STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017024	A. BUILDING: _____ B. WING _____	06/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
D & H FAMILY CARE HOME #2	1143 YARBOROUGH ROAD MILTON, NC 27305

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on June 24, 2021.	C 000		
C 230	10A NCAC 13G .0801(a) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a Resident Register was completed for 2 of 3 sampled residents (#2 and #3) within 72 hours of the residents' admission to the facility. The findings are: 1. Review of Resident #2's current FL-2 dated 08/07/20 revealed: -Diagnoses included schizophrenia, constipation, hypertension, hyperlipidemia, major neurocognitive disorder, encephalopathy toxic, falls, hyperglycemia, hypertriglyceridemia and Vitamin D deficiency. -There was an admission date of 08/19/19 for the current facility. Review of Resident #2's Resident Register revealed: -There was an admission date of 08/19/19. -Resident #2's birthdate, social security and former residence were documented on the Resident Register; there was no other information on the Resident Register. -There were no signatures on Resident #2's Resident Register.	C 230		

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C 230	Continued From page 1 Interview with the Administrator on 06/24/21 at 2:06pm revealed: -She was responsible for ensuring Resident Registers were completed for residents within 72 hours of admission to the facility. -She knew the Resident Register was supposed to be completed within 72 hours of admission for new residents. -She was aware Resident #2 did not have a completed Resident Register. -She did not have a blank Resident Register to complete when Resident #2 was admitted to the facility. -She got blank Resident Registers from another Administrator the night before on 06/23/21 but she had not had a chance to complete Resident #2's Resident Register. Based on observations, interviews and record reviews it was determined Resident #2 was not interviewable. 2. Review of Resident #3's current FL-2 dated 04/16/21 revealed: -Diagnoses included hypertension, dementia, depressive episodes, pain in left lower leg, coronary artery disease, chronic kidney disease stage three, H10 thoracic vertebrae fracture. -There was an admission date of 04/07/21 for the current facility. Review of Resident #3's Resident Register revealed: -There was an admission date of 04/16/21. -There were no signatures on Resident #3's Resident Register. Interview with the Administrator on 06/24/21 at 2:06pm revealed:	C 230		

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C 230	Continued From page 2 -She was responsible for ensuring Resident Registers were completed for residents within 72 hours of admission to the facility. -She knew the Resident Register was supposed to be completed within 72 hours of admission for new residents. -She was aware Resident #3 did not have a completed Resident Register. -She did not have a blank Resident Register to complete when Resident #3 was admitted to the facility. -She got blank Resident Registers from another Administrator the night before on 06/23/21 but she had not had a chance to complete Resident #3's Resident Register. Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable.	C 230		