteresystem.	ès a week. ow often facility staff usually "pretty good" as far as she esident Care Coordinator	D 358	•		
	The pharmacy staff to the eMAR system, India administration. It appeared there had hours of administration system. The facility was supply orders prior to tire order. The facility could have ontry and let the pharm fixed or the facility could interview with the facility ducation / Registered at 1:46pm revealed:	i been some problems with n in the facility's eMAR osed to review and approve				
	MAR system.					

TATEME	of Health Service Res of OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CUA	(XZ) MULTIPLE (CONSTRUCTION		
nu Plan	OF CORRECTION	IDENTIFICATION NUMBER;	A, BUILDING:	SONOTROCTOR		E SURVEY IPLETED
		HAL047015	B. WING		0.	R
ame of F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	700 0000	V.	7/11/2025
DENIA	ADDOD OF CAME I'M .		YETTEVILLE ROAL			
-70110	ARBOR OF SAND HILLS		RD, NC 28376	,		
(X4) ID REFIX	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID I	PROVIDER'S PLAN OF	CORRECTION	7
TAG	REGULATORY OR	LISC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEPICIENCE	ION SHOULD BE HE APPROPRIATE	COMPLI DATE
D 358	Continued From pag	e 45	D 358			
1	The Resident Care !	Director (RCD), RCC,				
	Special Care Directo	r (SCD), and Special Care				
	Coordinator (SCC) ha	ad access to enter orders				
	into the eMAR system	n, and they were also				
Management	responsible for verify	ing all orders prior to the				
	orders becoming acti	ve in the eMAR system.	Management			- Constitute
	 The order for Reside 	nt #15's Hydralazine should				all de village.
	have been checked to	o make sure it was set up				·
	correctly in the system	n to include a space for the				
	resident's BP to be do	cumented for the				
1	administration of Hydr	ralazine.				
	- I ney could not locate	any documentation of				
1	Resident #15's BP be	ing checked at 2:00pm or				
	8:00pm.					
	-Kesident #15's BP sh	rould have been checked				
1	prior to administering the medication should	Hydralazine to determine if have been held.				verballina de Primario de Prim
	Telephone interview w (NP) at Resident #15's	ith a Nurse Practitioner S PCP office on 07/11/25 at				
11	12:01pm revealed:					
1 5	plood pressure.	ew medications for high				
-	The resident's BP nee	eded to be checked before				
a	dministering Hydralaz	ine to determine if the				
n	nedication needed to t	pe administered or held.				
-/	Administering Hydrala	zine when the resident's				
8	P was below the orde	red parameter could			and the same of th	
C	ause me resident's blo	ood pressure to be too low				
W	hich could cause dizz	aness and falls.				
3.	. Review of Resident	#17's current FL-2 dated				
0	5/12/25 revealed diag	noses included			of projects	
i A	tento milita a sola al anama ambi a di dani sinas sunta an antere e per e e e e e min a antere al e e e e e e e e e e e e e e e e e e	ypo 2 diabotes mallitus,				
08	stecarthritis of the kne	es, and hyperlipidemia.			**************************************	
R	eview of Resident #17	"s primary care provider			venageh.	
(F	PCP) order dated 05/3	0/25 revealed an order for			-	
H	ydralazine 10mg 1 tab	det 3 times a day, hold if				
SI	stolic blood pressure	(SBP) is less than (<) 110				

Division of Health Condes Pagulatian

PRINTED: 07/28/2025 FORM APPROVED

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		TE SURVEY MPLETED
		HAL047015	B. WING			R 17/11/2025
name of P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
SPRING A	ARBOR OF SAND HILLS	8398 FA	YETTEVILLE ROA! RD, NC 28376			
(X4) ID	SUMMARY ST	ATEMENT OF DESICIENCIES				
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HEAPPROPRIATE	(XS) COMPLETE DATE
D 358	Continued From page 46		D 358			
	heart rate (HR) is <60 lower blood pressure.	•				1
	medication administra revealed: -There was an entry for	or Hydralazine 10mg take 1				
ti 	tablet 3 times a day for BP, hold If SBP <110 or DBP <60 or HR <60Hydralazine was scheduled at 8:00am, 2:00pm,					Survivina de La La La La La La La La La La La La La
	and 8:00pm. Hydralazine was documented as administered 3					Mary Associated Associ
	firnes a day from 07/01 There was no space for	1/25 - 07/09/25 (8:00am). for BP or HR to be	Personalization			
	documented with the H There was an entry in	lydralazine entry. the "Vitals" section of the	a de la companya de l			
10	eMAR for BP dally at 8	:00am,	- I			
8	checked daily at 8:00ar and ranged from 123/7	a documented as being on from 07/01/25 - 07/09/25 5 - 166/82 but there were				
-	no HRs documented. There were no BP che	cks documented for				
-	There were no HR che 1:00am, 2:00pm, or 8:0	ocks documented at				elector submanufacture
*	it could not be determine hydralazine should hav	ned if Resident #15's				
а	dministered without Bi	and HR being checked.				
h.	and on 07/09/25 at 12: There was a supply of	Hydralazine 10mg tablets				
di -1 da	ispensed on 06/14/25. The instructions were to	o take 1 tablet 3 times a <110 or DBP <60 or HR				
0	nterview with a medicat 7/09/25 at 12:53pm rev					Allendaria de de despetación de de de de de de de de de de de de de

