STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092045	A. BUILDING: _____ B. WING _____	R 02/27/2025

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MIMS FAMILY CARE HOME	6337 MIMS ROAD HOLLY SPRINGS, NC 27540

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C 000	Initial Comments The Adult Care Licensure Section conducted a follow up and annual survey on February 27, 2025.	C 000		
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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#1, #2) were tested for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services. The findings are: 1. Review of Resident #1's current FL-2 dated 01/20/25 revealed diagnoses included asthma, insomnia, depression, hyperlipidemia, benign hyperplagia of the prostate, and history of tuberculosis. Review of Resident #1's Resident Register revealed:	C 202		

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C 202	Continued From page 1 -There was an admission date of 11/27/20. -The resident was admitted from another facility. Review of Resident #1's record for tuberculosis (TB) screening results revealed: -There was a discharge summary from a local hospital dated 04/10/13 with documentation of no active tuberculosis disease. -There was documentation of Record of Tuberculosis Screening form dated 06/11/13 with a checkmark for "yes" to "unexplained productive cough" and "cough greater than 3 weeks in duration". -There was no documentation of chest x-ray results specific to screening for TB. -There was no documentation of a positive or negative TB skin test for Resident #1. Review of physician after visit summaries for Resident #1 revealed: -On 03/27/23, the resident was seen for chronic respiratory insufficiency and mucopurulent chronic bronchitis -On 10/18/23, the resident was seen for follow-up of shortness of breath, lung nodule, pulmonary emphysema, and personal history of tuberculosis. -There was no documentation for any screening for tuberculosis. Review of a lung cancer screening dated 10/18/23 for Resident #3 revealed: -There were "significant or potentially significant findings unrelated to lung cancer". -There were "possible superimposed component of infection given clustered appearance of some of the opacities". Interview with the supervisor on 02/27/25 at 12:40pm revealed: -She did not know whether Resident #1 had any	C 202		

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C 202	Continued From page 2	C 202		

active TB on admission.
-She received documents from the previous facility prior to admission but did not review the documents for TB screening.
-She contacted the primary care provider (PCP) on 01/16/24 about getting a chest x-ray for Resident #1 and was still waiting for the PCP to contact her.
-She called the local health department on 06/04/24 to inquire about getting a chest x-ray for Resident #1 and was informed the resident needed to be showing current symptoms of TB for a chest x-ray to be done.
-Currently, she did not have any documentation regarding screening for TB for Resident #1.

Attempted interview with Resident #1 on 02/27/25 at 5:20pm was unsuccessful.

Refer to interview with the supervisor on 02/27/25 between 12:18pm and 12:40pm.

2. Review of Resident #2's current FL2 dated 01/20/25 revealed diagnoses included benign essential hypertension, diabetes mellitus type II, hyperlipidemia, gout, dementia, and encephalopathy unspecified.

Review of Resident #2's Resident Register revealed:
-There was an admission date of 11/27/20.
-The resident was admitted from another facility.

Review of Resident #2's record for tuberculosis (TB) screening results revealed there was no documentation of a TB skin test for Resident #2.

Interview with the supervisor on 02/27/25 at 12:18pm revealed:
-The TB skin test screening results were

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C 202	Continued From page 3 supposed to be in the resident's record. -Because the resident came from another facility, she thought the TB skin test screening results were sent with the admission paperwork. -She did not review the admission paperwork for TB skin test results. Refer to interview with the supervisor on 02/27/25 between 12:18pm and 12:40pm. Interview with the supervisor on 02/27/25 between 12:18pm and 12:40pm revealed: -She was responsible for ensuring TB skin test screenings were completed. -She required TB screening results prior to a resident admission. -She had not reviewed the resident's records TB screening results. -She did not have a system to review resident records. The facility failed to ensure tuberculosis screening was completed for Resident #2 who had a documented history of tuberculosis and with symptoms of upper respiratory disease. This failure was detrimental to the health and well-being of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 134D-34 on 02/27/25 fot this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 13, 2025.	C 202		
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support	C 254		

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C 254	Continued From page 4 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. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure a licensed health professional support (LHPS) evaluations were completed for 2 of 3 sampled residents (#1, #2) who required nebulizer treatments and oxygen administration (#1), and finger stick blood glucose (FSBS) testing (#2). The findings are: 1. Review of Resident #1's current FL-2 dated 01/20/25 revealed diagnoses included asthma,	C 254		

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C 254	Continued From page 5 insomnia, depression, hyperlipidemia, benign hyperplagia of the prostate, and history of tuberculosis. Review of Resident #1's Resident Register revealed there was an admission date of 11/27/20. Observations of Resident #1 on 02/27/25 at 9:15am revealed: -There was an oxygen concentrator sitting by the door. -The resident was seated in a recliner chair with a nebulized treatment in progress. Review of physician orders for Resident #1 dated 10/08/24 revealed there were physician's order for nebulizer treatments twice daily, four times a day, and as needed. Review of an after visit report for Resident #1 dated 03/27/23 revealed there was a handwritten notation (unsigned) for oxygen delivery. Review of LHPS evaluations for Resident #1 revealed: -There was documentation for a Licensed Health Professional Support (LHPS) review and evaluation dated 01/18/24 for inhalation medication and oxygen administration and monitoring. There was no documentation for a review of health status, physical assessment, or progress to care. -There was documentation for an LHPS review and evaluation dated 10/08/24 for LHPS task for oxygen administration and monitoring. There was a handwritten notation for a six-month follow-up. -There were no subsequent LHPS evaluations for review.	C 254		

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C 254	Continued From page 6 Interview with the medication aide/supervisor (MA/S) on 02/27/25 at 10:46am revealed: -She thought the LHPS reviews for Resident #1 were completed because the resident used a "breathing machine". -She did not have any additional LHPS reviews for Resident #1. Refer to the interview with the medication aide/supervisor (MA/S) at 10:46am on 02/27/25. 2. Review of Resident #2's current FL2 dated 01/20/25 revealed diagnoses included benign essential hypertension, diabetes mellitus type II, hyperlipidemia, gout, and encephalopathy unspecified. Review of Resident #2's Resident Register revealed there was an admission date of 11/27/20. Review of physician's order for Resident #2 revealed there was a physician's order for finger stick blood sugar (FSBS) checks weekly. Review of LHPS evaluations for Resident #2 revealed: -There was documentation for LHPS evaluations dated 11/20/23 and 01/18/24 for collecting and testing fingerstick blood samples. -There was documentation on the LHPS evaluation dated 11/20/23 of "in stable health, new diagnoses of fatty liver disease, will recheck CMP (complete metabolic profile labwork) in 6 months, low fat and sugar diet". -There were no subsequent quarterly LHPS reviews and evaluations for Resident #2. Interview with the MA/S on 02/27/25 at 12:18pm	C 254		

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C 254	Continued From page 7 revealed: -She was not able to find any additional LHPS evaluations for Resident #2. -FSBS testing was an LHPS task. Refer to the interview with the medication aide/supervisor (MA/S) at 10:46am on 02/27/25. _____ Interview with the medication aide/supervisor at 10:46am on 02/27/25 revealed: -She had LHPS reviews completed by the primary care provider during their scheduled medical visits. -She thought the LHPS reviews were supposed to be completed when she took the residents to see the PCP and at least every 4 - 6 months. -She did not know the specific rule regarding LHPS reviews. -She did not know LHPS reviews were supposed to be completed quarterly.	C 254		