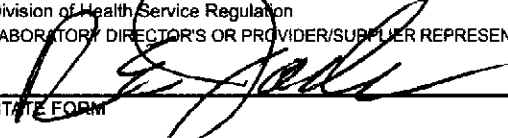


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/19/2026
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF SAND HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
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(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 a follow-up survey and complaint investigation on 02/17/26 through 02/19/26. The Hoke County Department of Social Services initiated this complaint on 01/14/26.	D 000		
D 226	<p>10A NCAC 13F .0702 (d) Discharge Of Residents</p> <p>10A NCAC 13F .0702 Discharge Of Residents</p> <p>(d) The notices of discharge and appeal rights as required in Paragraph (c) of this Rule shall be made by the facility administrator or their designee, at least 30 days before the resident is discharged except that notices may be made as soon as practicable when:</p> <p>(1) the discharge is necessary to protect the welfare of the resident and the facility cannot meet the needs of the resident under Subparagraph (b)(1) of this Rule; or</p> <p>(2) reasons under Subparagraphs (b)(3) and (b) (4) of this Rule exist.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the requirements for a notice of discharge and appeal rights were met as soon as practicable related to a resident who was discharged for the safety of the residents in the facility (#6).</p> <p>The findings are:</p>	D 226	Regional Vice President of Operations will review and educate the Executive Director on NC Rule area .0702 (d) as it related to giving a discharge to the POA and/or Guardian when resident has a cognitive	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **VPO** **3/20/2026** (X6) DATE

STATE FORM 5500 IV1811 #continuation sheet 1 of 27

Received and Acknowledged on 2026-03-24 by  NURSE CONSULTANT

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D 226	Continued From page 5 -She completed the notice of transfer/discharge and hearing request form on 12/22/26. -She assigned a facility staff member to take the paperwork and deliver it to Resident #6 on 12/22/26. -She did not believe the paperwork needed to be delivered to Resident #6's responsible person. -She believed it was appropriate to give the paperwork to Resident #6 even though he was a SCU resident because there was no rule against it.	D 226		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 7 sampled resident's (#7) was treated with respect, consideration, and dignity and residents' rights were maintained. The findings are: Review of Resident #7's current FL2 dated 07/15/25 revealed: -Diagnoses included neoplasm of uncertain behavior of right kidney, malignant neoplasm of brain, chronic obstructive pulmonary disease, and diabetes type I. -The resident was semi-ambulatory. -The resident was intermittently disoriented. -Recommended level of care was assisted living	D 338	ED and/or Designee to educate all associates on Resident Rights by 3/27/2026. RCD and or Designee to educate all associates on proper levels of resident care and the location of the resident service plans in order to provide the appropriate individualized care needed by 3/17/2026.	

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D 367	<p>Continued From page 10</p> <p>record (MAR) shall be accurate and include the following:</p> <ol style="list-style-type: none"> (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medication administration records were accurate for 1 of 5 sampled residents (#5) including documentation of insulin.</p> <p>The findings are:</p> <p>Review of Resident #5's current FL-2 dated 06/10/25 revealed diagnoses included Multiple Sclerosis (MS), insulin dependent diabetes, incomplete bladder emptying, hypertension, hyperlipidemia, depression, and anxiety.</p> <p>Review of Resident #5's Resident Register</p>	D 367	<p>QE Nurse and/or Designee to educate RCD on "variable orders" to accurately document the units of insulin given per the PCP sliding scale order on the eMAR by 3/18/2026.</p> <p>RCD and/or designee will implement and educate all med techs on how to enter "variable orders" by 3/20/2026. RCD and/or designee will review insulin orders weekly for 4 weeks from 3/20/2026.</p>	
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF SAND HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376		
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D 371	Continued From page 17	D 371		
D 371	<p>10A NCAC 13F .1004 (n) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered in accordance with infection control measures by a medication aide, who did not sanitize her hands prior to the preparation and administration of medications and reached into a bottle of medication with her bare finger to retrieve a tablet for administration to the resident.</p> <p>The findings are:</p> <p>Review of the facility's Policy and Procedure: Infection Prevention and Control (IPCP) dated 03/23/20 revealed education compliance: all team members will receive training on the IPCP within 30 days of hire including competency demonstration and sign off as required for hand hygiene and personal protective equipment (PPE) donning and doffing.</p> <p>Observation of a medication aide (MA) administering medications during the 8:00am medication pass on 02/18/26 from 8:25am - 8:30am revealed: -There was a bottle of hand sanitizer on the</p>	D 371	<p>RCD and/or Designee to re-educate all Med Techs on NC Infection Prevention and Control with emphasis on med administration by 3/31/2026.</p>	

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D 371	Continued From page 20 4:20pm revealed: -Not washing or sanitizing hands during the medication pass could put residents at risk of infections. -The MA should have washed hands, put on gloves, poured the medication into a medication cup or into the bottle lid and then into the medication cup. -Residents could get bacterial infections from contamination from their hands not being washed or sanitized.	D 371		
D 485	10A NCAC 13F .1501 (d) Use Of Physical Restraints And Alternatives 10A NCAC 13F .1501 Use Of Physical Restraints And Alternatives (d) The following applies to the restraint order as required in Subparagraph (a)(2) of this Rule: (1) The order shall indicate: (A) the medical need for the restraint based on the assessment and care plan; (B) the type of restraint to be used; (C) the period of time the restraint is to be used; and (D) the time intervals the restraint is to be checked and released, but no longer than every 30 minutes for checks and no longer than two hours for releases. (2) If the order is obtained from a physician other than the resident's physician, the facility shall notify the resident's physician or physician extender of the order within seven days. (3) The restraint order shall be updated by the resident's physician or physician extender at least every three months following the initial order. (4) If the resident's physician changes, the physician or physician extender who is to attend	D 485	QE Nurse and/or Designee will educate the Executive Director, Resident Care Director, Resident Care Coordinator and the Cottage Care Coordinator on "use of physical restraints and alternatives" by 3/27/2026. The Executive Director, Resident Care Director, Resident Care Coordinator and the Cottage Care Coordinator will educate all associates on " use of physical restraints and alternatives" by 3/31/2026.	