STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL033004	A. BUILDING: _____ B. WING _____	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE HOME #2	1101 HILL STREET ROCKY MOUNT, NC 27801

(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 01/23/25.	C 000		
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure hot water temperatures were maintained at 100° to 116° degrees Fahrenheit (F) for 3 of 3 fixtures in the common residents' bathroom and a common area restroom with temperatures of 124.3°F to 126.3°F. The findings are: Observations of common area restroom off of the laundry room on 01/23/25 at 9:40am revealed the hot water temperature at the sink was 126.3°F. Observations of common bath room on 01/23/25 at 9:42am revealed: -The hot water temperature at the sink was 125.1°F. -The hot water temperature at the shower/tub was 124.3°F. Interview with a resident on 01/23/25 at 9:46am revealed the hot water was never too hot where it	C 105		

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C 105	Continued From page 1 caused a burn. Interview with a second resident on 01/23/25 at 9:50am revealed she has not noticed the hot water being too hot. Telephone interview with an Environmental Specialist at the local Department of Health on 01/23/25 at 10:12am revealed they had not completed standard hot water temperature checks for the facility. Interview with a Supervisor in Charge (SIC) on 01/23/25 at 9:44am revealed: -The residents had not complained about the water being too hot. -The local county health department completed the hot water temperature checks yearly. -She completed a hot water temperature check about 1 month ago (specific date not provided). -She had not completed water temperature check logs. -She would adjust the hot water on the hot water heater. Observations of water thermometers being calibrated on 01/23/25 at 2:15pm to 2:21pm revealed: -The SIC and Surveyor's water thermometers were placed in a cup of ice water. -Both water thermometers temperatures were calibrated at 32.5°F. Observations of re-check of the water temperature with the SIC on 01/23/25 revealed at 2:21pm, the hot water temperature at the sink in the residents' common area restroom off of the laundry room was at 115.0°F completed by the SIC and at 115.3°F completed by the Surveyor.	C 105		

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C 105	Continued From page 2 Observations of re-check of the water temperatures with the SIC on 01/23/25 revealed: -At 2:23pm, the hot water temperature at the sink in the residents' common bathroom off of the laundry room was at 88.0°F completed by the SIC and at 89.0°F completed by the Surveyor. -At 2:24pm, the hot water temperature at the tub/shower in the residents' common bathroom off of the laundry room was at 74.0°F completed by the SIC and was at 75.0°F completed at by the Surveyor. Interview with the SIC on 01/23/25 at 2:25pm revealed: -She had adusted the hot water temperature but had not releaized it was adjust to low. -She would readjust the hot water temperature and recheck to temperature to ensure it would be within the required range of 100°F to 116°F. Interview with the Administrator on 01/23/25 at 3:05pm revealed: -Residents had not complained to her about the water temperature being too hot. -The hot water temperature log was not being completed. -The staff could adjust the temperature if needed.	C 105		
C 202	10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination, and Immunizations (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 Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions.	C 202		

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C 202	Continued From page 3	C 202		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure 1 of 3 residents sampled (Residents #3) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.

The findings are:

Review of Resident #3's current FL2 dated 10/16/24 revealed diagnoses included, type II diabetes, mental retardation (mild), dementia, major depression disorder, hypertension, migraines, hyperlipidemic, and allergic rhinitis.

Review of Resident #3's Resident Register revealed, Resident #3 was admitted to the facility 11/06/19.

Review of Resident #3's record revealed there was no documentation of TB test since Resident #3 was admitted to the facility on 11/06/19.

Interview with Resident #3 on 01/23/25 at 2:59pm revealed she had been administered a TB test since she had lived at the home.

Interview with the Supervisor in Charge (SIC) on 01/23/25 at 12:05pm revealed:
-The Administrator would give her information on which residents needed a TB test, and she would schedule an appointment to take the resident to get the TB test.
-The Administrator was the person responsible

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C 202	Continued From page 4 for ensuring all TB tests were completed. Interview with the Administrator on 01/23/25 at 2:43pm revealed: -If the TB test results were not in Resident #3's record, then the TB test was not completed. -She did not know why the TB test was not completed. -She was responsible for ensuring all residents' TB tests were completed.	C 202		
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist, respiratory care practitioner, or physical therapist in the on-site review and evaluation of the residents' health status, care plan, and care provided, as required in Paragraph (a) of this Rule, is completed within 30 days after admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.	C 254		

