

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345126	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/28/2026
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NAME OF PROVIDER OR SUPPLIER Mount Olive Center	STREET ADDRESS, CITY, STATE, ZIP CODE 228 Smith Chapel Road , Mount Olive, North Carolina, 28365
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F0000	<p>INITIAL COMMENTS</p> <p>The survey team entered the facility on 1/22/2026 to conduct a complaint investigation. The survey was conducted onsite on 1/22/2026 with additional information obtained offsite on 1/23/2026 which completed the survey. Additional information was obtained on 1/28/2026. Therefore, the exit date was changed to 1/28/2026. The following intakes were investigated: 2694920 and 2727406. Event ID # 1E1D08-H1.</p> <p>Two of the seven complaint allegations resulted in a deficiency.</p>	F0000		02/09/2026
F0602 SS = D	<p>Free from Misappropriation/Exploitation</p> <p>CFR(s): 483.12</p> <p>§483.12</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, and resident, and staff interviews, the facility failed to protect a resident's right to be free from misappropriation of \$300.00 after Resident #1 mistakenly transferred funds to Nurse Aide #1 on a money transfer application. This was for 1 of 3 residents reviewed for misappropriation of property (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 5/14/2025.</p> <p>The quarterly Minimum Data Set assessment dated 11/27/2025 revealed Resident #1 was assessed as cognitively intact.</p>	F0602	<p>1. On 01/16/2026, Nurse Aide #1 returned the \$300 to Resident #1. On 01/27/26, the initial report was sent to the State Agency via email to the correct address. Nurse Aide #1 no longer works at the facility.</p> <p>2. The Social Services Assistant interviewed alert and oriented residents to determine if any staff member had borrowed money, accepted money via money transfer application/bank card/credit card, and/or accepted money for purchases from the residents by 01/20/26. The Administrator, Social Services Assistant or designee will conduct an additional audit by interviewing alert and oriented residents by 02/16/26 to ensure no staff members had borrowed money, accepted money via money transfer application/bank card/credit card, and/or accepted money for purchases from the residents.</p> <p>The Business Office Manager audited current RFMS (Resident Financial Management Services) Resident Trust accounts to ensure no unauthorized activity had occurred 01/19/26 - 01/20/26. No discrepancies and or suspicious activity were identified. Also, during this time no concerns were noted by any other resident / responsible parties regarding unauthorized activity with their personal banking accounts. No other residents/ responsible parties reached out to the business office for additional assistance with personal banking accounts. An additional audit of RFMS will be conducted by the Business Office Manager 2/16/26 to</p>	02/17/2026

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0602 SS = D	<p>Continued from page 1</p> <p>During an interview on 1/22/2026 at 3:05 PM, Resident #1 reported that around Christmas he asked Nurse Aide (NA) #1 to obtain groceries for him from a local store. The resident stated he transferred \$120.00 to NA #1 through a money transfer application on his phone to pay for the groceries. Resident #1 confirmed NA #1 did bring him his groceries and provided a receipt. The resident further stated that on the following day, 12/27/2025, he accidentally transferred an additional \$300.00 to NA #1 while attempting to send money to a relative for rent. Resident #1 reported that when NA #1 returned to work, he asked her to return the \$300.00. According to the resident, NA #1 told him her account had a negative balance, and the money had already been withdrawn. The resident stated NA #1 told him she would repay him when she received her paycheck in two weeks. Resident #1 stated he repeatedly asked NA #1 for the money, but she avoided him and continued to tell him she did not have the funds. The resident reported he attempted to negotiate partial repayment, first requesting \$200.00 and later \$150.00, but NA #1 still did not return any money. Resident #1 stated he informed the Social Worker on 1/12/2026 that NA #1 was not returning the money, but no action was taken. The resident stated he eventually reported the matter to the Administrator on 1/16/2026, who returned the \$300.00 to him. Resident #1 also stated law enforcement interviewed him on 1/16/2026, but he declined to press charges and was satisfied to have his money returned.</p> <p>Review of the transactions on the money transfer application on Resident #1's phone revealed the following information. On 12/26/2025 Resident #1 paid \$120.00 to NA #1 for "My groceries." On 12/27/2025 Resident #1 transferred \$300.00 to NA #1 for "Rent." On 1/3/2026 Resident #1 requested \$200.00 from NA #1, but the request expired. On 1/4/2026, 1/5/2026, and 1/12/2026 Resident #1 requested \$150.00 from NA #1, but the requests expired. All requests were made through the money transfer application.</p> <p>During an interview on 1/22/2026 at 5:06 PM conducted on the telephone, NA #1 stated Resident #1 frequently ordered food deliveries. NA #1 reported that on 12/26/2025 Resident #1 became upset when a grocery delivery was not brought into the facility because it was after 5:00 PM and there was no one at the front desk to let the delivery person into the locked building. NA #1 stated she offered to go to the store to "deescalate" the situation. NA #1 explained Resident #1 did not have cash, so he sent her funds through the money transfer application for the groceries. Did she bring him the \$120 worth of groceries? NA #1 stated she</p>	F0602	<p>Continued from page 1</p> <p>ensure no suspicious or unauthorized activity occurred. The Administrator, Social Services Assistant or Business Office Managers notified resident representatives for non-interviewable residents who do not have a RFMS account by 02/16/26, to verify their banking accounts to ensure no unauthorized or suspicious activity occurred.</p> <p>3. The Administrator, Director of Nursing, and/or Nurse Practice Educator re-educated all current staff in person (including contracted staff and agency staff) on the Abuse Policy with emphasis on misappropriation of resident property by 2/16/26. Understanding of the education provided to the staff was validated through a questionnaire. Any staff member that has not received the education will be educated prior to returning on their next scheduled shift. The Nurse Practice Educator will track the education to ensure no staff work after 2/16/26 until the education was received.</p> <p>By 2/16/26, the Nurse Practice Educator, a Nurse Manager or the Administrator provided targeted education to 100% of all current staff to include contracted and agency staff on professional boundaries, including prohibition of:</p> <ul style="list-style-type: none"> %E Linking personal financial accounts to resident accounts %E Handling resident finances without authorization from the Administrator %E Electronic payment applications (money transfer application) in relation to residents %E Reinforced policies to clearly prohibit staff use of personal electronic financial platforms with residents. %E Reinforced procedures for reporting suspected abuse or misappropriation immediately to leadership without fear of retaliation. %E Reinforced to the facility staff, who the authorized personnel are that can assist the residents with financial issues. <p>The education listed above will be provided annually to 100% of all current staff to include contracted and agency staff and with new-hire orientation by the Nurse Practice Educator, the Administrator, and/or a Nurse Manager.</p> <p>Residents with BIMS of 13 or higher were educated by</p>	