Division	of Health Service Reg	ulation			FOR	RM APPROVED
STATEME	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(XS) DATE	en univers
AND CEAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE COMP	PLETED
- Control of the Cont						_
		HAL047015	B. WING		The second	R
NAME OF	PROVIDER OR SUPPLIER				07.	/11/2025
			ADDRESS, CITY, STATE			
SPRING	arbor of Sand Hills	W:	YETTEVILLE ROAL			
(X4) ID	SIMMARYS	TATEMENT OF DEFICIENCIES	RD, NC 28376			
PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY EUL!	ID PREFIX	PROVIDER'S PLAN OF CORRECTION SHOULD	NC	(X5)
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	PRIATE	COMPLETE
D 358				DEFICIENCY)		
ಲ ವಶಕ	Continued From page	e 47	D 358	Paradonal Control of the Control of		
	-She usually checked	the Resident #17's BP prior				
	to administering the H	lydralazine in the mornings				
	-The HR was also no	ted on the electronic BP				
	machine when the re-	sident's BP was checked.				
	-The resident's BP us	sually ran high.				
	-ane usually checked	the resident's BP when it				
	appeared on the eMA	K.				
	HR other than during	ecking the resident's BP or the 8:00am medication				
	pass because she did	not recall a specific entry				
	popping up on the eM	AR to check it and				
	document it at any oth	er time.				
	interview with Resider	nt #17 on 07/09/25 at				
and the same of th	12:46pm revealed:					
na-man	-The MAs checked he	r blood pressure every day.				
1	medications and some	oked it before the get her times it was after the got			-	1
	her medications.	duries it was after she got				
						- 1
	Interview with the Spec	cial Care Director (SCD) on				
-	07/09/25 at 1:34pm rev	vealed:				
-	-The MAs had been tra	ained to read the eMARs				
-	and medication labels	and administer the				- 1
	medications as ordered					
	- The MAS Should check	k Resident #17's BP and				
	time it was scheduled t	ng Hydralazine at each to determine if it should be				- 1
	held.	o determine ii it shquiq ba				
3		tions about the eMARs,				
-	the MAs should notify h	ner or the Special Care				- 1
	Coordinator (SCC).				The state of the s	
1	interview with the Admi 1:58pm revealed:	nistrator on 07/09/25 at				
	The MAs should read t	landa landa sa lla-				
	i netrocker kan 1744.	and matucions on the		•		1
		parameters, Resident			1	
#	17's BP and HR shoul	d be checked prior to				
a	dministering the Hydra	alazine.				
	Service Regulation					

Division	of Health Service Re	gulation			FO	RM APPROVED
	IT OF DEPICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL047015	8. WING		07	R 7/11/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E. ZIP CODE		711/8020
SPRING	ARBOR OF SAND HILLS		YETTEVILLE ROA			
		RAEFO	RD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	MINAF	(X6) COMPLETE DATE
D 358	Continued From pag	ge 48	D 358			
	Education / Register at 1:46pm revealed: -The pharmacy usual eMAR system. -The Resident Care in Care Coordinator (Resident Care) and they were also recorded and they were also recorded and they were also recorded for the orders prior to the one eMAR system. -The 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 8:00pm. -Resident #17's BP and checked prior to administration of administration of the could not locate the	cility's Director of Quality and red Nurse (RN) on 07/09/25 ally entered orders into the Director (RCD), Resident CC), SCD, and SCC had res into the eMAR system, esponsible for verifying all ders becoming active in the ent #17's Hydralazine should or make sure it was set up on to include a space for the at to be documented for the relazine. any documentation of the derivative in the ent #18 being checked at and HR should have been inistering Hydralazine to cation should have been				
r i di	(NP) at Resident #17's 12:01pm revealed: Resident #17's BP ar orior to administering If Hydralazine was ad esident's BP or HR w	with a Nurse Practitioner s PCP office on 07/11/25 at and HR should be checked Hydralazine. imhistered when the were below the parameters, and lead to dizziness and				
0 -l d	l6/03/25 revealed: Diagnoses included c ementia.	#5's current FL-2 dated ardiac arrest and vascular or Carvedllol 25mg 1 tablet				

