STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Person Memorial Hospital	615 Ridge Road Roxboro, NC 27573

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, and staff and physician interviews, the facility failed to limit the duration of psychotropic medications (any drug that affects brain activities associated with mental processes and behavior) ordered on an as-needed (PRN) basis to 14 days and/or indicate the duration and rationale for extending the PRN order beyond 14 days. This occurred for 1 of 5 residents whose medications were reviewed (Resident #36). Findings Included:Resident #36 was admitted to the facility on [DATE] with diagnoses that included anxiety disorder.On 5/9/25, the physician ordered one (1) milliliter (ml) of Lorazepam Intensol Oral Concentrate (Lorazepam) 2 milligrams/milliliter (mg/ml) to be administered via Percutaneous Endoscopic Gastrostomy (PEG) tube every 2 hours as needed (PRN) for anxiety. Lorazepam is a psychotropic and controlled substance medication.The resident's most recent Minimum Data Set (MDS), dated [DATE], indicated that Resident #36 was severely cognitively impaired with no behaviors or rejection of care. The Medication section of the MDS revealed that Resident #36 received an antianxiety medication during the 7-day look-back period. The resident was in hospice care.Resident #36's electronic medical record (EMR) indicated that the physician's PRN Lorazepam order (dated 5/9/25) remained active through the review date of 12/17/25. A review of Resident #36's Medication Administration Records (MARs) revealed that two to three doses of PRN Lorazepam were administered weekly from 5/9/25 through 12/17/25. The last documented dose was administered on 12/16/25.During an interview on 12/15/25 at 2:00 PM, Nurse #1 stated that Resident #36 experienced agitation and anxiety during care. The resident was diagnosed with colon cancer and was under hospice care. The nurse indicated that the resident received PRN Lorazepam at least two (2) to three (3) times per week.During a telephone interview on 12/17/25 at 12:58 PM, the hospice nurse stated that Resident #36 sometimes experienced agitation and anxiety during care. The hospice nurse explained that Resident #36's medications were reviewed every two weeks by the hospice interdisciplinary team, which included the hospice physician. The facility physician reviewed residents' medications and wrote all medication orders. The facility physician could accept or decline any recommendations from hospice. The hospice physician only performed medication reconciliation, while the facility physician managed the medications.During an interview on 12/17/25 at 12:02 PM, the interim DON stated that she had been in the position for one week. She stated that psychotropic medications could be ordered PRN but should include a stop date, and the resident had to be reevaluated if the medication needed to be continued.During an interview on 12/17/25 at 10:00 AM, Physician #1 stated that he served as the Medical Director during October and November 2025. He acknowledged that psychotropic medications should be reviewed, a rationale should be provided, and an end date for PRN medications should be indicated.During a telephone interview on 12/17/25 at 10:15 AM, the current Medical Director stated that he had accepted the position a few weeks earlier. He confirmed that residents who received PRN psychotropic medications needed to be evaluated by the provider within the regulatory timeframe. He further stated (continued on next page)

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2025

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	that, regardless of whether a resident was on hospice or not, all psychotropic medications should be reviewed by a physician, a rationale for continuation should be provided, and the duration of PRN medications should be specified.During an interview on 12/17/25 at 2:08 PM, the Administrator stated that she was serving as the interim contract Administrator and had been hired a few weeks earlier. The Administrator acknowledged that physicians should review resident medications and that all psychotropic medications should be evaluated per CMS regulations.