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F0602 SS = D	<p>Continued from page 2 was off work the next day (12/27/2025) and noticed Resident #1 had transferred \$300.00 to her account, but she did not know why. NA #1 stated that when she next worked (12/28/2025), she asked the resident about the transfer, and he told her it was a mistake and requested the money back. NA #1 stated the explanation given by Resident #1 was that he did not have a lot of hand coordination and his "shaky" hands accidentally sent money to her instead of a family member. NA #1 stated she had over drafted her account and the \$300.00 had already been withdrawn automatically by the money transfer application. She stated she told the resident she would repay him when she received her paycheck on 1/16/2026. NA #1 acknowledged the resident continued to ask for the money, but she did not have it to return. NA #1 stated on 1/16/2026 the Administrator called her regarding the matter of the funds, and she came to the facility on her day off to provide \$300.00 in cash to the Administrator, who accompanied her to return the money to Resident #1. NA #1 stated she did not intend to take money from Resident #1 and believed the issue would be resolved once she was paid. NA #1 confirmed she had been suspended from her job because she did not come forward to let the Administrator know about the mistaken transfer of money to her by Resident #1 and was suspended until the conclusion of the investigation. NA #1 confirmed she was educated about not taking any money from the residents for any reason.</p> <p>During an interview on 1/22/2026 at 10:49 AM conducted on the telephone, the Social Worker stated Resident #1 informed her on 1/12/2026 that he inadvertently sent \$300.00 to NA #1 at Christmas time. Resident #1 told the Social Worker that NA #1's account balance on the money transfer application was negative and she would repay him after receiving her paycheck on 1/16/2026. The Social Worker stated she doubted the truthfulness of the resident's account and decided to wait to see if NA #1 would return the money. On 1/16/2026, NA #1 was not answering phone calls from the Social Worker and was not scheduled to work. At 4:00 PM on 1/16/2026, the Social Worker notified the Administrator of Resident #1's concern that NA #1 was not going to return his funds.</p> <p>The facility Administrator and the Director of Nursing were simultaneously interviewed on 1/22/2026 at 4:46 PM. The Administrator revealed she was notified on 1/16/2026 by the Social Worker that NA #1 owed Resident #1 \$300.00. The Administrator stated she interviewed both Resident #1 and NA #1, who provided consistent explanations of the accidental transfer. The Director of Nursing stated NA #1 should not have given Resident #1 her account information for the money transfer</p>	F0602	<p>Continued from page 2 the Social Services Assistant by 2/16/26 and instructed that staff were not allowed to use any bank or credit card that they have in their possession. The same residents were informed that they could place money in an interest-bearing account in the business office and authorized staff members could use those funds to assist in purchasing items for them following the policies.</p> <p>The Administrator, Director of Nursing or designee to conduct quality monitoring on 5 interviewable residents 3x per week for 4 weeks, 5 interviewable residents 2x per week for 4 weeks, 5 interviewable residents 1x per week for 4 weeks to ensure residents are protected from misappropriation of resident funds.</p> <p>The Business Office Manager to conduct quality monitoring of Resident Trust Account 1x per week for 12 weeks to ensure no unauthorized activity for interviewable and non-interviewable residents.</p> <p>The Administrator, Business Office Manager or Social Services to conduct quality monitoring for non-interviewable residents identified as not having a RFMS by contacting the resident representative 1x monthly for 3 months to ensure no suspicious or unauthorized activity.</p> <p>4. The results of the quality monitoring will be reported by the Director of Nursing or Nurse Managers to the Quality Assurance Performance Improvement Committee Meeting monthly for 3 months. Quality Monitoring schedules may be modified based on quality monitoring findings. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Nursing Supervisor, Medical Director, Social Services Director, Activities Director, Maintenance Director and Minimum Data Assessment Nurse and at least one direct care staff.</p>	