FORM APPROV	F		The state of the s	of Health Sendon Rai	
(X3) DATE SURVEY	CONSTRUCTION (X3) D	(X2) MULTIPLE ((X1) PROVIDER/SUPPLIER/CLIA. IDENTIFICATION NUMBER:	NT OF DEFICIENCIES OF CORRECTION	
COMPLETED		A. BUILDING:	POSTALLACATION MONNESC		
R		8. WING	HAL047015		
07/11/2025				PROVIDER OR SUPPLIER	VAME ME D
		ODRESS, CITY, STATE			
)	YETTEVILLE ROAL	•)	ARBOR OF SAND HILLS	SPRING A
		RD, NC 28376	TATEMENT OF DEFICIENCIES	SUMMARYS	(X4) ID
LD BE COURLET	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PREFIX TAG	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	(EACH DEFICIEN	PREFIX
		D 358	e 49	Continued From pag	D 358
			eals, hold for systolic blood than or equal to (<) 100 and (Carvedijol is used to lower	pressure (SBP) less	THE PROPERTY OF THE PROPERTY O
			*	medication administr revealed:	
-			or Carvedllol 25mg take 1 rith meals, hold for SBP	tablet 2 times a day v <100 and HR <55.	-
			nented as administered 2	-Carvedilol was schell 8:00pm. -Carvedilol was docul	A CONTRACTOR OF THE CONTRACTOR
			for BP or HR to be	-There was no space	_] .
			the "Vitals" section of the m.	-There was an entry is eMAR for BP at 8:00s	
			5/11/25 at 8:00am and was	checked one day on (1
			BP checks documented at	-There were no other 8:00am or 8:00pm,	8
				8:00am or 8:00pm.	8
			been held or administered	-it could not be determ Carvedilol should have without BP and HR be	10
				Review of Resident #5 revealed:	re
			r Carvedilol 25mg take 1 h meals, hold for SBP	ablet 2 times a day wi	te
			eled at 8:00am and	Carvedilol was schedu 3:00pm.	-(
			ented as administered 2 /25 06/00/25 except on	Carvedilol was docum	-0
			1/25 - 05/31/25, for BP or HR to be Carvedilol entry, in the "Vitals" section of the im. s documented as being 5/11/25 at 8:00am and was is 68. BP checks documented at if checks documented at ined if Resident #5's been held or administered ing checked. 's June 2025 eMAR in Carvedilol 25mg take 1 in meals, hold for SBP ited at 8:00am and ented as administered 2	times a day from 05/0 -There was no space documented with the -There was an entry it eMAR for BP at 8:00a -The resident's BP was checked one day on 0 128/90 and the HR was -There were no other 8:00am or 8:00pmThere were no other 8:00am or 8:00pmIt could not be determ Carvedilol should have without BP and HR be Review of Resident #5 revealed: -There was an entry for ablet 2 times a day with 100 and HR <55Carvedilol was schedul. Carvedilol was schedul.	5 - 8 - 8 - 0 v F m - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -

Division of Health Service Regulation STATE FORM

STATEME	of Health Service Re NT OF DEFICIENCIES LOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MINTIPLE	CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	VOTOTROUN	(X3) DATI	E SURVEY PLETED
		HAL047015	B. WING			R
AME OF	PROVIDER OR SUPPLIER				07	//11/2025
			ADDRESS, CITY, STATE			
PRING	arbor of Sand Hill		YETTEVILLE ROAL	0		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	RD, NC 28376			
PREFIX TAG	REGULATORY O	NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAFPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 50	D 358		· · · · · · · · · · · · · · · · · · ·	-
	noted.					
	-There was no space	e for BP or HR to be				
	documented with the	e Carvedilol entry.				
	-There were no BP	or HR checks documented at			,	
-	8:00am or 8:00pm.					
j	-It could not be deter	mined if Resident #5's				
	Carvedilol should ha	ive been held or administered				
	without BP and HR I	peing checked.				
	Review of Resident	#5's July 2025 eMAR	Metabolic			The second secon
1	revealed:	TO Daily 2020 EMAR	1 1			
	-There was an entry	for Carvedllol 25mg take 1				
1	tablet 2 times a day v	with meals, hold for SBP				
	<100 and HR <55.					
1	-Carvedilol was sche	duled at 8:00am and	all the same of th			
	8:00pm.					
	-Carvediloi was docui	mented as administered 2		*		
	times a day from 07/0	01/25 - 07/07/25,				
1	There was no space documented with the	Consolitations				
	There were no BP or	HR checks documented at				
8	3:00am or 8:00pm.	and the case of the same and th			-	- 1
-	It could not be determ	nined if Resident #5's	1			
10	Carvedile! chould have	a haan hald ar administrational			- Indiana	
12	Without BP and HR ba	ing checked.	j		-	
C	Observation of Reside	ent #5's medications on				İ
j h	and on 07/10/25 at 1	1:26am revealed:				
-"	There was a supply o	f Carvedilol 25mo tablets				- 1
a d	Ispensed on 06/11/28	with 4 of 30 tablets			-	- 1
re	emaining.				Michael	
-7	here was a supply o	f Carvedilol 25mg tablets			Our services	
di	ispensed on 07/02/25 Imaining.	5 with 17 of 22 tablets			and the same of th	
		to take 1 tablet 2 times a			· ·	
da	ay, hold for SBP <100	0 and HR <55.				
in	terview with a medica	ation aide (MA) on				
07	7/10/25 at 11:18am re	evealed:				
	Ablock did not always Service Regulation	s pop up on the eMAR to		2		

