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 04/12/2024

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 initiated on 04/09/24 exited on 04/12/24.	C 000		
C 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Facility Services for review of any	C 007		

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C 007	Continued From page 1 possible changes that may be required to the building. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to notify the Division of Health Services Regulation of the addition of non-residents that were residing in the home. The findings are: Review of facility license reveaded: -The facility was licensed for a capacity of 6. -There were four residents, four non-residents and the Superviser in Charge living in the facility. Observations during the facility tour on 04/12/24 at 8:50am revealed there were two non-residents occupying one of the bedrooms in the facility. Interview with the Supervisor in Charge (SIC) on 04/12/24 at 12:30pm revealed: -The two non-residents moved into the home in March 2024. -She did not notify the Division of Health Services Regulation of the addition of non-residents living in the home. -She did not know she needed to notify the Division of Health Services Regulation if non-residents moved into the home. -It was her responsibility to know and follow the rules and regulations for family care homes. Attempted interview with the non-residents on 04/12/24 at 8:50am was unsuccessful.	C 007		

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C 007	Continued From page 2 Attempted telephone interview with the Administrator on 04/12/24 at 2:07pm was unsuccessful.	C 007		
C 100	10A NCAC 13G .0316 (e) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain detailed fire rehearsal records which included the time of the drill and a description of what the rehearsal involved. The findings are: Observation of the facility on 04/12/24 at 9:00am revealed: -There were 3 residents present. -There were 2 exits at the facility. -There was an exit on the front of the facility that led to the front yard. -There was an exit to the back of the facility off	C 100		

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C 100	Continued From page 3	C 100		

the laundry room area that led to a covered porch and led out to the backyard.
-A fire drill sheet was located on the wall in the kitchen.

Review of the facility's fire drills sheet revealed:
-The sheet was used for fire drills, labeled as "A", hurricane drills, labeled as "B" and tornado drills, labled as "C".
-A drill was conducted on 01/03/24.
-There was no indication as to the type of drill performed or the time of the drill.
-There was no documentation of the description of what the drill involved.
-A drill was conducted on 02/03/24.
-There was no indication as to the type of drill performed or the time of the drill.
-There was no documentation of the description of what the drill involved.
-A drill was conducted on 03/04/24.
-There was no indication as to the type of drill performed or the time of the drill.
-There was no documentation of the description of what the drill involved.

Interviews with the Supervisor in Charge (SIC) on 04/12/24 at 8:50am and 2:30pm revealed:
-The current census was 4 residents with 1 resident attending a day program and 3 residents currently on site.
-The Administrator created the fire drill sheet and it was the only fire drill rehearsal form they had.
-The SIC completed the drills.
-Each month a different drill was done but she failed to mark which drill had been done each month.
-When the fire drill was conducted, she pressed the button on the smoke detector and everyone met at the tree in the front yard or the tree in the back yard, depending on where they were in the

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C 100	Continued From page 4 home at the time of the fire drill. -She was never told that a brief description of the drill or the time of the drill needed to be included on the form. Attempted telephone interview with the Administrator on 04/12/24 at 2:05pm was unsuccessful.	C 100		
C 134	10A NCAC 13G .0402 Qualifications of Supervisor-In-Charge 10A NCAC 13G .0402 Qualifications of Supervisor-In-Charge The supervisor-in-charge, who is responsible to the administrator for carrying out the program in a family care home in the absence of the administrator, shall meet the following requirements: (1) be 21 years or older, if employed on or after the effective date of this Rule; (2) the supervisor-in-charge, employed on or after August 1, 1991, shall be a high school graduate or certified under the GED Program or passed the alternative examination established by the Department of Health and Human Services prior to the effective date of this Rule; and (3) earn 12 hours a year of continuing education credits related to the management of adult care homes and care of aged and disabled persons. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on record reviews and interviews, the administrator failed to ensure the	C 134		

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C 134	Continued From page 5 supervisor-in-charge earned 12 hours of yearly continued education credits related to management of adult care homes and care of aged and disabled persons. The findings are: Review of staff records on 04/12/24 at 10:00am revealed the medication aide (MA) did not have documentation of 12 hours of continued education credits related to management of adult care homes and care of aged and disabled persons. Review of staff records on 04/12/24 at 10:15am revealed the Supervisor in Charge (SIC) did not have documentation of 12 hours of continued education credits related to management of adult care homes and care of aged and disabled persons. Interview with the personal care aide (PCA) on 04/09/24 at 8:36am revealed: -She was the only staff present. -The census was 4 male residents. -She denied the surveyor access to the home, and she would call the Administrator. Observation of the PCA on 04/09/24 at 9:26am revealed: -The PCA opened the front door and acknowledged she was on the phone with the SIC. -Over the phone, the SIC would not allow the surveyor to enter the home because the PCA would not have access to the residents' records. Observation of the home on 04/09/24 at 9:44am to 9:50am revealed the PCA would not answer the door after ringing the doorbell and knocking	C 134		