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F0602 SS = D	Continued from page 3 application to buy groceries and she should have immediately notified herself (the Director of Nursing) or the Administrator when she became aware the \$300.00 was accidentally put into her account. The Administrator confirmed that she educated NA #1 that she should not take money from the residents for any reason. The Administrator stated she would have immediately refunded Resident #1 his \$300.00 if she had been made aware. The facility provided a corrective action plan that was not acceptable to the State Agency. When addressing how the facility identified other residents as having potential to be affected by the same deficient practice, they did not address all cognitively impaired residents. The facility's monitoring plan did not address how the facility would monitor to ensure the deficient practice would not recur for all cognitively impaired residents. Additionally, as of 1/23/2026 the State Agency had not received an initial report for the allegation of misappropriation involving Resident #1 as the victim and NA #1 as the perpetrator.	F0602		
F0607 SS = D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.	F0607	1. Resident #1 notified the Social Services Director on 1/12/2026 that Nurse Aide #1 had not returned the \$300 he inadvertently transferred to NA #1. Social Services failed to notify the Administrator immediately at the time she became aware of the alleged incident. Administrator #1 was notified on 01/16/26 by Social Service that Resident #1 funds were misappropriated by NA #1 on 12/27/25 when the funds were not immediately returned. On 01/16//26, Administrator #1 completed an initial allegation report to the State Agency, notified local law enforcement and Adult Protective Services (APS). However, upon further review the State Agency did not receive the initial allegation report because the email address was transposed. The State Agency received the initial allegation report on 01/27/26. NA #1, Social Services and Administrator #1 no longer work at the facility. 2. On 02/04/26 - 02/05/26, Administrator #2 conducted an audit of Facility Reported Incidents to the State Agency to ensure the facility adhered to the facility policy and procedures for reposting allegations to the appropriate authorities. Through the audit, it was identified that 3 initial allegation reports and 5 investigation summary reports were sent to the incorrect email address. This was corrected on 02/05/26, Administrator #2 submitted each report that was identified as being sent to the wrong email address to the correct email address.	02/17/2026