AND PLAN	NY OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The property of the control of the c	CONSTRUCTION		SURVEY
			A. SUILDING:		COM	LETED
Managen Constitution		HAL047015	8. WING		- 1	R /11/2025
ME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E 719 CODE		TITE GEO
RING	AREOR OF SAND HILL		YETTEVILLE ROAL			
	Total Media		RD, NC 28376			
(X4) ID SUMMAR REFIX (EACH DEFICI		STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL	aı	PROVIDER'S PLAN OF	CORRECTION	T
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED YO YO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
358	Continued From pag	ge 51	D 358		A A STATE OF THE PARTY OF THE P	
	check Resident #5's	BP and HR				
	-She usually tried to	check the resident's BP and				
	TR prior to administr	ering the Carvedilol				Annual Control of the
	-If no block papped i	In with the Carvedilot entry				
-	she would document	t the BP and HR in the vital				
	-She did not become	MAR when she shecked it.				
	documented on the	hy there were no BPs or HRs eMARs for Resident #5.				
-	Interview with Reside	ent #5 on 07/11/25 at				
		er blood pressure, but she				
1	could not say how oft	len,				
	-She denied any curre BP.	ent symptoms of high or low				
	facility's contracted pr 3:57pm revealed:	vith a pharmacist at the narmacy on 07/10/25 at				
1	The pharmacy staff ly the eMAR system, inc administration.	ypically entered orders into sluding hours of				
10	It appeared there had ours of administration system.	f been some problems with n in the facility's eMAR				
	She could see blocks	for Resident #5's BP and				
1	R to be checked and	documented on the eMAR				
fc	or the pharmacy's eM.	AR system but not on the				
18	acility's eMAR system	•				
-	ne facility was suppo	osed to review and approve				
-7	rders prior to the orde	er becoming active. Prejected the Carvedilol			Section 1	
e	ntry and let the pharm	nacy know it needed to be				
CC	prrected or the facility	could have corrected it on				
th	eir end.					
In	terview with the Spec	alal Care Coordinator				
(8	ICC) on 07/10/25 at 4	:28pm revealed:			Attenua	
-8	ine could not locate B	Ps or HRs on the eMARs				
Margin plantin photosoph	r Resident #5's Carve	edilol.			Name of the last o	

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY
		HAL047015	B. WING		R 07/11/2025	
IAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	7 7 B CARC	<u> </u>	//11//2025
PRING 4	ARBOR OF SAND HILLS		YETTEVILLE ROAL			
	WOOLOL SAND HILLS	RAEFO	RD, NC 28376	4		
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID.			
TAG	REGULATORY OR	CYMUST BE PRECEDED BY FULL LSC IDENTIFYING (INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOURDER	COMPLETE DATE
D 358	Continued From pag	e 52	D 358			
s n TT R 11 -F cc ac -T if he	Resident Care Direct Care Coordinator (Ro checking orders and systemShe usually checked for accuracy, -She had not noticed #5's Carvedilol param -The facility just starte 2025, so they were st system. Interview with the facil Education / Registere at 1:46pm revealed: The pharmacy usually MAR system. The RCD, RCC, SCD onter orders into the ei also responsible for ve the orders becoming a Vital signs for medicat chould be checked price the orders becoming a vital signs for medicat chould be checked price the orders becoming a vital signs for medicat chould be checked price the orders becoming a vital signs for medicat chould be checked price the orders becoming a vital signs for medicat chould be checked price the orders becoming a vital signs for medicat chould be checked price the orders becoming a vital signs for medicat chould be checked price the orders becoming a vital signs for medicat chould be checked price the orders becoming a vital signs for medicat chould be checked price the orders becoming a vital signs for medicat chould be checked price the orders becoming the order the orders becoming the order the orders becoming the order the orders becoming the order the orders becoming the order the orders becoming the order the orders becoming the order the orders becoming the order the orders becoming the order the orders becoming the order the orders becomes the orders	lity's Director of Quality and d Nurse (RN) on 07/09/25 y entered orders into the y entered orders into the y entered orders into the AR system and they were entrying all orders prior to ctive in the eMAR system. Son orders with parameters or to administering the ented on the eMARs. Ith the Clinical Manager for provider on 07/11/25 at HR needed to be at a needing haing come hypotensive (low BP) istered when it should the resident to feel				
rev	Review of Resident # /ealed diagnoses Incli Service Regulation	4's FL-2 dated 11/20/24 uded Alzhelmer's disease,			Special and the special and th	