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NAME OF PROVIDER OR SUPPLIER Person Memorial Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 615 Ridge Road Roxboro, NC 27573	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observations, record reviews, and staff interviews, the facility failed to post an updated daily nurse staffing sheet for residents and visitors on 1 of the 4 days during the survey period (12/14/25). The facility failed to provide upon demand the posted daily nurse staffing sheets for 10 of the 45 daily nurse staffing sheets reviewed (11/8/25, 11/13/25, 11/16/25, 11/17/25, 11/18/25, 11/20/25, 12/2/25, 12/3/25, 12/12/25, and 12/13/25). In addition, of the 35 daily nurse staffing sheets reviewed the facility failed to complete 3 daily nurse staffing sheets with information related to Nursing Assistants (11/2/25, 11/9/25, and 11/29/25). Findings included:a. On 12/14/25 (Sunday), during the initial tour of the facility at 9:05 AM daily nurse staffing sheet posted near the facility elevator was dated 12/11/25 (Thursday). The daily nurse staffing sheet was not updated to reflect the current date, census, and staffing information. The daily nurse staffing sheet posted dated 12/11/25 remained during another observation at 11:00 AM on the same day.During an interview on 12/15/25 at 2:30 PM, Nurse #1 stated the Scheduler prepared the daily nurse staffing sheets and placed them in a folder on Fridays at the nurses' station for nurses to update and post on the weekends. The nurse indicated she worked on 12/13/25 (Saturday), 12/14/25 (Sunday), and the day of the interview (12/15/25), and had not noticed the daily nurse staffing sheet posted near the elevator had not been updated since 12/11/25.During an interview with the admission Coordinator on 12/17/25 at 2:30 PM, she stated the Scheduler completed and posted the daily nurse staffing sheets. She explained when the Scheduler was unavailable, she tried to complete and post the daily nurse staffing sheets. The facility nurses usually ensured the daily nurse staffing sheet was current and updated to reflect the actual staff working in the facility.The Scheduler was unavailable for interview during the survey.During an interview on 12/17/25 at 1:57 PM, the Administrator stated that it was the Scheduler's responsibility to complete the daily nurse staffing sheet. On weekdays the Scheduler posted the daily nurse staffing sheet near the elevator, and nurses were responsible for posting it on weekends. The Administrator indicated the daily nurse staffing sheet was not updated because the Scheduler was unavailable. The Administrator stated that going forward, the medical records staff would be responsible for posting and updating the daily nurse staffing sheet so that it would remain accurate and clearly visible to residents and visitors.b. The daily nurse staffing sheets for the period of 11/1/25 to 12/15/25, a 45-day period, were reviewed with the admission Coordinator on 12/16/25. The following daily nurse staffing postings were missing or unavailable for review: 11/8/25, 11/13/25, 11/16/25, 11/17/25, 11/18/25, 11/20/25, 12/2/25, 12/3/25, 12/12/25, and 12/13/25. A total of 10 daily nurse staffing postings were unavailable for review.During an interview with the admission Coordinator on 12/16/25 at 2:30 PM, she stated the Scheduler completed the daily nurse staffing sheets and was responsible for maintaining the daily nurse staffing sheets. The admission Coordinator indicated she was unable to locate the missing daily nurse staffing sheets.The Scheduler was unavailable for an interview during the survey.During an interview on 12/17/25 at 1:57 PM, the Administrator explained the Scheduler filled out the daily nurse staffing sheets and provided these documents to the Director of Nursing. However, due to significant management turnover, the facility was unable to locate the missing daily nurse staffing sheets.c. Daily nurse staffing sheets for the period of 11/1/25 to 12/15/25 were reviewed with the admission Coordinator on 12/16/25. On 11/2/25, 11/9/25, and 11/29/25, the daily nurse staffing sheets were incomplete. Information regarding Nursing Assistants (NAs) was missing. On 11/2/25 and 11/9/25, the evening shift (3:00 PM to 11:00 PM) NA information and NA hours were missing. On 11/29/25, the day shift (7:00 AM to 3:00 PM) NA information and NA hours were missing.During an interview with the admission Coordinator on 12/16/25 at 2:30 PM, she stated the Scheduler completed the daily nurse staffing sheets and was responsible for (continued on next page)

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	ensuring accuracy. The admission Coordinator indicated the Scheduler had been unavailable for the past couple of days, and she had started assisting with staff scheduling and daily nurse staffing sheets.The Scheduler was unavailable for an interview during the survey.During an interview on 12/17/25 at 1:57 PM, the Administrator indicated the Scheduler was responsible to complete the daily nurse staffing sheets accurately to reflect the daily census and the actual staff working on the floor.