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F0607 SS = D	<p>Continued from page 4</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, and resident and staff interviews, the facility failed to implement the abuse policy and procedures when the Administrator was not immediately notified of an allegation of misappropriation of funds resulting in delayed protection, reporting, and investigation for 1 of 3 residents reviewed for misappropriation of property (Resident #1).</p> <p>Findings included:</p> <p>Review of the facility's abuse policy and procedures, last reviewed on 11/14/2025, revealed: "Anyone who witnesses an incident of suspected abuse, neglect, involuntary seclusion, injuries of unknown origin, or misappropriation of patient property is to tell the abuser to stop immediately and report the incident to his/her supervisor immediately, regardless of the shift worked. The notified supervisor will report the suspected abuse immediately to the Administrator or designee and other officials in accordance with state law." The abuse policy and procedure additionally stated: "Immediately upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect, the Administrator or designee will perform the following... initiate an investigation within 24 hours of the allegation of abuse that focuses on causative factors and interventions to prevent further injury," and "the center will protect patients from further harm during an investigation." The policy further indicated the Administrator, or designee would report allegations to the appropriate stated and local authority(s) involving misappropriation of property within 24 hours if the event did not result in serious bodily injury.</p> <p>Resident #1 was admitted to the facility on 5/14/2025.</p> <p>The quarterly Minimum Data Set assessment dated 11/27/2025 revealed Resident #1 was assessed as cognitively intact.</p>	F0607	<p>Continued from page 4</p> <p>3. The Administrator, Director of Nursing and or Nurse Practice Educator educated current staff including contracted staff, agency staff, licensed nurses, certified nursing assistants, and non-direct care staff on the abuse policy with emphasis on reporting guidelines, including notifying the Administrator (abuse coordinator) with validation of understanding by 02/16/26. Any staff that has not received education will receive education prior to their next scheduled shift. The Nurse Practice Educator will track the education to ensure no staff work after 02/16/26 until the education was received. The Administrator, Director of Nursing, Nurse Practice Educator or designee to conduct quality monitoring through staff interviews ensuring allegations of abuse are reported immediately, interviewing 3 staff members 3 times a week for 4 weeks, 3 staff members 2 times per week for 4 weeks, and then 3 staff members 1 times per week for 4 weeks. The facility is utilizing an employee roster to conduct staff interviews to ensure different staff members are being interviewed as part of the monitoring process. The Executive Director is monitoring abuse allegations through quality review audit to ensure the abuse policy and procedure is followed to include reporting time frames, protection, and monitoring.</p> <p>4. The results of the quality monitoring will be reported by the Director of Nursing or Nurse Managers to the Quality Assurance Performance Improvement Committee Meeting monthly for 3 months. Quality Monitoring schedules may be modified based on quality monitoring findings. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Nursing Supervisor, Medical Director, Social Services Director, Activities Director, Maintenance Director and Minimum Data Assessment Nurse and at least one direct care staff.</p>	

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F0607 SS = D	<p>Continued from page 5</p> <p>During an interview on 1/22/2026 at 10:49 AM conducted on the telephone, the Social Worker stated Resident #1 informed her on 1/12/2026 that he inadvertently sent \$300.00 to Nurse Aide (NA) #1 at Christmas time. Resident #1 told the Social Worker that NA #1's account on the money transfer application was negative and she would repay him after receiving her paycheck on 1/16/2026. The Social Worker stated she doubted the truthfulness of the resident's account and decided to wait to see if NA #1 would return the money. The Social Worker elaborated to say the information provided by Resident #1 "did not make sense" to her. On 1/16/2026, NA #1 was not answering phone calls from the Social Worker and was not scheduled to work. At 4:00 PM on 1/16/2026, the Social Worker notified the Administrator of Resident #1's concern that NA #1 was not going to return his funds. The Social Worker stated she should have notified the Administrator immediately on 1/12/2026.</p> <p>The facility Administrator and the Director of Nursing were simultaneously interviewed on 1/22/2026 at 4:46 PM. The Administrator confirmed she was notified on 1/16/2026 by the Social Worker that NA #1 owed Resident #1 \$300.00. The Administrator stated that the Social Worker should have notified her immediately on 1/12/2026 of the funds that needed to be returned to Resident #1 by NA #1. The Administrator confirmed that NA #1 was on the schedule and had nurse aide assignments from 1/12/2026 to 1/16/2026, after which she was put on administrative leave to protect the residents. The Director of Nursing stated NA #1 should have immediately notified herself (Director of Nursing) or the Administrator when she (NA #1) became aware the \$300.00 was accidentally put into her account. The Administrator revealed the local police department and adult protective services were notified on 1/16/2026 but did not make a formal report because the funds were returned to Resident #1.</p> <p>During a phone interview on 1/28/2026 at 8:59 AM, the Administrator stated that on 1/16/2026 she was rushing to submit the initial allegation report concerning the alleged misappropriation of funds from Resident #1. She explained she inadvertently transposed letters in the State Agency's email address, causing the report to fail to transmit. The Administrator further stated she did not receive any notification from her email service indicating the message had failed. She reported she was unaware the initial allegation report had not been received until 1/27/2026, when the surveyor informed her that the State Agency had not received the initial report as of 1/23/2026. The Administrator confirmed she sent the initial allegation report on 1/27/2026 to the</p>	F0607		

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F0607 SS = D	Continued from page 6 correct email address for the State Agency. The Administrator confirmed NA #1's employment was terminated with the facility. The Administrator stated that NA #1 took advantage of Resident #1 and that if she had come forward immediately on 12/27/2025 when the \$300 was transferred to her money transfer application account by Resident #1, she would have been disciplined with a suspension, but likely not terminated from her employment. The facility provided a corrective action plan that was not acceptable to the State Agency. As of 1/23/26 the State Agency had not received an initial allegation report for the allegation of misappropriation involving Resident #1 as the victim and NA #1 as the perpetrator. The facility's corrective action plan incorrectly stated that the initial allegation report was sent to the State Agency on 1/16/2026.	F0607		