STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046029	A. BUILDING: _____ B. WING _____	01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS LANDING FAMILY CARE HOME	622 CULLEN ROAD HARRELLSVILLE, NC 27942

(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 01/25/24.	C 000		
C 444	10A NCAC 13G .1213 Reporting Of Accidents And Incidents 10A NCAC 13G .1213 Reporting of Accidents and Incidents (a) A family care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the Department of Social Services for 1 of 1 sampled residents (#2) that had a fall and required medical evaluation at the local emergency department. The findings are: Review of Resident #2's current FL-2 dated 07/28/23 revealed: -Diagnoses included major depressive disorder and hypertension. -He was semi-ambulatory with the use of a walker. Review of Resident #2's after visit summary from the emergency department (ED) dated 11/06/23 revealed: -He was seen for an accidental fall.	C 444		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046029	A. BUILDING: _____ B. WING _____	01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS LANDING FAMILY CARE HOME	622 CULLEN ROAD HARRELLSVILLE, NC 27942

(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 444	Continued From page 1 -Imaging of his head and neck were normal but he had a swelling on his scalp from the fall. Telephone interview with the adult home specialist (AHS) for the Department of Social Services (DSS) on 01/25/24 at 2:20pm revealed: -She was not aware Resident #2 had a fall on 11/06/23. -She had not received an accident and incident (A/I) report or other notification from the facility. -All accidents should be reported including falls that required evaluation by the local hospital ED. Interview with the Administrator on 01/25/24 at 11:16am revealed: -Resident #2 fell on 11/06/23 and she was unable to get him up from the floor. -Resident #2 was sent to the local ED for evaluation on 11/06/23. -There was no A/I report for Resident #2's fall on 11/06/23. -She notified Resident #2's family member but did not notify DSS. -She did not know why she did not complete an A/I report. -She did not report the fall to DSS because there was no injury and she did not know she was supposed to notify DSS for an ED visit following a fall if there was no injury.	C 444		