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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345264 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 01/08/2026 |
| NAME OF PROVIDER OR SUPPLIER Stanley Total Living Center | | | STREET ADDRESS, CITY, STATE, ZIP CODE 514 Old Mount Holly Road , Stanley, North Carolina, 28164 | |
| (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 |
| E0000 | Initial Comments An unannounced recertification and complaint investigation survey was conducted on 01/05/2026 through 01/08/2026. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1DFCAD-H1. | E0000 | | 01/15/2026 |
| F0000 | INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 01/05/2026 through 01/08/2026. Event ID #1DFCAD-H. The following intakes were investigated #874534, #874536, #874535, #2697217, #2702137, #2697229, and #2631812. 11 of the 11 complaint allegations did not result in deficiency. | F0000 | | 01/15/2026 |
| F0695 SS = D | Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observations, record review, and staff interviews, the facility failed to post cautionary and safety signage outside of resident rooms that indicated the use of oxygen for 3 of 3 residents reviewed for respiratory care (Residents #19, #88 and #41). The findings included: a. Resident #19 was admitted to the facility on 6/1/2024 with the diagnosis of chronic respiratory failure with hypoxia (a condition where the body is deprived of oxygen). A review of Resident #19's physician orders dated | F0695 | Oxygen In Use-No Smoking cautionary and safety signage was placed on the doorframe outside the rooms of residents #19, #88, and #41 for visual awareness by the Central Supply Coordinator on 1/9/2026. An audit was conducted on all remaining residents by both the Central Supply Coordinator and the Assistant Director of Nursing on 1/9/2026 to compare current orders for oxygen use (both continuous and as needed) for accuracy—all residents verified with orders for oxygen use (both continuous and as needed) had Oxygen In Use-No Smoking cautionary and safety signage placed on the doorframe outside their room for visual awareness. In addition, Oxygen In Use-No Smoking cautionary and safety signage was also placed on the main visitor entrance to the facility , on the doorframe outside of every medication room and the 500 unit oxygen storage room where all oxygen concentrators and oxygen tanks are stored as well as all dining rooms, the activity room, the therapy room, and the beauty salon where oxygen could potential be in use by a resident and/or visitor at any given time on 1/9/2026. The Oxygen Use policy and procedure has been revised to state that although the facility and outside property surrounding the facility are non-smoking by all staff, visitors, and residents, "Oxygen In Use—No Smoking" | 01/22/2026 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F0695 SS = D | <p>Continued from page 1 4/2/2025 revealed an order for oxygen to be administered as needed via nasal canula at 2 liters per minute (l/min).</p> <p>A review of the quarterly Minimum Data Set (MDS) dated 9/29/2025 indicated Resident #19 was coded for receiving oxygen.</p> <p>Observations on 1/5/2026 at 10:54 AM, 1/5/2026 at 3:40 PM, 1/6/2026 at 8:56 AM revealed Resident #19 was in her room wearing a nasal cannula with oxygen being administered at 2 l/min. There was no cautionary or safety signage posted at Resident #19's room to indicate oxygen was in use during the observations.</p> <p>b. Resident #88 was admitted to the facility on 12/4/2025 with diagnosis of chronic respiratory failure with hypoxia.</p> <p>A review of Resident #88's physician orders dated 12/5/2025 revealed an order for oxygen to be administered continuously via nasal canula at 3 l/min.</p> <p>A review of the admission MDS dated 12/10/2025 indicated Resident #88 was coded for receiving oxygen.</p> <p>Observations on 1/5/2026 at 10:57 AM, 1/5/2026 at 3:39 PM, and 1/6/2026 at 8:58 AM revealed Resident #88 was in her room wearing a nasal cannula with oxygen being administered at 3 l/min. There was no cautionary or safety signage posted at Resident #88's room to indicate oxygen was in use during the observations.</p> <p>c. Resident #41 was admitted to the facility on 1/31/2025 with a diagnosis of acute and chronic respiratory failure with hypoxia.</p> <p>A review of Resident #41's physician orders dated 2/13/2025 revealed an order for oxygen to be administered as needed via nasal canula at 2 l/min to maintain oxygen saturations at 90% or above.