

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER MALLARD LANE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 142 MALLARD LANE , ROCKINGHAM, North Carolina, 28379	
(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
W0000	INITIAL COMMENTS A recertification and complaint survey for intake #NC00233813 was completed on 3/24-25/26. The complaint was substantiated.	W0000		
W0137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is NOT MET as evidenced by: Based on record review and interview the facility failed ensure 4 of 4 audit clients (#1, #2, #4 and #5) have the right to retain and use appropriate personal possessions and clothing. The findings are: Record review on 3/25/26 of client #1's Personal Belonging Inventory was blank, no documentation. Record review on 3/25/26 of client #2's Personal Belonging Inventory was blank, no documentation. Record review on 3/25/26 of client #4's Personal Belonging Inventory was blank, no documentation. Record review on 3/25/26 of client #5's Personal Belonging Inventory was blank, no documentation. Interview on 3/25/26 with staff C revealed they do not have a way of knowing what clothes belong to each client. Some clients have their initials in some of their clothing but not all items. Staff C further revealed that clothes are constantly mixed together with all the housemates. Interview on 3/25/26 with the residential manager revealed the personal belonging inventory sheets should be completed upon admission and as needed.	W0137		
W0340	NURSING SERVICES	W0340		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0340	<p>Continued from page 1 CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in reporting and documenting falls for 1 of 4 audit clients (#1). The finding is:</p> <p>Review on 3/26/26 of client #1's toileting schedule for the months of December 2025-March 2026. The month of December 2025 missing 21 days of documentation. January 2026 missing 24 days of documentation. February 2026 missing 18 days of documentation. March of 2026 missing 15 days out of 25 of documentation.</p> <p>Interview on 3/26/26 with staff A revealed that documentation should be taken every 2 hours every day for the toileting schedule.</p> <p>Interview on 3/26/26 with the residential manager confirmed documentation was not collected the way the schedule was written.</p>	W0340		
W0369	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, record review and interview, the facility did not give medication as ordered for 1 of 4 audit clients (#2). The finding is:</p> <p>During observation on 3/26/26 at 7:15am client #2 ate cheese toast, cereal, and a banana with a cup of milk. Further observation revealed at 7:39 am, client #2 ingested levothyroxine 175mcg.</p> <p>Record review on 3/25/26 revealed physician orders</p>	W0369		

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W0369	Continued from page 2 signed 2/26/26 levothyroxine take one tablet by mouth every morning on an empty stomach. Interview on 3/25/26 with the nurse facility's nurse confirmed client #2 should have taken levothyroxine on an empty stomach as instructed on the physicians' orders.	W0369		
W0460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is NOT MET as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#1) received their specially prescribed diet as indicated. The finding is: Observations in the home on 3/24/26 during 5:00pm, client #1 received thin liquid in his cup. During dinner client #1 cough over 20 times while drinking and eating his dinner. Additional observations revealed for breakfast on 3/25/26 at 7:15am, client #1 received thin liquid orange juice, client #1 coughed over 30 times when he began drinking his orange juice. Record review on 3/25/26 of client #1's nutritional evaluation dated 12/25/25 revealed nectar thick liquids due to risk of aspiration, no thin liquids. Interview on 3/25/26 with staff A revealed she was unsure of how thick to make client #1's drinks. Interview on 3/25/26 with the facility nurse revealed client #1 should receive nectar thick liquids.	W0460		