STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL039011	A. BUILDING: _____ B. WING _____	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS FAMILY CARE HOME	408 MIMOSA STREET OXFORD, NC 27565

(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 01/29/25.	C 000		
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801Resident Assessment (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 3 sampled residents (#1, #2, and #3) had a care plan completed annually. The findings are:	C 231		

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C 231	Continued From page 1 1. Review of Resident #1's current FL-2 dated 01/03/25 revealed: -Diagnoses included type 2 diabetes, hyperlipidemia, atherosclerosis, and chronic obstructive pulmonary disease (COPD). -He required assistance from staff for bathing, dressing, feeding. -He was incontinent with his bladder. Review of Resident #1's care plan dated 10/12/23 revealed: -He was ambulatory with the aide of an assistive device. -He was occasionally incontinent with his bladder. -He was forgetful and needed reminders. -He needed assistance with cutting his food at mealtime. -He was totally independent with toileting, ambulation, bathing, dressing, and personal hygiene. Review of Resident #1's record revealed there were no care plans after 10/12/23 for review. Interview with the Administrator on 01/29/25 at 11:25am revealed she did not realize Resident #1's care plan was due. Refer to the interview with the Administrator on 01/29/25 at 11:25am. 2. Review of Resident #2's current FL-2 dated 06/16/24 revealed: -Diagnoses included mild mental retardation, schizophrenia, anxiety, depression, gastro-esophageal reflux disease (GERD), hyperlipidemia, hypertension, and diabetes. -She was ambulatory. -She needed assistance with cutting her food and dressing.	C 231		

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C 231	Continued From page 2 Review of Resident #3's care plan dated 10/20/23 revealed: -She was ambulatory with the aide of an assistive device and required supervision from staff. -She required assistance from staff with cutting her food. -She required extensive assistance from staff with toileting, bathing, and dressing. -She required limited assistance from staff with grooming and personal hygiene. Review of Resident #2's record revealed there were no care plans after 10/20/23. Interview with the Administrator on 01/29/25 at 11:25am revealed she did not realize Resident #2's care plan was due. Refer to the interview with the Administrator on 01/29/25 at 11:25am. 3. Review of Resident #3's current FL-2 dated 09/10/25 revealed: -Diagnoses included bipolar, hypertension, vitamin B deficiency, and hyperlipidemia. -She was ambulatory. -She was incontinent with her bladder. Review of Resident #3's care plan dated 10/03/25 revealed: -She was occasionally incontinent. -She was totally independent with personal care needs. Review of Resident #3's record revealed there were no care plans after 10/03/25 to review. Interview with the Administrator on 01/29/25 at 11:25am revealed:	C 231		

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C 231	Continued From page 3 -She had completed Resident #3's care plan and had taken it to Resident #3's primary care provider's (PCP) office to have it signed on 01/08/25. -She went to the PCPs office last week, she could not remember the day, to pick up the signed care plan. -The PCPs office could not find the care plan; the receptionist was going to look for the care plan and call me when she found it. -She did not make a copy of Resident #3's care plan before she took it to the PCP's office for signature. -She should have made a copy of Resident #3's care plan to keep in the record until the signed copy was returned. Refer to the interview with the Administrator on 01/29/25 at 11:25am. _____ Interview with the Administrator on 01/29/25 at 11:25am revealed: -Resident's care plans were to be updated annually. -She would place the care plan due dates on her calendar as a reminder to complete annual paperwork. -She did not have the residents listed on her calendar for the month of October 2024 to complete the care plans. -She forgot to add the due dates for the care plans to her calendar. -She was responsible for completing care plans in a timely manner.	C 231		
C 358	10A NCAC 13G .1006 (g) Medication Storage 10A NCAC 13G .1006 Medication Storage (g) Medications shall not be stored in a	C 358		

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C 358	Continued From page 4 refrigerator containing non-medications and non-medication related items, except when stored in a separate container. The container shall be locked when storing medications unless the refrigerator is locked or is located in a locked medication area. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure a medication for a resident was stored in a locked container in the refrigerator. The findings are: Observation of the facility on 01/29/25 at various times between 8:30am to 1:00pm revealed: -There was a box of 5 Insulin Lispro (a fast-acting insulin used to lower blood sugar) pens in a zip-locked bag in the door of the refrigerator. -The medication was not secured in a locked box. Observation of the kitchen on 01/29/25 between 9:30am and 10:30am revealed: -There were four residents sitting at the table in the kitchen. -The medication was in the unlocked refrigerator. -There was no staff in the kitchen. Interview with the Administrator on 01/29/25 at 11:25am revealed: -She knew the medication in the refrigerator should be in a locked box so the residents could not get it. -The lock on the locked box broke a few weeks ago, and she had not bought a new lock. -She was responsible for ensuring the medication	C 358		

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C 358	Continued From page 5 in the refrigerator was secured.	C 358		