

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Twin Lakes Community		STREET ADDRESS, CITY, STATE, ZIP CODE 3802 Wade Coble Drive Burlington, NC 27215	

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)
<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview the facility failed to complete quarterly Minimum Data Set (MDS) assessments within 14 days of the Assessment Reference Date (ARD, the last day of the look-back period) for 10 of 24 residents reviewed for MDS assessments (Residents #3, #9, #37, #50, #99, #49, #16, #57, #77 and #83). The findings included: a. Resident #3 was admitted to the facility on [DATE]. Resident #3's quarterly MDS assessment with an ARD of 2/4/26 indicated it was in progress and was not completed. b. Resident #9 was admitted to the facility on [DATE]. Review of Resident #9's quarterly MDS assessment with an ARD of 1/24/26 indicated it was in progress and was not completed. c. Resident #37 was admitted to the facility on [DATE]. Resident #37's quarterly MDS assessment with an ARD of 2/6/26 indicated it was in progress and was not completed. d. Resident #50 was admitted to the facility on [DATE]. Resident #50's quarterly MDS assessment with an ARD of 1/24/26 indicated it was in progress and was not completed. e. Resident #99 was admitted to the facility on [DATE]. Resident #99's quarterly MDS assessment with an ARD of 2/23/26 indicated it was in progress and was not completed. f. Resident #49 was admitted to the facility on [DATE]. Resident #49's quarterly MDS assessment with an ARD of 1/16/26 indicated it was in progress and was not completed. g. Resident #16 was admitted to the facility on [DATE]. Resident #16's quarterly MDS assessment with an ARD of 1/24/26 indicated it was in progress and was not completed. h. Resident #57 was admitted to the facility on [DATE]. Resident #57's quarterly MDS assessment with an ARD of 2/6/26 indicated it was in progress and was not completed. i. Resident #77 was admitted to the facility on [DATE]. Resident #77's quarterly MDS assessment with an ARD of 1/28/26 indicated it was in progress and was not completed. j. Resident #83 was admitted to the facility on [DATE]. Resident #83's quarterly MDS assessment with an ARD of 1/30/26 indicated it was in progress and was not completed. An interview was conducted with MDS Coordinator #1 and MDS Coordinator #2 on 3/19/26 at 11:02 a.m. MDS Coordinator #1 and MDS Coordinator #2 revealed they both were responsible for transmitting MDS assessments. Upon review of Residents #3, #9, #37, #50, #99, #49, #16, #57, #77 and #83's MDS assessments, MDS Coordinator #1 stated the assessments were incomplete due to transitioning from previous job duties. On 3/19/26 at 11:22 a.m. an interview was conducted with the Director of Nursing (DON) and the Administrator. The DON stated she was aware some MDS assessments were behind and she expected they be completed timely to meet federal regulations. The Administrator stated she was aware some MDS assessments were past due and her expectation was that MDS assessments should be completed timely.</p>

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
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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to complete annual Minimum Data Set (MDS) assessments within 14 days of the Assessment Reference Date (ARD, the last day of the look-back period) for 2 of 24 residents reviewed for MDS assessments (Residents #75 and #102). The findings included: a. Resident #75 was admitted to the facility on [DATE]. Resident #75's annual MDS assessment with an ARD of 2/6/26 indicated it was in progress and was not completed. b. Resident #102 was admitted to the facility on [DATE]. Resident #102's annual MDS assessment with an ARD of 1/28/26 indicated it was in progress and was not completed. An interview was conducted with MDS Coordinator #1 and MDS Coordinator #2 on 3/19/26 at 11:02 a.m. MDS Coordinator #1 and MDS Coordinator #2 revealed they both were responsible for transmitting MDS assessments. Upon review of Resident #75 and Resident #102's MDS assessments, MDS Coordinator #1 stated the assessments were incomplete due to transitioning from previous job duties. On 3/19/26 at 11:22 a.m. an interview was conducted with the Director of Nursing (DON) and the Administrator. The DON stated she was aware some MDS assessments were behind and she expected they be completed timely to meet federal regulations. The Administrator stated she was aware some MDS assessments were past due and her expectation was that MDS assessments should be completed timely.</p>		

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<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on observations, and resident and staff interviews, the facility failed to post survey results in the lobby in a location easily accessible to all residents and visitors without asking and failed to post signage as to the location of the survey results for 2 of 4 days of the survey (3/18/26 and 3/19/26). The findings included: A Resident Council meeting was conducted on 3/18/2026 at 9:45AM. There were 8 residents that regularly attended Resident Council meetings that were present (Resident #2, Resident #6, Resident #8 Resident #78, Resident #85, Resident #91, Resident #94, and Resident #96). The Resident Council participants indicated they did not know the location of the survey results. Resident #94 revealed that in the past the facility posted a sign that stated they passed the survey. An observation was made on 3/18/2026 at 11:50 AM at the receptionist desk in the main lobby and adjacent sitting area revealed no survey results were accessible nor was signage visible that directed residents and visitors where the survey results were located. An observation at the receptionist desk and interview with the Receptionist were conducted on 3/19/2026 at 12:54 PM. There was no visible signage which directed visitors or residents to the location of the survey results. The Receptionist was asked where the survey results were located. The Receptionist indicated that visitors and residents just needed to ask for the survey book and she pointed to a white binder on the reception desk (countertop) leaning against the wall which was perpendicular to the desk on the left side if you were facing the reception desk/ counter. The countertop was approximately 4 feet from the floor, and the binder was behind foliage and decorations. There was no identification visible on the binder cover. The white binder was turned over by the Receptionist and had the following information on the cover of the binder, The Well Being Of Our Residents is very Important to us. Please Refer To Notebook In Each Neighborhood For Information Regarding: [NAME] Of Rights for Nursing Home Residents; Notice of Privacy Practices; Resident and Advocacy Groups, Grievance Policy Information, Nondiscrimination Policies; Results of Compliance Survey. The observation of the binder revealed the location of the binder was within reach of ambulatory residents and visitors. In an interview on 3/19/2026 at 1:51 PM, the Administrator stated the survey results were in the lobby at the receptionist desk and each neighborhood had a copy of the results. She stated the signage of where the results were located was printed on the front of the survey binder. She stated that the residents were told the survey results of each survey during the resident council meeting.</p>		