STATEMEN AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) D	TE SURVEY
		POTEST IN PACTICULA SERVINGENCE	A. BUILDING:			MPLETED
		HAL047015	B. WING			R 07/11/2025
iame up t	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E. ZIP GOOD		41) (() E9E9
PRING	ARBOR OF SAND HILL		YETTEVILLE ROAL			
	THE CAND THEE		RD, NC 28378			
(X4) ID PREFIX	SUMMARY :	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL	B	PROVIDER'S PLAN OF (CORRECTION	
TAG	REGULATORY	R LSC IDENTIFYING INFORMATION)	PREFEX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE TE APPROPRIATE	COMPLETE DATE
D 358	Continued From page	ge 53	D 358			
	Insomnia, anxiety di	sorder unspecified, and				
	hypertensive heart of	disease.				
	Review of Resident	#4's Transition of Care Visit				
	Note dated 06/23/25	revealed additional				
	diagnoses included	transient lachemic attack,				
	osteoarthritis, anemi	a, hypoproteinemia,				
	deficiency,	deficiency, and vitamin B12				
-	concerncy,		-			
-	Review of Resident	#4's current care plan dated				
	06/17/25 revealed:					
and the same	-Resident #4 was no	n-ambulatory and utilized a				
1	gerichair.					
	-Resident #4 was tot	ally dependent on facility				
	dressing personal h	ng, locomotion, bathing. /giene, and transfers.				
	an soorigi peraonal ill	ygiene, and transfers,				
Annual Property and Property an	a. Review of Residen	at #4's After Visit Summary				
	eguigant é a proforoit. A rimalimin					
	-Resident #4 was hos	spitalized from 06/08/25 to				İ
	uor rorzo for left and r unwinessed foll at th	ight femur fractures after an e facility on 06/06/25 (the				
	femur is the bone in the	e lacility on 00/00/25 (the				
	Resident #4 had sure	gery for the left femur				
1	fracture on 06/09/25 a	and for the right femur				
f	racture on 06/10/25.	_				
-	Resident #4 started of	on Enoxaparin in the				
	rospital (Enoxaparin i	s a medication used to thin				
	he blood that prevent	s blood clotting).				
-	inere was an order fo	or Enoxaparin 30mg/0.3 mL				
1	or 24 days to begin or	e skin one time each day n 06/17/25,				=
F	Review of Resident #4	1's June 2025 electronic				
	nedication administra	tion record (eMAR)				
	evealed:					
-	There was an entry for	or Enoxaparin 30mg/0.3 mL				
S	yringes inject 0.3 mL	subcutaneously every day				
1 TC	ur wood dot prevention	on for 24 days at 8:00am				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		SURVEY PLETED
	HAL047015	a, wing			R
AME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		/11/2025
PRING ARBOR OF SAND HILL		YETTEVILLE ROAL			
	RAEFO	RD, NC 28376			
(ICI) ID ON MANABOV PREFIX (EACH DEFICIE)	OTATEMENT OF DISCUSSIONS	10	PROVIDER'S PLAN OF CO	AAFAMALI	Т —
IAG REGULATORY O	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ISHOULD BE	COMPLE
D 358 Continued From pa	ge 54	D 358			
starting on 06/18/25	(subcutaneously means to				
inject the medication	into the fat under the skin				
l typically into the skill	of the stomach).				
-Enoxaparin was do	cumented as administered 12				
of 13 opportunities.					
on 06/18/25.	cumented as "drug not given"				
Review of Resident :	#4's July 2025 eMAR				
1	for Enoxaparin 30mg/0.3 mL				
syringes inject 0.3 m	L subcutaneously every day				
at 8:00am.	- associationally every day			and the same of th	
on 07/11/25.	cheduled to be administered			of travel de ministration of the ministration	
-Enoxaparin 30mg/0. administered on 10 o	3 mL was documented as ut of 10 opportunities.				
Observation of Resid	ent #4's medications on				
-There were 6 single on the medication car	dose syringes of EnoxeperIn t for Resident #4.				
-The pharmacy disper	nsed 7.2 total mL of				
Enoxaparin which wa	s the equivalent of 24 single				
dose syringes on 06/1	7/25.				
- I nere should have of	nly been 2 syringes left of			***	
the imadministered de	edication cart to account for use on 06/18/25 and the				
upcoming 07/11/25 do	se on ob/18/25 and the	and the second			
Interview with a medic 07/10/25 at 1:30pm re	ation aide (MA) on				
She documented astr	vealed: ninistration of Resident #4's				
Enoxaparin dose due	at 8:00am that morning,			Asset Section 1	
07/10/25, but did not a	actually administer it				
because she was told	that administration of				
	performed by a hospice				
nurse	•				
	i Enoxaparin multiple times				
to Resident #4.					

PRINTED: 07/28/2025

SIAIEME	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED/CLIA	(X2) MISTIPLE	CONSTRUCTION		RM APPROVI
	Market Hart	IDENTIFICATION NUMBER:	A. BUILDING:	AND AND A LOCATION OF THE PARTY		E SURVEY
11100000		HAL047015	B, WING	03	R 7/11/2025	
VAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		71172020
PRING.	ARBOR OF SAND HILLS	8398 FA	YETTEVILLE ROAL			
(X4) ID	Colonial	RAEFO	RD, NC 28376			
PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
TAG	REGULATORY OF	R LEC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	EAPPROPRIATE	COMPLETE
D 358	Continued From pag	ge 55	D 358	DEFICIENCY)	-
	Interview with a phar	macist from the facility's				
	contracted pharmacy on 07/10/25 at 2:46pm revealed:					
		pensed for Resident #4 on	September 1			
1	ue/1//25 with a total	quantity of 7.2 ml. and the				
	pharmacist confirmed	I that 7.2 ml was the				
-	equivalent of 24 dose	es.				
	could have led to the	g doses of Enoxaparin development of blood clots.				and the state of t
1			-			
	Interview with the Adn	ministrator and Director of	-			
- 1	Quality and Education revealed:	on 07/10/25 at 3:40pm	-			
		in the eMAR indicated that				
1 8	he medication was ac	İministered				
	Missed doses of med	ication and the reason for				
10	he missed dose shoul MAR	ld be documented on the				
3 -		ment administration of a				
i n	nedication unless they	/ administered the				
n	nedication.				-	
lr.	nterview with Resident	t #4's primary care provider				
1 (1	OP) on 0//10/25 at 4	:00pm revealed missing 5				
O.	oses of the ordered 24	4 doses of Enoxaparin				
of	ouid nave caused a bi f Resident #4.	lood clot, stroke, or death				
b.	Review of Resident #	44's Physician's Order			Ton Black	
SI	heet dated 06/30/25 re	evealed an order for	-		and the second	
ta	ullamethoxazole/ i nim blet by mouth every 1	ethoprim 400/80mg give 1				
(8	ulfamethoxazole/Trim	ethoprim is a medication				
us	sed to treat infection).				-	
R	eview of Resident #41	3 July 2025 electronic			tulius sonana	
me	edication administration	on record (eMAR)			- Adjusting frame	
re	vealed:					
of Health S	here was an entry for					

