

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PENCE PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>295 AIRPORT ROAD</b> <b>ROCKINGHAM, NC 28379</b>		
(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) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
W 156	<p>A complaint survey was completed on June 5, 2025 for intake #NC00230255, #NC00230963, #NC00230980, #NC00230966, #NC00230717, #NC00230974, and #NC00230977. The allegations were substantiated and a deficiency was cited.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4)</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to complete the Health Care Personnel Registry (HCPR) within 5 business days as required by state statute. The finding is:</p> <p>Review on 6/5/25 of the facility documents revealed abuse and neglect investigations were completed on the following dates: 4/24/25 (5 day working report was completed on 5/2/25) 4/30/25 (5 day working report was completed on 6/2/25) 5/14/25 (5 day working report was completed on 5/29/25) 5/23/25 (5 day working report was completed on 5/29/25) Further review of the facilities investigations revealed, the allegations of abuse, neglect and exploitation were substantiated. The alleged staff were terminated.. Continued review revealed the five day working reports for the</p>	W 156			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 156	<p>Continued From page 1</p> <p>listed incidents were not completed within 5 working days of the incidents.</p> <p>Interview on 6/5/25 with the Program Director revealed he completes the initial report and the Quality Management team reviews and submits the five day reports.</p> <p>Interview on 6/5/25 with the Compliance Specialist confirmed the five day working reports have taking longer to be input into the system. The compliance specialist also revealed the entire process will be looked at in a future meeting.</p>			W 156			