STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL033-007	A. BUILDING: _____ B. WING _____	09/25/2025

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BARCLAY HOUSE OF TARBORO	200 TRADE STREET TARBORO, NC 27886

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an initial survey on September 24, 2025, through September 25, 2025.	D 000		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure licensed health professional support (LHPS) evaluations were completed quarterly for 5 of 5 sampled resident (Residents #1, #2, #3, #4, #5) who required assistance with tasks including	D 280		

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D 280	Continued From page 1	D 280		

transferring and feeding (#1), fingerstick blood sugar (FSBS) and ambulation (#2), ambulation with assistive device, transferring, and oxygen use (#3), transferring (#4), and ambulation with assistive device (#5).

The findings are:

1. Review of Resident #1's current FL2 dated 04/29/25 revealed:
-Diagnoses included Alzheimer's Disease and hypertension.
-The resident was non-ambulatory.

Resident #1's Resident Register revealed she was admitted to the facility on 01/22/24.

Review of Resident #1's quarterly review for Licensed Health Professional Support (LHPS) tasks revealed:
-The LHPS assessment completed by a registered nurse (RN) was dated 01/29/25.
-Tasks documented on the LHPS assessment included transferring and feeding.

Interview with the Director of Wellness (DOW) on 09/24/25 at 1:54pm revealed the last LHPS review completed for Resident #1 was on 01/29/25.

Refer to the interview with the Director of Wellness (DOW) on 09/24/25 at 1:54pm.

Refer to the interview with the Administrator on 09/25/25 at 4:17pm.

2. Review of Resident #2's current FL2 dated 04/29/25 revealed:
-Diagnoses included type 1 diabetes and hypertension.

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D 280	Continued From page 2 -The resident was semi-ambulatory. -The resident required diabetic fingerstick blood sugar (FSBS) testing four times a day. Resident #2's Resident Register revealed she was admitted to the facility on 02/14/25. Review of Resident #2's Care Plan dated 02/14/25 revealed she required FSBS testing four times a day. Review of Resident #2's quarterly review for LHPS tasks revealed: -The LHPS assessment completed by a registered nurse (RN) was dated 02/14/25. -Tasks documented on the LHPS assessment included collecting or testing of fingerstick blood samples, medication administration through injection, and ambulation. Interview with the Director of Wellness (DOW) on 09/24/25 at 1:54pm revealed the last LHPS review completed for Resident #2 was on 02/14/25. Refer to the interview with the Director of Wellness (DOW) on 09/24/25 at 1:54pm. Refer to the interview with the Administrator on 09/25/25 at 4:17pm. 3. Review of Resident #3's current FL-2 dated 09/02/24 revealed: -Diagnoses included dementia, osteoporosis, septic pulmonary embolism with acute cor pulmonale, hypertension, major depressive disorder, anemia, and gastro-esophageal reflux disease. -Resident #3 was non-ambulatory and required a wheelchair for mobility.	D 280		

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D 280	Continued From page 3 -The resident had wandering behaviors. -The resident was intermittently disoriented. -There was an order for oxygen at 2 liters/minute as needed for pulse oximeter less than 90% or signs and symptoms of respiratory distress. Review of Resident #3's Resident Register dated 12/24/24 revealed an admission date of 04/02/2016. Review of Resident #3's current care plan assessment dated 09/03/25 revealed the resident required total assistance for toileting, ambulation, bathing, dressing, grooming, and transferring. Observation of Resident #3 on 09/24/25 at 9:25am revealed: -The resident was seated in a wheelchair in a common area of the facility. -The resident did not respond verbally when addressed. Interview with the Director of Wellness (DOW) on 09/24/25 at 9:25am revealed: -Resident #3 required total care for activities of daily living. -Resident #3 would try to stand up. -Resident #3 had fallen and the last fall was a little over a month ago. Second observation of Resident #3 on 09/24/25 at 3:35pm revealed: -The resident was lying in bed in her room. -There was an oxygen concentrator positioned in the corner of the room next to the dresser. The oxygen concentrator was on, and the resident was receiving oxygen via nasal cannula at 2 liters per minute. -A personal care aide (PCA) was seated at the end of the bed in Resident #3's room.	D 280		