ND PLAN	YT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DAT	E SURVEY	
			A. BUILDING:			IPLETED	
		HAL047015	8. WING			R	
AME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE		1 0	7/11/2025	
PRIMA A	REOR OF SAND HILLS		ETTEVILLE ROAD				
· rang /	The Management of the Control of the	RAEFOR	D, NC 28376	,			
(X4) ID SUMMARY S PREFIX (EACH DEFICIENT		ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID I	PROVIDER'S PLAN OF	AAnmeAma		
TAĞ	REQULATORY OR	LSC IDENTIFYING INFORMATION;	PREFIX YAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	COMPLETE DATE	
D 358	Continued From page	56	D 358				
	Sulfamethoxazole/Trl	methoprim 400/80mg give 1					
	tablet by mouth every	12 hours for 7 days at					
	8:00am and 8:00pm s	starting on 07/01/25 and					
-	ending with the 8:00p	m dose on 07/07/25					
	-Sulfamethoxazole/Tri	methonrim was					
	documented as admir	istered 14 out of 14	appropries.				
	opportunities,	The second secon					
Heren							
1	Observation of Reside	ent #4's medications on					
	hand on 07/10/25 at 1:	:20pm revealed:					
1.	 There were 14 tablets 	of	i i				
1	Sulfamethoxazole/Trin	nethoprim 400/80mg					
10	on 06/30/25,	ly's contracted pharmacy					
-	There were 2 of 14 tal	olets of					
8	Sulfamethoxazole/Trim	ethoprim 400/80mg still	-				
P	present on the medicat	ion cart.					
T	elephone Interview wil ourse on 07/09/25 at 3:	th Resident #4's hospice					
	She visited Decident #	4 three times a week to			and and and and and and and and and and		
n	erform wound one to	her Stage II wound on her			and the same of th		
9	acrum.	ner Stage II wound on her					
		ound was a Stage two					
n	ressure ulcer and the	size of a fifty-cent plece.					
-5	She received an order	for			-		
S	ulfamethoxazole/Trime	thoprim on 06/30/25 after			transition.		
no	oticing that Resident #	4's wound had a foul odor			artis disease		
w	hich Indicated Infection).					
In	terview with a pharma	cist from the facility's			attanistica (
50	rituated plannay on	07/40/25 at 2: 10pm	1				
re	vealed:				-		
-S	ulfamethoxazole/Trime	ethoprim was dispensed					
on	1 06/30/25 in a quantity	of 14 tablets.					
-R	esident #4's missing d	loses of					
	ilfamethoxazole/Trime						
	occurrence of Infection						
Int	erview with the facility						

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DAT	E SURVEY	
		HAL047015	B. WING		0.	R 07/11/2025	
AME OF	PROVIDER OR SUPPLIER	STREET	DORESS, CITY, STATE	719 0000		711/2020	
PRING	ARBOR OF SAND HILLS		ETTEVILLE ROAL				
140107	ANSOR OF SAND HILL		RD, NC 28376	3			
(X4) ID	SUMMARY S	TATEMENT OF DESIGNATIONS	ID I				
TAG	REGULATORY OF	CV AN INT RE OFFICENCES LSC IDENTIFYING INFORMATION)	TAG	PROVIDER'S PLAN OF (FACH CORRECTIVE ACYN CROSS-REFERENCED TO TH DEFICIENCY	THE APPROPRIATE	DATE	
D 358	Continued From pag	je 57	D 358				
alter eine eine eine eine eine eine eine ei	-Medication aides (Medication	loses of the imethoprim as ordered. e documented administering of did not administer it. review the eMAR at the end e all medications were red and could have ed administration of a ot give at that review time. Int #4's primary care provider 4:00pm revealed that dered doses of methoprim could have					
n n ti n n n ti n n n n ti n n n n n n n	prefered to 2 of 4 resident pass on 07 not receive a full dosage at constipation due to the measuring the dosage at constipation due to the measuring the dosage at complained of 16's eye drops for glasses were administrated ausing the eye drops to be less effected at the series of	constipation. Resident rucoma and dry sye ered too close together fo run out of the resident's ng the dosage causing the fective. Resident #5, ident #17 had parameters and/or heart rate (HR) prior to administration of rutting the residents at risk notuding symptoms of ness, dizzlness, and					

