STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040006	A. BUILDING: _____ B. WING _____	R 11/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIE'S FAMILY CARE HOME	1025 POPE FARM ROAD STANTONSBURG, NC 27883

(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 and follow-up survey on 11/10/22.	C 000		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 residents sampled (Residents #1 and #2) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: 1. Review of Resident #2's current FL2 dated 12/08/21 revealed diagnoses included schizophrenia paranoid type. Review of Resident's #2's Resident Register revealed, Resident #2 was admitted to the facility on 04/01/19. Review of Resident #2's record revealed there was no documentation of TB tests since Resident	C 202		

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C 202	Continued From page 1 #2 was admitted to the facility on 04/01/19. Interview with Resident #2's on 11/10/22 at 4:27pm revealed: -He had taken a TB test 3 weeks ago (did not remember the date). -He did not remember where he had completed the TB test. -He was not given the results of his TB test. Telephone interview with a Nurse with the Primary Care Provider (PCP) for Resident #2 on 11/10/22 at 2:24pm revealed there was not a TB test on file for Resident #2. Interview with the Supervisor in Charge (SIC) on 11/10/22 at 9:56am revealed: -Resident #2 had taken a TB test and the results were written on his original FL2. -Resident #2's original FL2 could not be located. -She was responsible for reviewing the residents records quarterly. Attempted telephone interview with the Administrator on 11/10/22 at 4:00pm was not successful. Refer to interview with the Supervisor in Charge on 11/10/22 at 3:02pm. 2.Review of Resident #1's current FL-2 dated 09/20/22 revealed a diagnosis of anorexia. Review of Resident #1's Resident Register revealed he was admitted on 10/02/20 from a private residence. Interview with Resident #1 on 11/10/22 revealed he could not remember if TB skin tests were done when he was admitted.	C 202		

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C 202	Continued From page 2 Review of Resident #1's resident record revealed: -There was documentation that a TB skin test was placed on 11/20/19 with a negative result on 11/22/19. -There was no documentation of a second TB skin test. Attempted telephone interview with the Administrator on 11/10/22 at 4:00pm was unsuccessful. Refer to interview with the Supervisor in Charge on 11/10/22 at 3:02pm. Interview with the Supervisor in Charge (SIC) on 11/10/22 at 3:02pm revealed: -She was aware a 2 Step TB skin test should be completed upon admission and documentation should be maintained in the residents' medical record. -It was the Administrator's responsibility to ensure the 2 Step TB skin test was completed on each resident upon admission.	C 202		
C 212	10A NCAC 13G .0703 (a) Resident Register 10A NCAC 13G .0703 Resident Register (a) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register within 72 hours of the resident's admission to the home. The Resident Register is available on the internet website, http://facility-services.state.nc.us/gcpage.htm, or at no charge from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. The facility may use a resident information form	C 212		

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C 212	Continued From page 3 other than the Resident Register as long as it contains at least the same information as the Resident Register. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Resident Register was completed within 72 hours of admission to the facility for 1 of 3 sampled residents (#2). The findings are: Review of Resident #2's current FL2 dated 12/08/21 revealed the diagnosis was schizophrenia paranoid type. Review of Resident #2's Resident Register revealed: -Resident #2 was admitted to the facility on 04/01/19. -Resident #2 had signed the Resident Register but had not dated the form. -The Administrator nor the Supervisor in Charge (SIC) had signed the Resident Register. Interview with the SIC on 11/10/22 at 10:19am revealed: -She did not know Resident #2's Resident Register was not signed. -She did not know that she should have signed the Resident Register. -She was responsible for completing audits on the resident record.	C 212		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs	C 246		

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C 246	Continued From page 4 of residents. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure referral and follow-up to meet the routine health care needs for 1 of 3 sampled residents (#3) related to a requested dental appointment. The findings are: Resident #3's current FL2 dated 05/06/22 revealed diagnoses included intermittent explosive disorder and mild mental retardation. Review of Resident #3's Resident Register revealed the admission date was 05/24/2015. Review of Resident #3's record on 11/10/22 revealed: -There was no documented health care or follow up for medical treatment for Resident #3. -There were no documented health care progress notes from the PCP for Resident #3. Interview with Resident #3 on 11/10/22 at 8:13am revealed: -He had a diagnosis of attention deficient hyperactivity disorder (ADHD). -He took Risperdal at night. -He did not remember his last visit with his PCP. Interview with Resident #3's family member on 11/10/22 at 1:12pm revealed: -The facility staff made the medical appointments for Resident #3. -He wanted Resident #3 to receive dental care and had spoken with the facility staff about making a dental appointment for Resident #3. -Resident #3 last dental appointment was about 2	C 246		