</p> <p>A review of Resident #41's physician orders dated 8/1/2025 revealed an order for oxygen to be administered via nasal canula at bedtime to maintain oxygen saturations above 90% on at bedtime and off in AM.</p> <p>A review of the quarterly MDS dated 12/18/2025 indicated Resident #41 was coded for receiving oxygen.</p> <p>Observations on 1/5/2026 at 10:47 AM revealed Resident #41 was in his room wearing a nasal cannula with oxygen being administered at 2 l/min. There was no cautionary</p> | F0695 | <p>Continued from page 1 cautionary and safety signage is in place at the following locations to ensure all staff, visitors, and residents are aware that no smoking is allowed in any location wherever oxygen is stored and/or administered. Because there is always the chance that oxygen could be used by any resident and/or visitor at any time in any location inside the facility, the location of Oxygen In Use—No Smoking" cautionary and safety signage includes the following areas to ensure safety signage is always present:</p> <p>the main entrance of the facility (this is the only entrance used by visitors)</p> <p>all (3) employee entrances (located just outside the 300 unit, outside the kitchen, and outside the 500 unit)</p> <p>all rooms where oxygen is being stored (the main 500-unit oxygen storage room and all medication rooms)</p> <p>outside all resident rooms and common areas including dining rooms, activity/therapy rooms, the conference room, and the beauty salon regardless of whether oxygen is currently in use or not</p> <p>This revised policy will be in effect as of 1/22/26 to ensure all signage has been placed in all locations as appropriate.</p> <p>All staff in all departments were provided with education by the Staff Development Coordinator on the revised Oxygen Use policy and procedure specifically regarding the use and placement of Oxygen In Use—No Smoking" cautionary and safety signage on 1/16/26 via the Voice Friend messaging system. Training on the use and placement of Oxygen In Use—No Smoking" cautionary and safety signage will then be done for all staff upon new hire orientation and at least annually, included in overall facility safety guidelines and expectations for all departments.</p> <p>The proper placement of Oxygen In Use—No Smoking cautionary and safety signage will be verified weekly by the Central Supply Coordinator (or the Ward Clerk in his/her absence). The Assistant Director of Nursing will then conduct and audit/inspection of the facility weekly X 4 weeks beginning the week of 1/26/26, followed by monthly X 5 months, and finally quarterly X 2 quarters to ensure all Oxygen In Use—No Smoking"</p> | |

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| F0695 SS = D | <p>Continued from page 2 or safety signage posted at Resident #41's room to indicate oxygen was in use during the observations. Observations on 1/5/2026 at 3:42 PM and 1/6/2026 at 8:59 AM revealed there was no cautionary or safety signage posted at Resident #41's room to indicate oxygen was in use during the observations.</p> <p>During an interview on 1/7/2026 at 9:53 AM NA #1 stated she had not seen oxygen in use signs posted at residents' rooms who used oxygen.</p> <p>During an interview on 1/7/2026 at 10:07 AM the Assistant Director of Nursing (ADON) stated the residents did not have oxygen in use signage at their rooms because the facility was a non-smoking facility and no smoking signs were present throughout the facility.</p> <p>During an interview on 1/7/2026 at 1:08 PM the Director of Nursing (DON) stated the facility had a policy that they did not post oxygen in use signs on resident doorways. They were posted at the entrance and exits of the facility with non-smoking signs. The DON thought since it was a non-smoking facility they were not required to have oxygen in use signs at residents' rooms.</p> <p>During an interview on 1/7/2026 at 1:38 PM the Administrator stated since the facility was a non-smoking facility she did not think the oxygen in use signs needed to be posted on the residents' rooms since it was posted at the entrance to the facility.</p> | F0695 | <p>Continued from page 2 cautionary and safety signage is properly placed and located in all areas per the revised Oxygen Use policy and procedure with any concerns being addressed immediately. All findings from each audit/inspection will be further reviewed by the Director of Nursing who will report findings, concerns, and any corrective action needed to the QAPI Committee quarterly to determine any further changes that may be needed for the duration of the audits/inspections.</p> | |