PRINTED: 07/28/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (C1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X8) DATE SURVEY COMPLETED		
	HAL047015		B. WING				R	
AME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS (TV ST	ATE, ZIP CODE	011	11/2025	
PRING	ARBOR OF SAND HILLS		YETTEVIL					
			RD, NC 28					
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DECICIENCIES		-			-	
IAU	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LOC IDENTIFYING INFORMATION)		IAG CRACH CORRECTIVE ACTIO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ON SHOULD BE CO		
D 358	Sourced From bag	e 58 Resident #4 missed 5	D 35	8				
	doses of an injectable which could have restand death. Resident antiblotic for a sacral have led to a reoccur infection. The failure medications as orders	e blood thinner after surgery sulted in blood clots, stroke, #4 missed 2 doses of an wound infection which could rence of the wound of the facility to administer ed put the residents at				- Andreas Andr		
	this violation. CORRECTION DATE	131D-34 on 07/10/25 for		-	The amount of try book			
367 1	IOA NCAC 13F .1004 Administration	(j) Medication	D 367		The community immediated medication and medication and for errors suspended -	-rom	sible	
(1) (2) (3) (4) (4) (5) (6) (6)	i) The resident's mediacord (MAR) shall be a collowing: i) resident's name; i) name of the medica is surength and dosaged ministered; if) Instructions for admir treatment; is) reason or justifications discussions or treatment.	accurate and include the tion or treatment order; e or quantity of medication inistering the medication or for the administration of ints as needed (PRN) and ing effect on the resident; ininistration;			ned administration with etraining occurred. Revas given within 24 ho has given within 24 ho has given within 24 ho has physicians were not of the medication various in soing parameters. The Regional Quality and wife re-educated all in following parameters.	e-educations. Tified incesor diffed Educations	and cation	
m	edications or treatmer mission, including refu	nts and the reason for the	;		an immediate cortauted med review was a		ed .	

SIVIEME	NT OF DEFICIENCIES	ulation (XI) PROVIDED TO LOCATION				M APPROV		
AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	(X2) MULTIFLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL047015	8. WING			R 11/2025		
AME OF F	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE ZIP CODE	1 071	11/2025		
PRING A	ARBOR OF SAND HILLS		YETTEVILLE RO					
	7		ID, NC 28376					
(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRE		·		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEPICIENCY)	nan se	COMPLETI DAYE		
D 007	Continued From page 59		D 987	ewayiil and like tion	sim an			
	(8) name or initials of	the person administering		or ull redication				
	the medication or trea	itment. If initials are used a		to verify that the	e orders			
	signature equivalent b	o those initials is to be		were correct on t	NO. FMA	R		
	documented and main	Mained with the medication			1			
	administration record	(MAR),		and included any p	arameta	15		
			1	that were ordered				
				THAT NOTE HAVE	by me			
	This Rule is not met as evidenced by: Based on record reviews, interviews, and observations for 1 of 5 sampled residents (#4), the facility did not ensure that the medication administration record (MAR) was accurate and included documentation of the omission of			Physician.				
-			1					
1			· All medication technicians					
				were re-educated	Ala sau)		
1				was re andular	on rule			
l r	medications, including	the reason for the		·1004 Mediculion 1	Cirin ILST	Liny		
0	omission.	are reconstruct the		by the phannocist or				
1	The findings are:			, ,	, , ,	-		
			1 1	All F12 were audit		rity		
F	Review of Resident #4's	s FL-2 dated 11/20/24	-	that all orders we	re			
F	evealed diagnoses incl	luded Alzheimer's disease,		correctly transcrit	han ha			
insomnia, anxiety disorde hypertensive heart diseas		der unspecified, and		correctly marbons	CG CO M			
1"	Thousana tieset dise	ase.	1	without omissions	5.			
R	eview of Resident #4's	Transition of Care Visit						
di	ote dated 06/23/25 rev	realed additional	• 0	colorsianas will o	moleto			
	agnoses included Iran:	sient ischemic attack	K	cc/Designee will a	No Port			
05	teoarthritis, anemia, hypoproteinemia		d	aily EMAP checks	tor2 5	Jachs		
dy	/sphasia, vitamin d def eficiency.	iciency, and vitamin B12			"	101/20		
ue	indication.		n	aily EMAR checks nonths to ensure t	nat			
a.	Review of Resident #4	4's After Visit Summary	0	11 parameters correc	HV			
No	te dated 06/16/25 revealed there was an order		1 h	11 Paralleles Co.	7_			
for	FEnoxaparin 30mg/0,3	mL (Enoxparin is a	d	locumented have be	en fallby	ved		
me	edication used to thin t	he blood and prevent	0	nd documented.		Secretary.		
Dic	od clots) inject 0.3 mL under the skin one time ch day for 24 days to begin on 06/17/25.		- 1	II and De	Seat American			
69	on day for 24 days to b	pegin on 06/17/25.	· A	I new F125 will be	review	ed.		
Re	view of Resident #4's	June 2025 electronia	I W.	wildtyne ware dan	00 a	XIPIN		
me	edication administration	record (eMAR)	1	eckly for tweeks or	uccura	Y IS		
Health S	Service Regulation	TOTAL COMPANY		certy to tweeks or compliance obtained.	until sun	tamal		
	A TELEFACT AND A DESCRIPTION OF THE CONTROL OF THE		1	ENDA CHI GO A A DIMI	ACTO STREET, MANAGEMENT OF THE STREET,			