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C 246	Continued From page 5 years ago (date not provided). Telephone interview with the Nurse at Resident #3's PCP on 11/10/22 at 2:24pm revealed: -Resident #3 last visit was on 09/23/22 for an annual wellness examination. -Resident #3 would be referred for an eye examination. -There had not been a referral or discussion for dental care. Interview the SIC on 11/10/22 at 3:11pm revealed: -Resident #3's family member had not discussed the resident's need to see a dentist. -She was not aware that all contact with Resident #3's medical providers should be documented in his record. Attempted telephone interview with Resident #3's PCP on 11/10/22 at 4:09pm was not successful.	C 246		
C 415	10A NCAC 13G .1201 (a) Resident Records 10A NCAC 13G .1201 Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Facility Services and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and	C 415		

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C 415	Continued From page 6 rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S. 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to maintain resident records in an orderly manner and readily available for review for 3 of 3 sampled residents (#1,#2,#3) where there were no visit notes or visit summaries from providers. The findings are: 1.Review of Resident #1's current FL-2 dated	C 415		

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C 415	Continued From page 7 09/20/22 revealed a diagnosis of anorexia. Review of Resident #1's Resident Register revealed he was admitted 10/02/20 from a private residence. Telephone interview with a nurse with Resident #1's primary care provider (PCP) on 11/10/22 at 2:26pm revealed: -Resident #1 was last seen for a wellness visit on 09/23/22. -Resident #1 complained of arm pain during the visit and testing was done to evaluate for a blood clot. -Testing revealed there was no blood clot and no follow-up appointment was needed. -Resident #1 saw a nutritionist about every 3 months. Review of Resident #1's resident record revealed: -There were no visit summaries for primary care provider visits. -There was no documentation of care notes or visits to the nutritionist. Interview with Resident #1 on 11/10/22 at 4:30pm revealed: -He went to see a nutritionist in October 2022 but could not remember the date. -He went to lunch that day with his peer support specialist that day but did not see a psychiatrist. -He had seen a medical doctor but could not remember when. Interview with the Supervisor in Charge (SIC) on 11/10/22 at 3:02pm revealed: -Resident #1 saw a PCP yearly for wellness visits but she did not receive any paperwork unless follow-up was requested. -She was not aware Resident #1 had tests	C 415		

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C 415	Continued From page 8	C 415		

completed to check for a blood clot during his last PCP visit.
-She did not remember who transported Resident #1 to the last PCP appointment but remembered being told everything was good and there were no problems during the visit.
-She had never contacted Resident #1's providers to request visit summaries because she did not know she needed to.
-She was not aware contact with all providers should be documented.

Attempted interview with the Administrator on 11/10/22 at 4:00pm was not successful.

2. Review of Resident #2's current FL2 dated 12/08/21 revealed the diagnosis was schizophrenia paranoid type.

Review of Resident #2's Resident Register revealed an admission date of 04/01/19.

Review of Resident #2's record on 11/10/22 revealed:
-There was no documented health care or follow up for medical treatment for Resident #2.
-There were no documented health care progress notes from the PCP or Psychiatrist for Resident #2.
-There was no documented psychiatric or psychological evaluation for Resident #2.

Interview with the Nurse at Resident #2's PCP on 11/10/22 at 2:24pm revealed Resident #2's was see by the PCP on 09/23/22 for an annual wellness examination.

3. Resident #3's current FL2 dated 05/06/22 revealed diagnoses included intermittent explosive disorder and mild mental retardation.

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C 415	Continued From page 9 Review of Resident #3's Resident Register revealed the admission date was 05/24/15. Review of Resident #3's record on 11/10/22 revealed: -There was no documented health care or follow up for medical treatment for Resident #3. -There were no documented health care progress notes from the PCP or Psychiatrist for Resident #3. -There was no documented psychiatric or psychological evaluation for Resident #3. Interview with Resident #3 on 11/10/22 at 8:13am revealed: -He had a diagnosis of attention deficient hyperactivity disorder (ADHD). -He took Risperdal at night. -He did not remember his last visit with his PCP. Interview with Resident #3's family member on 11/10/22 at 1:12pm revealed: -He was unsure of Resident #3's last visit with his PCP. -He was unsure if Resident #3 was receiving mental health services. -The facility staff made the medical appointments for Resident #3. Telephone interview with the Nurse at Resident #3's PCP on 11/10/22 at 2:24pm revealed Resident #3 last visit was on 09/23/22 for an annual wellness examination. Attempted telephone interview with Resident #2's PCP on 11/10/22 at 4:09pm was not successful. Interview the SIC on 11/10/22 at 3:11pm revealed:	C 415		

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C 415	Continued From page 10 -She has not requested any medical or mental visit summaries or notes from Resident#3's PCP or treating mental health provider. -She was not aware that all contact with Resident #3's medical and mental health providers should be documented in his record. Attempted telephone interview with the Administrator on 11/10/22 at 4:00pm was not successful.	C 415		