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D 280	Continued From page 4 Third observation of Resident #3 on 09/25/25 at 7:45am revealed: -The resident was asleep in bed in her room. -The resident was receiving oxygen via nasal cannula at 2 liters per minute via the oxygen concentrator machine. Interview with the medication aide (MA) on 09/25/25 at 7:45am revealed Resident #3 required staff to perform all of her activities of daily living. Review of Resident #3's Licensed Health Professional Support (LHPS) evaluations dated 11/05/24 revealed: -There was documentation for an LHPS review for transferring and wheelchair usage. -There was no documentation of oxygen administration and monitoring. -There was no documentation for a review of health status, physical assessment, or progress to care. -There were no recommended changes or follow-up to meet the residents' needs. -There was no documentation that staff competency had or had not been validated. Review of Resident #3's LHPS evaluation dated 02/05/25 revealed: -There was documentation for an LHPS review for transferring and wheelchair usage. -There was no documentation of oxygen administration and monitoring. -There was no documentation for a review of health status, physical assessment, or progress to care. -There were no recommended changes or follow-up to meet the residents' needs. -There was no documentation that staff	D 280		

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competency had or had not been validated.

Review of Resident #3's record revealed there were no subsequent or quarterly LHPS reviews completed for Resident #3.

Interview with the Director of Wellness (DOW) on 09/24/25 at 1:54pm revealed the last LHPS review completed for Resident #3 was on 02/05/25.

Refer to the interview with the Director of Wellness (DOW) on 09/24/25 at 1:54pm.

Refer to the interview with the Administrator on 09/25/25 at 4:17pm.

4. Review of Resident #4's current FL-2 dated 06/29/25 revealed:
-Diagnoses included osteoartitis, muscle weakness, difficulty with walking, and heart disease, and anemia.
-Resident #4 was non-ambulatory and required a wheelchair for mobility.

Review of Resident #4's Resident Register dated 02/03/25 revealed the resident was admitted to the facility on 02/06/2025.

Review of Resident #4's current care plan assessment dated 02/10/25 revealed the resident required total assistance for toileting, ambulation, bathing, and transferring.

Observation of Resident #4 on 09/25/25 at 12:10pm revealed:
-The resident was resting in a hospital bed.
-There was a Hoyer lift next to the hospital bed in the room.

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Review of Resident #4's Licensed Health Professional Support (LHPS) evaluation dated 02/06/25 revealed:
-There was documentation for an LHPS review for transferring and Hoyer lift for transfer.
-There was no documentation for a review of health status, physical assessment, or progress to care.

Record of Resident #4's record revealed there were no subsequent or quarterly LHPS reviews completed for Resident #4.

Interview with Resident #4 on 09/25/25 at 12:10pm revealed the staff helped him with all transfers with the Hoyer lift.

Interview with the Director of Wellness (DOW) on 09/25/25 at 3:45pm revealed the last LHPS review completed for Resident #4 was on 02/06/25.

Refer to the interview with the Director of Wellness (DOW) on 09/24/25 at 1:54pm.

Refer to the interview with the Administrator on 09/25/25 at 4:17pm.

5. Review of Resident #5's current FL-2 dated 11/30/24 revealed:
-Diagnoses included osteoartitis, dementia, hypertension, type 2 diabetes, depression, chronic kidney disease stage 4, and pulmonary hypertension.
-Resident #5 was non-ambulatory and required a wheelchair for mobility.
-The resident was intermittently disoriented.

Review of Resident #5's current care plan assessment dated 09/09/25 revealed the resident

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D 280	Continued From page 7 required extensive assistance for toileting, bathing, and transferring. Observation of Resident #5 on 09/24/25 at 9:25am revealed: -The resident was seated in a chair in her bedroom. -The resident did respond verbally when addressed but was unable to articulate words. -There was a rollator sitting next to Resident #5 and a wheelchair sitting next to her bed. Review of Resident #5's LHPS evaluations dated 10/24/24 revealed: -There was documentation for an LHPS review for ambulation using assistive devices and utilizing a rollator and a wheelchair. -There was no documentation for a review of health status, physical assessment, or progress to care. Review of Resident #5's LHPS evaluations dated 01/24/25 revealed: -There was documentation for an LHPS review for ambulation using assistive devices and utilizing a rollator and a wheelchair. -There was no documentation for a review of health status, physical assessment, or progress to care. Record of Resident #5's record revealed there were no subsequent or quarterly LHPS reviews completed for Resident #5. Interview with the Director of Wellness (DOW) on 09/25/25 at 3:45pm revealed the last LHPS review completed for Resident #5 was on 01/24/25. Refer to the interview with the Director of	D 280		