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C 254	Continued From page 5 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure the assessment and evaluation by a Licensed Health Professional Support (LHPS) for 3 of 3 sampled residents who had orders for finger stick blood sugar checks (FSBS) 3 times monthly (#1, #2 and #3). The findings are: 1. Review of Resident #1's current FL-2 dated 10/16/24 revealed: -Diagnoses included mental retardation, dementia, schizophrenia paranoid, diabetes type #2, hypertension and hyperlipemia. -There was an order for Ozempic 2mg, inject subcutaneously 1 time weekly (a medication used to lower blood glucose levels). -There was an order for FSBS checks 3 times monthly. Review of Resident #1's resident register revealed Resident was admitted to the facility on 04/11/11. Review of Resident #1's record revealed there was no licensed health professional support (LHPS) assessments and evaluations. Review of Resident #1's blood pressure (BP) log for November 2024 revealed there was an entry for BP check on 11/01/24, 11/15/24 and 11/30/24. Review of Resident #1's blood pressure (BP) log for December 2024 revealed there was an entry for BP check on 12/01/24, 12/15/24 and 12/31/24 Review of Resident #1's blood pressure (BP) log for January 2025 revealed there was an entry for	C 254		

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C 254	Continued From page 6 BP check on 01/01/25 and 01/15/25 Interview with Resident #1 on 01/23/25 at 9:34am revealed: -She was a diabetic. -She did not take insulin, but her blood sugar was checked at least once a week. -The Supervisor in Charge (SIC) or the Administrator would check her blood sugar. Interview with the Supervisor in Charge (SIC) on 01/23/25 at 11:01am revealed: -Resident #1 used a glucose monitoring device to check her blood sugar. -She had checked the glucose monitoring device for the blood sugar levels. -She was not aware if Resident #1 had a LHPS assessment evaluation. Refer to the telephone interview LHPS Nurse on 01/23/25 at 2:01pm. Refer to the interview with the Administrator on 01/23/25 at 3:05pm. 2. Review of Resident #2's current FL-2 dated 01/16/25 revealed: -Diagnoses included paranoid schizophrenia, hypertension, allergic rhinitis, hyperlipidemia, diabetes type II and unspecified dementia . -There was an order for Ozempic 2mg, inject subcutaneously 1 time weekly (a medication used to lower blood glucose levels). -There was an order for FSBS checks 3 times monthly. Review of Resident #2's resident register revealed Resident was admitted to the facility on 08/27/01.	C 254		

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C 254	Continued From page 7 Review of Resident #2's record revealed there were no licensed health professional support (LHPS) assessments and evaluations. Review of Resident #2's blood pressure (BP) log for November 2024 revealed there was an entry for BP check on 11/01/24, 11/15/24 and 11/30/24. Review of Resident #2's blood pressure (BP) log for December 2024 revealed there was an entry for BP check on 12/01/24, 12/15/24 and 12/31/24 Review of Resident #2's blood pressure (BP) log for January 2025 revealed there was an entry for BP check on 01/01/25 and 01/15/25 Refer to the telephone interview LHPS Nurse on 01/23/25 at 2:01pm. Refer interview with the Supervisor in Charge (SIC) on 01/23/25 at 12:05pm. Refer to the interview with the Administrator on 01/23/25 at 3:05pm. 3. Review of Resident #3's FL2 dated 10/16/24 revealed: -Diagnoses included, type II diabetes, mental retardation (mild), dementia, major depression disorder, hypertension, migraines, hyperlipidemic, and allergic rhinitis. -There was an order for FSBS checks 3 times monthly. Review of Resident #3's resident register revealed Resident was admitted to the facility on 11/06/19. Review of Resident #3's record revealed there were no licensed health professional support	C 254		

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C 254	Continued From page 8 (LHPS) assessments and evaluations. Review of Resident #3's blood pressure (BP) log for November 2024 revealed there was an entry for BP check on 11/01/24, 11/15/24 and 11/30/24. Review of Resident #3's blood pressure (BP) log for December 2024 revealed there was an entry for BP check on 12/01/24, 12/15/24 and 12/31/24 Review of Resident #3's blood pressure (BP) log for January 2025 revealed there was an entry for BP check on 01/01/25 and 01/15/25 Refer to the telephone interview LHPS Nurse on 01/23/25 at 2:01pm. Refer interview with the Supervisor in Charge (SIC) on 01/23/25 at 12:05pm. Refer to the interview with the Administrator on 01/23/25 at 3:05pm. _____ Telephone interview with the Licensed Health Professional Support (LHPS) Nurse on 01/23/25 at 2:01pm revealed: -She visited the facility on 01/10/25 but did not complete LHPS evaluations for the residents. -She knew Residents #1 and #2 took Ozempic. -She reviewed the residents' records but had not seen previous LHPS and did not complete new LHPSs for the residents. Interview with the Supervisor in Charge (SIC) on 01/23/25 at 12:05pm revealed: -She had not known if the LHPS were completed for the residents. -She would check the residents blood sugar levels as ordered. -The Administrator was the person responsible	C 254		