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and staff, consultant pharmacist, and physician interviews, the facility failed to act on recommendations made by the consultant pharmacist and failed to document a response to the pharmacist's findings and recommendations in the resident's medical record for 2 of 5 residents whose medications were reviewed (Resident #36, and Resident #4).Findings included:1. Resident #36 was admitted to the facility on [DATE] with diagnoses that included anxiety disorder. On 5/9/25, the physician ordered one (1) milliliter (ml) of Lorazepam Intensol Oral Concentrate (Lorazepam) 2 milligrams/milliliter (mg/ml) to be administered via Percutaneous Endoscopic Gastrostomy (PEG) tube every 2 hours as needed (PRN) for anxiety. Lorazepam is a psychotropic medication and a controlled substance. Resident #36's Electronic Medical Record (EMR) indicated that the physician's PRN Lorazepam order (dated 5/9/25) remained active through the review date of 12/17/25. A review of Resident #36's Medication Administration Records (MARs) revealed that two (2) to three (3) doses of PRN Lorazepam were administered weekly from 5/9/25 through 12/17/25. The last documented dose was administered on 12/16/25. A review of the consultation reports dated 7/15/25, 8/13/25, 9/11/25, 10/13/25, 11/13/25, and 12/10/25 indicated that the pharmacist recommended the physician address the PRN Lorazepam order, which lacked a stop date. The consultation reports did not show that Resident #36's physician reviewed or responded to the pharmacist's recommendations. A telephone interview with the Consultant Pharmacist on 12/17/25 at 9:30 AM revealed that he completed monthly medication regimen reviews (MMRs) for all residents. He explained that if there were regulatory concerns related to medications, he emailed his recommendation reports to the facility's Director of Nursing (DON) and Administrator. The DON handled nursing recommendations and forwarded physician recommendations to the appropriate physician. The physician either approved or declined the recommendations, signed off on the report, and provided a rationale for any decline. The DON ensured that the physician reviewed the recommendations. The Consultant Pharmacist stated Resident #36 was on PRN psychotropic medication (Lorazepam). He explained that psychotropic PRN medications required a stop date, and the resident needed to be reviewed by the physician before the medication could be ordered again. The Physician had to provide a rationale for the extended time period and the duration of the PRN order. He indicated the reports were sent to the Administrator and DON. The Consultant Pharmacist stated that, for the past couple of months, turnover among DONs and Administrators disrupted the process. He indicated that when he did not receive a response to his recommendation reports, he notified the DON. However, before he could follow up, the DON left the facility, and he did not receive any response. During an interview on 12/17/25 at 12:02 PM, the interim DON stated that she had been in the position for one week and was unaware of the process as to how the pharmacy recommendation reports were handled. She indicated that the physician should review medication recommendations and either accept or decline them. During an interview on 12/17/25 at 10:00 AM, Physician #1 stated that he served as the Medical Director during October and November 2025. He indicated that he had not received any pharmacy recommendation reports for any residents. Physician #1 stated that if the pharmacist or floor nurses had questions regarding medication treatment, they could call him or any of the three other physicians listed in the system. Any of the physicians could approve or decline recommendations. Physician #1 confirmed that the consultation reports for Resident #36 were not reviewed or signed by a physician, and he was unsure who had reviewed the pharmacist's recommendations prior to his tenure. During a telephone interview on 12/17/25 at 10:15 AM, the current Medical Director stated that he had accepted the position a few weeks earlier and was not familiar with the (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	detailed process or communication method for irregularities identified during medication regimen reviews. He stated that he was unaware of the issue related to the pharmacist's recommendation reports not being reviewed and signed by a physician. During an interview on 12/17/25 at 2:08 PM, the interim Administrator stated that she had been hired a few weeks earlier. She further stated that she began receiving pharmacy recommendation letters starting November 2025 and she indicated that she reviewed these reports. The Administrator acknowledged that pharmacy medication recommendation reports should be reviewed by the physician, accepted or rejected, and signed. She stated that previously these documents were provided to the DON and the previous Administrator; however, due to management turnover, there was a break in this process. 2. Resident #4 was admitted to the facility on [DATE]. Her cumulative diagnoses included major depression and anxiety disorder. On 10/14/25, the physician ordered one (1) milligram (mg) of Lorazepam to be given as one tablet by mouth every 8 hours as needed (PRN) for anxiety and agitation. Lorazepam is a psychotropic and controlled substance medication. Resident #4's EMR indicated that the physician's PRN Lorazepam order (dated 10/14/25) remained active through the review date of 12/17/25. A review of Resident #4's Medication Administration Records (MARs) revealed that one (1) to two (2) doses of PRN Lorazepam were administered weekly from 10/14/25 through 12/17/25. The last documented dose was administered on 12/14/25. A review of the consultation report dated 11/12/25 indicated that the pharmacist recommended the physician address the PRN Lorazepam order, which lacked a stop date. The consultation report did not show that Resident #4's physician reviewed or responded to the pharmacist's recommendation. Pharmacy medication regimen review note dated 12/10/25 revealed no noted irregularities and/or recommendation. A telephone interview with the consultant pharmacist on 12/17/25 at 9:30 AM revealed that he completed monthly medication regimen reviews (MMRs) for all residents. He explained that if there were regulatory concerns related to medications, he emailed his recommendation reports to the facility's Director of Nursing (DON) and Administrator. The DON handled nursing recommendations and forwarded physician recommendations to the appropriate physician. The physician either approved or declined the recommendations, signed off on the report, and provided a rationale for any decline. The DON