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C 134	Continued From page 6 several times. Interview with the SIC on 04/12/24 at 10:20am revealed: -She had documentation that she had completed cardiopulmonary resuscitation training and infection control training within the past year. -She did not have any documentation of any other training that she had completed within the last year. -She did not complete 12 hours of continued education credits within the past year. -She was not aware that she needed 12 hours of continued education credits yearly for herself as SIC. -It was the responsibility of the Administrator and herself to ensure all the mandatory trainings were completed yearly. Attempted telephone interview with the Administrator on 04/12/24 at 2:07pm was unsuccessful.	C 134		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or moving into a family care home, the administrator, all other staff, and any persons living in the family care home shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205, which is hereby incorporated by reference, including subsequent amendments. (b) There shall be documentation on file in the family care home that the administrator, all other staff, and any persons living in the family care home are free of tuberculosis disease.	C 140		

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C 140	Continued From page 7 Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 4 non-residents living in the facility were tested for Tuberculosis (TB) disease in compliance with the TB control measures adopted by the Commission for Health Services. The findings are: Observations during the facility tour on 04/12/24 at 8:50am revealed there were two non-residents occupying one of the bedrooms in the facility. Interview with the Supervisor in Charge (SIC) on 04/12/24 at 9:45am revealed: -The two non-residents moved into the home in March 2024 -The two non-residents living in the home did not have 2-step TB tests completed. -She was not aware that non-residents living in the facility had to have 2-step TB tests completed. -It was her responsibility to ensure TB tests were completed for residents in the facility. -It was her responsibility to know and follow the rules and regulations for family care homes. Attempted telephone interview with the Administrator on 04/12/24 at 2:07pm was unsuccessful.	C 140		
C 186	10A NCAC 13G .0601 (b)(1) Management And Other Staff 10A NCAC 13G .0601 Management And Other Staff	C 186		

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C 186	Continued From page 8 (b) At all times there shall be one administrator or supervisor-in-charge who is directly responsible for assuring that all required duties are carried out in the home and for assuring that at no time is a resident left alone in the home without a staff member. Except for the provisions cited in Paragraph (c) of this Rule regarding the occasional absence of the administrator or supervisor-in-charge, one of the following arrangements shall be used: (1) The administrator shall be in the home or reside within 500 feet of the home with a means of two-way telecommunication with the home at all times. When the administrator does not live in the licensed home, there shall be at least one staff member who lives in the home or one on each shift and the administrator shall be directly responsible for assuring that all required duties are carried out in the home; This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure there was an Administrator or Supervisor in Charge (SIC) was on site or the Administrator was able available by two-way communication or at least 500 feet from the facility. The findings are: Observation of a resident on 04/09/24 at 8:36am revealed a resident was standing on the side of the home smoking.	C 186		

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C 186	Continued From page 9 Interview with the personal care aide (PCA) on 04/09/24 at 8:36am revealed: -She was the only staff present. -The census was 4 male residents. -She denied the surveyor access to the home and she would call the Administrator. Observation of two residents on 04/09/24 at 9:08am revealed two residents came outside to the side of the home to smoke. Telephone interview with the Supervisor in Charge (SIC) on 04/09/24 at 9:10am revealed: -She was in the hospital and would not return to the facility until after 12:00pm. -The PCA was nervous and had not felt comfortable allowing the surveyor inside of the home. -The PCA would not have access to the residents' records or other files. -She would call the facility and give the PCA permission to allow the surveyor inside of the home. Observation of the home on 04/09/24 at 9:24am revealed there was an attempt by the surveyor to gain access to the home by ringing the doorbell and knocking on the door was but denied access. Observation of the PCA on 04/09/24 at 9:26am revealed: -The PCA opened the front door with the SIC on the phone. -Over the phone, the SIC would not allow the surveyor to enter the home because the PCA would not have access to the residents' records. Observation of the home on 04/09/24 at 9:44am to 9:50am revealed the PCA would not answer the door after ringing the doorbell and knocking	C 186		

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C 186	Continued From page 10 on the door several times. Telephone interview with the SIC on 04/09/24 at 9:50am revealed she would contact the PCA to allow the surveyor inside of the home. Interview with a resident on 04/09/24 at 9:51am revealed: -He did not know how long he had resided at the home. -He received his medication the morning of 04/09/24 from the PCA. Interview with a second resident on 04/09/24 at 9:52am revealed: -He did not know how long he had resided at the home. -He received his medication the morning of 04/09/24 from the PCA. Observation of the home on 04/09/24 at 9:53am revealed: -The surveyor entered the foyer area. -There was a bedroom off the foyer that was shared by two residents. -One resident was lying in the first bed. -The resident made a grunting sound to acknowledge the surveyor's presence. Interview with the PCA on 04/09/24 at 9:54am revealed there was a fourth resident who attended a day program. Telephone interview with the fourth resident on 04/09/24 at 10:21am revealed: -He attended the day program Monday through Friday. -He did not take medication. Interview with the Supervisor in Charge (SIC) in	C 186		

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C 186	Continued From page 11 the facility on 04/012/24 at 2:20pm revealed: -She lived in the home. -The Administrator visited the facility once or twice a month. -The Administrator was often not available to take calls during the week. -She left the PCA in charge of the residents on 04/09/24 because she was at the hospital. -She was not aware the PCA was not qualified to be left alone in the home with the residents because she did not have 12 hours of yearly trainings. -She was not aware that an Administrator or SIC had to be on site or the Administrator was able to communicate two-way or at least 500 feet from the facility. Attempt telephone interviews with the Administrator on 04/09/24 at 8:42am and 04/12/24 at 2:07pm were unsuccessful.	C 186		
C 257	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) Food services shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food under sanitary conditions.	C 257		

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C 257	Continued From page 12	C 257		

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to ensure all food items stored by the facility were protected from contamination related to improper storage of food items in the refrigerator.

