STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096009	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTHAM FAMILY CARE # II	107 N GEORGIA AVENUE GOLDSBORO, NC 27530

(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 May 30, 2025.	C 000		
C 105	10A NCAC 13G .0317 (d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) Hot water shall be supplied to the kitchen, bathrooms, and laundry. The hot water temperature shall be maintained at a minimum of 100 degrees F and shall not exceed 116 degrees F at all fixtures used by or accessible to residents. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure hot water temperatures were maintained at 100° to 116° degrees Fahrenheit (F) for 2 fixtures in the facility's shared resident bathroom (1 tub faucet and 1 tub shower). The findings are: Observation of the shared resident bathroom on 05/30/25 at 8:25am revealed the hot water temperature at the tub faucet was 120.92°F. Observation of the shared resident bathroom on 05/30/25 at 9:55am revealed the hot water temperature at the shower was 118.8°F.	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096009	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTHAM FAMILY CARE # II	107 N GEORGIA AVENUE GOLDSBORO, NC 27530

(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 105	Continued From page 1 Interview with a resident on 05/30/25 at 8:35am revealed the water in the bathroom was not too hot. Interview with another resident on 05/30/25 at 8:37am revealed he had no concerns about the hot water in the bathroom. Interview with the Administrator on 05/30/25 at 8:55am and 10:25am revealed: -She thought the hot water temperature was supposed to be at 120°F. -She purchased a new hot water heater at the end of 2024 and the temperature was set on the lowest setting. -She was told the hot water heater temperature setting was factory preset and could not be changed. -None of the residents complained about the water being too hot. -All the residents take showers and not baths. -She assisted the residents with bathing by turning the water on for them. -She did not have a thermometer. -She did not check the water temperatures at any time. -She would post a hot water warning sign. Observations of re-check of water temperatures in the shared resident bathroom tub faucet at 8:58am revealed the hot water temperature was 120.6°F. Interview with a local plumber at the facility on 05/30/25 at 10:25am revealed: -The hot water heater's lower thermostat was set at 120°F and the upper thermostat was set at 115°F. -He adjusted both thermostats to the lowest setting of 115°F.	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096009	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTHAM FAMILY CARE # II	107 N GEORGIA AVENUE GOLDSBORO, NC 27530

(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 105	Continued From page 2 Observations of re-check of water temperatures in the shared resident bathroom at 10:50am revealed: -The hot water temperature for the tub faucet was 101.8°F. -The hot water temperature for the shower was 100.2°F.	C 105		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to ensure referral and follow-up to meet the acute health care needs of 1 of 3 sampled residents related to failing to follow up on nephrology appointments scheduled by the nephrologist (#1). The findings are: Review of Resident #1's current FL-2 dated 07/16/24 revealed: -Diagnoses included schizophrenia, hypertension, chronic kidney disease (CKD), hyperlipidemia and Vitamin D deficiency. -The resident was ambulatory. Review of Resident #1's Resident Register revealed he was admitted to the facility on 10/18/94. Review of Resident #1's care plan dated 07/05/24 revealed he required limited assistance with	C 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096009	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTHAM FAMILY CARE # II	107 N GEORGIA AVENUE GOLDSBORO, NC 27530

(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 246	Continued From page 3 eating, toileting, ambulation, bathing, dressing and grooming. Observation of Resident #1 on 05/30/25 between 7:15am and 8:00am revealed: -He was sitting at the kitchen table eating breakfast with no assistance or difficulty. -He ambulated independently throughout the facility. -He was waiting for his ride to a day program. -He left the facility at approximately 8:00am to go to a day program. Interview with Resident #1 on 05/30/25 at 7:35am revealed: -He had been at the facility for a long time. -He liked living at the facility. Review of two letters from Resident #1's nephrology office dated 10/10/24 revealed: -Resident #1 had an appointment scheduled for 01/06/25 with the nephrology office for a lab visit. -Resident #1 had an appointment scheduled for 01/10/25 with the nephrology office for a follow up visit. Review of Resident #1's record revealed there was no documentation Resident #1 attended the 01/06/25 and 01/10/25 nephrology appointments. Telephone interview with a licensed professional nurse (LPN) at Resident #1's nephrology office on 05/30/25 at 3:34pm revealed: -As residents grew older, their kidneys grew older. -Resident #1's primary care provider (PCP) referred him to the nephrologist so that he would already be established with their office if he started having issues; so, they could monitor his kidney function.	C 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096009	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTHAM FAMILY CARE # II	107 N GEORGIA AVENUE GOLDSBORO, NC 27530

(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 246	Continued From page 4 -Resident #1 had not been seen since October 2024. -Resident #1 did not show up for his appointments in January 2025. -No one called to inform their staff that Resident #1 could not attend the January 2025 appointments. -No one called to reschedule the January 2025 appointments. -Resident #1 was scheduled for appointments in January so that the nephrologist could check his labs. -Nephrology patients were usually seen every 3 months to monitor labs and kidney function. -There were no labs to compare to see if there was any concern with Resident #1's kidney function. Interview with the Administrator on 05/30/25 at 9:17am revealed: -Resident #1 did not attend the 01/06/25 and 01/10/25 nephrology appointments because he had the flu. -She called the nephrology office to inform them that Resident #1 had the flu. -She did not call the nephrology office back to reschedule the appointments. -She was not concerned about the appointments being missed because the PCP told her Resident #1 was doing well. Interview with nurse at the PCP office on 05/30/25 at 11:06am revealed: -She was unsure if they were aware of the nephrology appointments scheduled for 01/06/25 and 01/10/25. -Resident #1 had labs done at their office on 03/11/25. -Resident #1's labs were stable. -Their office had access to Resident #1's	C 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096009	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTHAM FAMILY CARE # II	107 N GEORGIA AVENUE GOLDSBORO, NC 27530

(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 246	Continued From page 5 nephrology office notes. -According to the nephrology office notes, Resident #1 had an appointment scheduled for 01/10/25 but did not go. -Resident #1 last went to the nephrology office 10/10/24. -Resident #1 sees a nephrologist because he has chronic kidney disease (CKD). -On 03/12/25, the PCP stated Resident #1 was to see the nephrologist as scheduled the nephrology appointments needed to be rescheduled. -Resident #1 should see nephrology once per year. -There was no concern with Resident #1's missed nephrology appointments on 01/06/25 and 01/10/25 because the labs the PCP completed were stable. -Resident #1's CKD was stable and there was nothing acute going on.	C 246		