ensured that the physician reviewed the recommendations. The Consultant Pharmacist stated Resident #4 was on PRN psychotropic medication (Lorazepam). He explained that psychotropic PRN medications required a stop date, and the resident needed to be reviewed by the physician before the medication could be ordered again. The Physician had to provide a rationale for the extended time period and the duration of the PRN order. He indicated the November report was sent to the Administrator and DON. The Consultant Pharmacist stated that, for the past couple of months, turnover among DONs and administrators disrupted the process. He indicated that when he did not receive a response to his recommendation reports, he notified the DON. However, before he could follow up, the DON left the facility, and he did not receive any response. During an interview on 12/17/25 at 12:02 PM, the interim DON stated that she had been in the position for one week and was unaware of the process as to how the pharmacy recommendation reports were handled. She indicated that the physician should review medication recommendations and either accept or decline them. During an interview on 12/17/25 at 10:00 AM, Physician #1 stated that he served as the Medical Director during October and November 2025. He indicated that he had not received any pharmacy recommendation reports for any residents. Physician #1 stated that if the pharmacist or floor nurses had questions regarding medication treatment, they could call him or any of the three other physicians listed in the system. Any of the physicians could approve or decline recommendations. Physician #1 confirmed that the consultation reports for Resident #4 were not reviewed or signed by a physician. During a telephone interview on 12/17/25 at 10:15 AM, the current Medical Director stated (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	that he had accepted the position a few weeks earlier and was not familiar with the detailed process or communication method for medication regimen reviews. He stated that he was unaware of the issue related to the pharmacist's recommendation reports not being reviewed and signed by a physician. During an interview on 12/17/25 at 2:08 PM, the interim Administrator stated that she had been hired a few weeks earlier. She further stated that she began receiving pharmacy recommendation letters only in November 2025. She indicated that she reviewed both November and December reports. The Administrator acknowledged that pharmacy medication recommendation reports should be reviewed by the physician, accepted or rejected, and signed. She stated that previously these documents were provided to the DON and the previous Administrator; however, due to management turnover, there was a break in this process.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and staff interviews, the facility failed to maintain 2 of 2 double-door ovens and 1 of 1 grill clean and free of grease. The facility also failed to label and date leftover food in 1 of 1 reach-in refrigerator and 1 of 1 walk-in refrigerator. These practices had the potential to affect food served to residents.Findings included:a. The initial kitchen tour was conducted with the Dietary Aide #1 on 12/14/25 from 9:25 AM to 9:50 AM. Observations of double-door oven #1 and double-door oven #2 on 12/14/25 at 9:35 AM revealed black burnt food stains inside the ovens. The oven floors had a black layer of crust that appeared to be burnt food. The oven doors had dark brown oil stains. b. Observation of the grill on 12/14/25 at 9:40 AM revealed the top grill plate had a thick black layer of burnt grease and food, along with some freshly cooked, yellow-colored leftover food.During an interview with the Dietary Aide#1 on 12/14/25 at 9:40 AM, he indicated the grill had been used earlier that morning and the thick burnt layer was due to cooking food that morning. He stated the Dietary [NAME] had cooked chicken on the grill that morning. He acknowledged that the double-door ovens needed to be cleaned.c. Observation of the reach-in refrigerator on 12/14/25 at 9:45 AM revealed a large aluminum pan with thick white creamy-textured food. The cling wrap covered only three-quarters of the pan. There was no label or date on the pan. A white plastic container with a green lid, half-filled with light yellowish food of smooth-to-chunky texture, was also observed. There was no label or date on the container.During an interview with the Dietary Aide#1 on 12/14/25 at 9:45 AM, he indicated the thick white creamy-textured food was gravy used for the morning breakfast. He was unsure why it was not completely covered. Dietary Aide #1 stated the food in the white container was applesauce but was unsure when it was placed in the reach-in refrigerator.d. Observation of the walk-in refrigerator on 12/14/25 at 9:50 AM revealed a small aluminum pan with creamy white coleslaw. There was no label or date on the pan.During an interview with the Dietary Aide #1 on 12/14/25 at 9:50 AM, he indicated the coleslaw was to be used for the afternoon lunch meal and therefore was not labeled or dated.During an interview with the Dietary Director on 12/16/25 at 1:20 PM, she indicated the Dietary Cooks should clean the double-door ovens and grill daily after cooking. She stated she was unsure why they were not cleaned. The Dietary Director acknowledged she was aware of food not being labeled in the refrigerator. She stated all Dietary staff were responsible for labeling and dating leftover food placed in the refrigerator. She indicated any leftover or opened food placed in the refrigerators should be labeled and dated.During an interview with the Administrator on 12/17/25 at 8:58 AM, she stated all leftover food should be covered and labeled, even if it was to be used in the upcoming meal. She emphasized that all kitchen equipment should be cleaned after each use and that dietary staff should maintain a cleaning schedule.