The findings are:

Observation of the kitchen refrigerator on 04/12/24 at 9:05am revealed:
-There was an open container of coleslaw with no open date.
-There was a microwave dinner partially covered without a date opened label.
-There were two styrofome containers each containing food without date opened labels.
-There was a zip lock bag containing french fries without a date opened label.
-There was a plastic bag containing rotisserie chicken that was not dated.
-There was a plastic container with a brown substance that was not labeled.
-There was a zip lock bag containing chicken without a date opened label.
-There was an open bag containing salad that had mushy black and brown leaves, which was uncovered without a date opened label.
-There was a plastic container with salad that had mushy black and brown leaves, without a date opened label.

Observation of the kitchen freezer on 04/12/24 at 9:10am revealed:
-There were two freezer bags containing chicken that were not labeled.
-There was a cup containing frozen liquid uncovered that was not labeled

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C 257	Continued From page 13 -There was meat covered by aluminum foil that was not labeled. Interview with the Supervisor in charge (SIC) on 04/12/24 at 9:10am revealed: -She understood that all food should be labeled. -She was responsible for making sure that the food in the refrigerator was not spoiled. -She was responsible for making sure that the food in the refrigerator was labeled and dated. -Staff should inspect the refrigerator daily to ensure that the food was properly stored and not expired. Attempted telephone interview with the Administrator on 04/12/24 at 2:07pm was unsuccessful.	C 257		
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 rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S.	C 415		

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(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 415	Continued From page 14 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 ensure that all documentation in the residents' records were available and accessible in the facility for 3 of 3 sampled residents (#1, #2, #3). The findings are: 1. Review of Resident #1's current FL2 dated 09/20/23 revealed diagnoses included major depression and anorexia. Review of Resident #1's record revealed: -There was no medication administration record	C 415		

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 04/12/2024

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C 415	Continued From page 15 (MAR) for March 2024. -There were no primary care provider (PCP) progress notes. Refer to interviews with the Supervisor in Charge (SIC) on 04/12/24 at 10:38am, 11:50am and 2:36pm. Refer to interview with the primary care provider's (PCP) office on 04/12/24 at 1:09pm. 2. Review of Resident #2's current FL2 dated 12/18/23 revealed diagnoses included schizophrenia paranoid type. Review of Resident #2's record revealed: -There was no medication administration record (MAR) for March 2024. -There were no primary care provider (PCP) progress notes. Refer to interviews with the Supervisor in Charge (SIC) on 04/12/24 at 10:38am, 11:50am and 2:36pm. Refer to interview with the primary care provider's (PCP) office on 04/12/24 at 1:09pm. 3. Review of Resident #3's current FL2 dated 06/02/23 revealed diagnoses included mental retardation (MR). Review of Resident #3's record revealed there were no primary care provider (PCP) progress notes. Refer to interviews with the Supervisor in Charge (SIC) on 04/12/24 at 10:38am, 11:50am and 2:36pm.	C 415		

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 04/12/2024

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C 415	Continued From page 16 Refer to interview with the primary care provider's (PCP) office on 04/12/24 at 1:09pm. Attempted telephone interview with the Administrator on 04/12/24 at 2:05pm was unsuccessful. Attempted telephone interview with the mental health provider on 04/12/24 at 2:07pm was unsuccessful. _____ Interviews with the Supervisor in Charge (SIC) on 04/12/24 at 10:38am, 11:50am and 2:36pm revealed: -The SIC was responsible for maintaining records. -She thought duplicate February medication administration records (MARs) could have been placed in the record instead of March 2024 MARs. -She thought the March 2024 MARs were mislabeled as the February 2024 MARs. -She was unsure why the March 2024 MARs were not in the records. -If the March 2024 MARs were mislabeled as February 2024, she should have noted this as an error. -She did a record audit monthly and did the last record audit 03/31/24 or 04/01/24. -She did not notice that there were no March 2024 MARs. -All residents went out for primary care provider (PCP) and mental health appointments. -Visit summary notes were not provided unless there were medication or health changes. Telephone interview with the PCP's office staff revealed: -The PCP did not always provide after visit notes but did provide a yellow encounter form.	C 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 415	Continued From page 17 -After visit notes were provided if there were recomendations such as blood work or immunizations. -Residents #1, #2 and #3 were all seen on 09/25/23 and there were no recommendations.	C 415		