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D 280	Continued From page 8 Wellness (DOW) on 09/24/25 at 1:54pm. Refer to the interview with the Administrator on 09/25/25 at 4:17pm. _____ Interview with the Director of Wellness (DOW) on 09/24/25 at 1:54pm revealed: -She was responsible for the completion of Licensed Health Professional Support (LHPS) reviews. -She completed LHPS reviews on admission and yearly thereafter. -LHPS reviews were not being completed quarterly. -She had never been told that LHPS reviews were to be completed quarterly. -Her understanding of LHPS reviews was so staff would be aware of the services the resident needed. -There was an assessment completed for staff regarding LHPS skills competencies. Interview with the Administrator on 09/25/25 at 4:17pm revealed Licensed Health Professional Support (LHPS) reviews were supposed to be completed quarterly.	D 280		
D 345	10A NCAC 13F .1002(b) Medication Orders 10A NCAC 13F .1002 Medication Orders (b) All orders for medications, prescription and non-prescription, and treatments shall be maintained in the resident's record in the facility This Rule is not met as evidenced by:	D 345		

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Based on observations, interviews, and record reviews, the facility failed to ensure there was a signed physician's order for administration of a dietary supplement for 1 of 6 sampled residents (#6).

The findings are:

Review of the facility revised medication administration policy dated 09/12/2022 revealed all medications required a Primary Care Provider (PCP) signed medication order which included the name of the resident, strength of medication, quantity of medication, route of administration, directions, precautionary statements as applicable, and signature of the PCP and date signed.

Review of Resident #6's current FL-2 dated 07/31/25 revealed diagnoses included hypertension, hyperlipidemia, coronary vascular disease, cerebrovascular accident, prostate cancer, and age-related cognitive decline.

Review of Resident #6's Resident Register dated 07/31/25 revealed the resident moved to the assisted living section of the facility on 08/04/25 from the independent living section of the facility.

Observation of the 8:00am medication pass on 09/25/25 at 8:45am for Resident #6 revealed the medication aide (MA) prepared and administered two medications from pharmacy labeled blister packages, including a Multi-Vitamin with Iron tablet (dietary supplement) tablet daily, quantity of 30 tablets with a dispense date for 08/28/25.

Review of Resident #6's physician orders on 09/25/25 revealed there was no physician's order for a Multi-Vitamin with Iron tablet.

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D 345	Continued From page 10 Review of Resident #6's record on 09/25/25 revealed: -There was a handwritten note for Resident #6 taped inside the front panel of the residents' record with documentation of a list of medications, including "Multivitamin w/Iron at least 15mg iron (currently Nature Made w/18mg iron) daily". -There was an entry documented that the Director of Wellness (DOW) (named) "probably has already noted these but just in case I wanted to add it". -There was a first name and telephone number documented on the handwritten note that corresponded to the person responsible listed on the Resident Register for Resident #6. Review of Resident #6's August 2025 eMAR revealed: -There was an entry for Multivitamin with Iron (15mg iron) take one tablet daily with documentation for administration scheduled at 8:30am beginning 08/06/25. -There was documentation of administration of the Multivitamin with Iron tablet except on 08/09/25, 08/10/25, and 08/31/25. Review of Resident #6's September 2025 eMAR revealed there was an entry for Multivitamin with Iron (15mg iron) take one tablet daily with documentation of administration scheduled at 8:30am beginning 09/01/25 through 09/25/25. Interview with a medication aide (MA) on 09/24/25 at 3:08pm revealed she administered medication to residents based on instructions on the residents' eMAR. Interview with the DOW on 09/25/25 at 1:15pm	D 345		

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revealed:
-She was responsible for clarifying medication orders.
-She had not clarified Resident #6's order for the Multivitamin with Iron tablet daily because she had not considered calling the PCP regarding the medication order.

Interview with the Administrator on 09/25/25 at 4:11pm revealed:
-There should be a physician's order for medications before an entry to the eMAR for the medication.
-He expected the facility nurse to contact physicians for physician's order.
-Resident chart audits should be completed to ensure physician orders for medications were in the resident record.

