FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL098032 | A. BUILDING: _____ B. WING _____ | R 09/12/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CALLED 2 CARE FAMILY CARE HOME # 2 | 502 POE STREET WILSON, NC 27893 |

| (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<br><br>The Adult Care Licensure Section conducted an annual survey on September 12, 2023. | C 000 | | 9/22/23 |
| C 203 | 10A NCAC 13G .0702 (b) Tuberculosis Test And Medical Examination<br><br>10A NCAC 13G .0702 Tubercluosis Test And Medical Examination<br><br>(b) Each resident shall have a medical examination prior to admission to the home and annually thereafter.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure resident FL2s were updated annually for 1 of 3 sampled residents (Resident #2).<br><br>The findings are:<br><br>Review of Resident #2's previous FL2 dated 07/28/22 revealed diagnoses included schizophrenia, hypertension, and chronic kidney disease.<br><br>Review of Resident #2's record revealed he did not have an updated FL2 completed since 07/28/22.<br><br>Interview with the Administrator on 09/12/23 at 12:15pm revealed:<br>-She was responsible for ensuring all the residents had FL2s updated annually.<br>-She was aware Resident #2's FL2 was overdue to be updated.<br>-She needed to take Resident #2 to his primary | C 203 | Monitoring will continue to be on a quarterly basis with the administrator being more prompt on handling this particular need. Forms were immediately taken to PCP for completion on 9/22/23 | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mayldyman — TITLE: Administrator — (X6) DATE: 9/29/23

STATE FORM 6899 L2T911 If continuation sheet 1 of 3

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| C 203 | Continued From page 1<br>care provider (PCP) to get an updated FL2.<br>-She checked the resident records regularly to see if any of the FL2s needed to be updated.<br>-The resident's PCP was located in a different city; she had not had the time to take him.<br><br>Attempted interview with Resident #2's PCP on 09/12/23 at 10:50am was unsuccessful. | C 203 | | |
| C 231 | 10A NCAC 13G .0801(b) Resident Assessment<br><br>10A NCAC 13G .0801Resident Assessment<br>(b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, and interviews, the | C 231 | | |

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| C 231 | Continued From page 2<br>facility failed to ensure resident care plan was completed annually for 1 of 3 sampled residents (#2).<br><br>The findings are:<br><br>Review of Resident #2's care plan on 09/12/22 revealed, the most recent care plan was completed by Resident #2's primary care provider (PCP) on 07/28/22.<br><br>Interview with the Administrator on 09/12/23 at 12:30pm revealed:<br>-Resident #2 had a completed care plan on 07/28/22.<br>-She was aware Resident #2's care plan was overdue to be updated.<br>-Care plans were completed when residents were admitted to the facility and annually.<br>-Resident #2 did not have any upcoming appointments with his PCP.<br>-She was responsible for ensuring the care plans for residents were completed annually.<br>-The resident's PCP was located in a different city; she had not had the time to take him.<br><br>Attempted interview with Resident #2's PCP on 09/12/23 at 10:50am was unsuccessful. | C 231 | | |