

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL-079106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/04/2025
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NAME OF PROVIDER OR SUPPLIER THE LANDINGS OF ROCKINGHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 2605 SWALLOW ROAD REIDSVILLE, NC 27320
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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 an annual and a follow-up survey on 09/03/25 and 09/04/25.	D 000		
D 338	<p>10A NCAC 13F .0909 Resident Rights</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the rights of all residents were maintained including being treated with dignity and respect related to being served food within the posted scheduled meal service times.</p> <p>The findings are:</p> <p>Observation of the dining room at lunch services on 09/03/25 at 12:00pm revealed: -There was a sign posted with a lunch service time of 12:00pm - 12:30pm. -There were 32 residents seated in the dining room waiting to be served. -There was one kitchen staff plating food from a hot bar for all 32 residents. -There were 5 staff present in the dining room handing out plates. -The first table was served at 12:05pm and the last table was served at 12:40pm.</p> <p>Interview with a resident during lunch service on 09/03/25 at 12:45pm revealed: -Her table was always the last to be served. -By the time she was served, half the people had</p>	D 338		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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D 338	<p>Continued From page 1</p> <p>already left the dining room. -She did not like having to wait for her food and it was not fair. -She had mentioned it to the kitchen staff at various times, but nothing changed.</p> <p>Interview with a second resident on 09/03/25 at 2:30pm revealed: -The table she sat at was in the back of the dining room and was always served last. -There was no vanity in being the last to be served food. -Sometimes the residents in the front of the dining room had eaten dessert and left the dining room before she was served her lunch. -Dinner service took even longer because there were more residents that came to dinner. -She waited 45 minutes to be served dinner last night. -It made her ill to be served last.</p> <p>Interview with the Dietary Manager (DM) on 09/04/25 at 8:50am revealed: -She was aware it took a long time for all the residents to be served their meals. -There was only one staff member available to plate the food during each meal service. -She had asked the Administrator for extra staff. -She was not aware residents had complained about being served food late.</p> <p>Interview with the Administrator on 09/04/25 at 2:00pm revealed: -He was made aware today, 09/04/25, by the DM of the long wait time for all residents to be served. -He was not aware some residents reported having to wait up to 45 minutes before being served. -He would expect all residents to be served each meal during the posted meal service times.</p>	D 338		

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