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C 254	Continued From page 9 for making sure residents' LHPS evaluations were completed. Interview with the Administrator on 01/23/25 at 2:43pm revealed: -There was a nurse who would come to the facility to complete the LHPS for residents who required a LHPS. -She did not know Resident #3 had a completed LHPS. -She did not know why the LHPS forms for Residents #1 and #2 were not in their record. -She would have the LHPS nurse update the LHPS evaluations for residents who needed them. -She was the person responsible for ensuring all the LHPS was completed for the residents.	C 254		
C 353	10A NCAC 13G .1006 (b) Medication Storage 10A NCAC 13G .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications for residents were stored in a locked container in the refrigerator. The findings are: Observation of the kitchen on 01/23/25 at 9:50am revealed: -Medication was stored in the bottom drawer in	C 353		

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C 353	Continued From page 10	C 353		

the refrigerator.
-Inside the drawer was a clear freezer bag with a written message, "Don't Use These", on a white piece of paper.
-The bottom drawer was not locked.
-The clear freezer bag with the medication was not stored in a locked box or container.
-The freezer bag contained 1 box of Ozempic 2mg/Dose (4 2mg syringes), 1 box of Humalog KwikPen 100 units/mL and Lantus 100 units/Ml.

Observation of the kitchen area on 01/23/25 from 9:00am to 3:30pm revealed:
-There were two residents present.
-Both residents left the facility at 10:17am.
-Both residents returned at 12:37pm

Telephone interview with the facility's contracted Pharmacist on 01/23/25 at 1:46pm revealed:
-Ozempic, Humalog and the Lantus were medications used to treat diabetes.
-The insulin should be stored in a secure location and not accessible to other residents.
-If the medication was not used properly, the residents' blood sugar would not be within proper limits, either too low or too high.

Interview with the Supervisor In Charge (SIC) on 01/23/25 at 1:33pm revealed:
-She was not aware of the medication needed to be in a locked secured container when stored in the refrigerator.
-Residents were not allowed to access the refrigerator at any time.
-The facility did not have a written medication storage policy.

Telephone interview with the Administrator on 01/23/25 at 3:05pm revealed:
-She knew medications that needed to be

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C 353	Continued From page 11 refrigerated were to be stored in a locked box or locked container. -She would purchase a locked box to store all medication that was to be refrigerated. -The facility did not have a medication storage policy.	C 353		
C 363	10A NCAC 13G .1007 (c) Medication Disposition 10A NCAC 13G .1007 Medication Disposition (c) Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or following the death of the resident. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to document and return unused and expired insulin medication for 1 of 2 sampled residents (#1) to the pharmacy. The findings are: Review of Resident #1's current FL-2 dated 10/16/24 revealed: -Diagnoses included mental retardation, dementia, schizophrenia paranoid, diabetes type #2, hypertension and hyperlipemia. -There was no order for Humalog KwikPen 100 units/mL subcutaneously 3 times daily (a medication used to treat blood glucose levels) . -There was no order for Lantus 100 units/mL inject 10 units subcutaneously at bedtime (a	C 363		

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C 363	Continued From page 12 medication used to treat blood glucose levels). Review of Resident #1's record revealed there was no discontinued orders for the Humalog KwikPen 100 units/mL subcutaneously 3 times daily and for the Lantus 100 units/mL inject 10 units subcutaneously. Observation of the kitchen's refrigerator on 01/23/25 at 9:50am revealed: -There was a box of Humalog KwikPen 100 units/mL subcutaneously 3 times (a medication used to treat blood glucose levels) daily with Resident #1's name. -The Humalog KwikPen 100 units/mL (a medication used to treat blood glucose levels) had an expiration date of 06/05/24. -There was a box of Lantus 100 units/mL inject 10 units subcutaneously at bedtime with Resident #1's name. -The Lantus 100 units/mL had an expiration date of 08/05/25. Telephone interview with the facility's contracted Pharmacist on 01/23/25 at 1:46pm revealed: -The Humalog KwikPen 100units/mL and the Lantus 100 units/mL were medications used to treat diabetes. -The unused Humalog KwikPen 100units/mL and the Lantus 100 units/mL were to be returned to the pharmacy for proper disposal. Interview with the Supervisor in Charge (SIC) on 01/23/25 at 1:33pm revealed she knew to return all unused or expired medication but forgot to return the insulin. Interview with the Administrator on 01/23/25 at 1:33pm revealed all unused and expired medications were to be returned to the pharmacy	C 363		

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C 363	Continued From page 13 immediately after expiration date or when it was learn the medication would not be used.	C 363		