STATEMEN	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(V2) marri	ESURVEY	
INDICATE OF CONTRECTION ID		OF CONRECTION IDENTIFICATION NUMBER:		A. BUILDING:		PLETED	
	HAL047615		B. WING		R //11/2025		
WE OF F	PROVIDER OR SUPPLIER						
DING!	ARBOR OF SAND HILL		YETTEVILLE ROA				
	· · · · · · · · · · · · · · · · · · ·	PARFO	RD. NC 39276				
(X4) ID PREFIX TAG	(EACH DEFICIEN	Statement of Deficiencies NCY Must be preceded by Full R LSC Identifying Inpormation)	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REPERÊNCED TO THE APPR DEFICIENCY)		LOBE	(X5) COMPLET DATE	
D 367	Continued From page	ge 60	D 367				
	revealed:						
	-There was an entry	for Enoxaparin 30mg/0.3 mL nL subcutaneously every day					
	for blood clot prever	ntion for 24 days at 8:00am					
	starting on 06/18/25	(subcutaneously means to					
	inject the medication into the fat under the skin,						
1	typically into the skin of the stomach)Enoxaparin was documented as "drug not given"						
	on 06/18/25.						
	-Enoxaparin was documented as administered 12						
	out of 13 opportunitie	28.					
	Review of Resident	#4's July 2025 eMAR					
	revealed:						
	-There was an entry for Enoxaparin 30mg/0.3 mL syringes inject 0.0 mit suboutant outly overy day						
	at 8:00am.		1 1				
		cheduled to be administered					
	on 07/11/25.						
-	-The medication was administered on 10 o	occumented as ut of 11 opportunities in July					
Construction of the Constr	2025.	ar or 11 opportunities itt adia					
	Observation of medicated:	ations on hand on 07/10/25					
-	There were 6 single	dose syringes of Enoxaparin					
2	on the medication car	t for Resident #4.					
	The pharmacy disper 24 doses on 06/17/25	nsed 7.2 mL which equaled					
	nterview with a medic	Pation aide (MA) on					
0	07/10/25 at 1:30pm re	vealed:					
F	one oocumented adn	ninistration of Resident #4's at 8:00am that morning,					
0	17/10/25, but did not a	clually administer it.					
1 -	She should not have	documented administration					
0	of Enoxaparin since standarion.	ne did not administer the					
		the facility's Administrator	other designation of the second				
	Source Population	ure racinty & Administrator					

3QX111

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT	ESURVEY
			A. BUILDING:	Charles to the second s	COM	PLETED
		HAL047015	B. WING			R
IAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	- WIR AAA	1 07	//11/2025
PRING	ARBOR OF SAND HILLS		YETTEVILLE ROA			
. 101(5)	ANGUR OF SAND HILLS		RD, NC 28376	o .		
(X4) ID PREPIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL		ID II	PROVIDER'S PLAN OF	CORRECTION	7
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	COMPLETE DATE
D 367	Continued From pag	10 R1	D.367			-
	and Director of Qual 07/10/25 at 3:40pm.	ity and Education on				
	Refer to telephone in primary care provide	nterview with Resident #4's r (PCP) on 07/10/25.				
	b. Review of Resident #4's Physician's Order Sheet dated 06/30/25 revealed an order for					
	Sulfamethoxazole/Tri	imethoprim 400/80ma give 1				
	tablet by mouth every 12 hours for 1 week					
THE STATE OF THE S	(Sulfamethoxazole/Trimethoprim is a medication that treats infection).					
	Review of Resident # medication administra revealed:	4's July 2025 electronic tilon record (eMAR)				
*	There was an entry for	or				
11	ablet by mouth every	methoprim 400/80mg give 1 12 hours for 7 days at tarting on 07/01/25 and			Control of the Contro	
	anding with the 8:00pr	vailing on 07/01/25 and in dose on 07/07/25				
-	The medication was o	documented as				
8	administered 14 of 14	opportunities.				
j a	Observation of medical 1:20pm revealed:	itions on hand on 07/10/25				
9	ulfamethoxazole/Trim					
	There were 2 of 14 tab	olets of				
S	ulfamethoxazole/Trim resent on the medicat	ethoprim 400/80mg still Ion cart.			de de constante de	
Q	uality and Education of	nistrator and Director of on 07/10/25 at 3:40pm			north and a second	
re	vealed:					
-10	ledication aides (MAs) were instructed to ninistration of medications.			h-pp-lane collidate	
-If	a medication was orn	ministration of medications.				
(Hagilh)	Service Regulation	ared, IMMS SHOULD				

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	CIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
HAL047		HAL047015	8. WING			COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	STREET /	DDRESS, CITY, STATI	E, ZIP CODE	0	//11/2025	
SPRING.	ARBOR OF SAND HILL	8 8398 FA	YETTEVILLE ROAI RD, NG 28378				
(X4) ID PREFIX YAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES ACY MUST BE PRECEDED BY FULL PLEC IDENTIFYING INFORMATION)	ID PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SMOULD BE TAG CROSS REFERENCED TO THE APPROPRIATE			
D 367	Continued From page	ge 62	D 367	DEFICIEN	ICY)	-	
	document why the r -MAs should not have a medication if they interview with Resid (PCP) on 07/10/25 a -Accurate document important because it resident and determinesidentInaccurate document complications for resident's medication	nedication was omitted. ve documented administering did not administer it. ent #4's primary care provider at 4:00pm revealed: ation on the eMAR is reflects the care of the ines future care of the					