Telephone interview with a pharmacist at the contracted pharmacy provider on 09/25/25 at 12:55pm revealed:
-A new prescription was received at the pharmacy on today (09/25/25) for Resident #6's Multivitamin with Iron.
-The facility contacted the pharmacy on the morning of 09/25/25 inquiring about a physician's order for the Multivitamin with Iron tablet for Resident #6.
-The pharmacy received a medication list dated 08/04/25 from the facility DOW that included the Multivitamin with Iron.
-The pharmacy dispensed and packaged the Multivitamin with Iron tablet from the medications listed on a medication administration form signed by the facility DOW.
-The DOW's signature was the only signature on the medication administration form dated 08/04/25.
-The contracted pharmacy provided dispensed

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D 345	Continued From page 12 the Multivitamin with Iron tablet on 08/05/25 and 08/28/25, quantity for a 30-day supply. Based on observations, interviews, and record reviews, it was determined that Resident #6 was not interviewable.	D 345		
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to notify the local county Department of Social Services (DSS) within 48 hours of an incident resulting in an injury requiring emergency medical evaluation and treatment for 1 of 2 sampled residents (#3). The findings are: Review of the facility policy for Incident Reporting and Investigations with a revised date of 09/15/2022 revealed: -Incidents requiring an incident investigation included falls and medical emergencies/hospitalization.	D 451		

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-The incident investigation and conclusions were to be completed within three business days or 72-hours.
-The investigation of the incident would be completed by the Director of Wellness or designee.
-Incident investigation reports would be provided to State/governing agent or state regulatory department if requested.

Review of Resident #3's current FL-2 dated 09/02/24 revealed:
-Diagnoses included dementia, osteoporosis, septic pulmonary embolism with acute cor pulmonale, hypertension, major depressive disorder, anemia, and gastro-esophageal reflux disease.
-Resident #3 was non-ambulatory and required a wheelchair for mobility.
-The resident was a wanderer.
-The resident was intermittently disoriented.

Review of Resident #3's current care plan assessment dated 09/03/25 revealed the resident required total assistance for toileting, ambulation, bathing, dressing, grooming, and transferring.

Review of a Resident Register dated 12/24/24 for Resident #3 revealed the resident was admitted to the facility on 04/02/2016.

Observation of Resident #3 on 09/24/25 at 9:25am revealed:
-The resident did not respond verbally when addressed.
-There was a purplish discoloration on the residents' left forearm.

Interview with the Director of Wellness (DOW) on 09/24/25 at 9:25am revealed:

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	HAL033-007	A. BUILDING: _____ B. WING _____	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARCLAY HOUSE OF TARBORO	200 TRADE STREET TARBORO, NC 27886

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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-Resident #3 was non-verbal.
-Resident #3 required total care for activities of daily living.
-The discolored area on Resident #3's left forearm looked fresh and was new, and she was just seeing it.

Review of an Event Report for Resident #3 dated 07/13/2025 revealed:
-Resident #3 had an unwitnessed fall.
-A personal care aide (PCA) found the resident lying on her left side on the floor in the resident room.
-The PCA noticed blood beneath Resident #3's head.
-Resident #3 received first aid at the facility until transported by emergency medical service (EMS) to a local hospital.
-There was no documentation for notification to the local county Department of Social Services (DSS) of Resident #3 being sent to the local hospital for evaluation and treatment for the injury sustained.

Review of the After Visit Summary from the hospital emergency department for Resident #3 dated 07/13/25 revealed:
-Resident #3's reason for the hospital visit was documented as an unwitnessed fall and facial laceration.
-The laceration was to Resident #3's left forehead.

Interview with the DOW on 09/25/25 at 11:55am revealed:
-She was responsible for reviewing incident reports.
-She reviewed incident reports and assessed the residents if needed.
-She was responsible for sending incident reports

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL033-007	A. BUILDING: _____ B. WING _____	09/25/2025

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to the county Department of Social Services for reportable incidents.
-Reportable incidents included a resident fall with injuries that required transport to a facility for further evaluation.
-She was supposed to notify the county DSS of reportable incidents within 24-72 hours.
-She used a word document to send notification to the Adult Services Supervisor at the local county DSS of resident reportable incidents.
-The 07/13/25 incident report for Resident #3 would have been sent to the local county DSS.

Interview with the DOW on 09/25/25 at 3:30pm revealed:
-She had not been able to locate any documentation to confirm the 07/13/25 incident report for Resident #3 was sent to the local county DSS.
-She provided the Administrator with a file of incident reports.
-The Administrator would not have sent a reportable incident report to the local county DSS.

Telephone interview with the local DSS county Adult Services Supervisor on 09/25/25 at 4:41pm revealed:
-The incident/accident report for Resident #3 dated 07/13/25 was not sent to the county DSS.
-There was no one else at the local county DSS that would have received the incident report.
-He used to receive incident reports from the facility by fax, but the facility started emailing them.
-He did not provide a date of when the last reportable incident report was received.

Interview with the Administrator on 09/25/25 at 5:45pm revealed the DOW was responsible for sending reportable incident reports to the local

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D 451	Continued From page 16 county DSS.	D 451		