STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046021	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEPHENSON FAMILY CARE HOME	316 EAST RICHARD STREET AHOSKIE, NC 27910

(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 05/30/25.	C 000		
C 207	10A NCAC 13G .0702 (f) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination and Immunizations (f) If the information on the Adult Care Home FL-2 is not clear or is insufficient, or information provided to the facility related to the resident's condition or medications after the completion of the medical examination conflicts with the information provided on the Adult Care Home FL-2, the facility shall contact the physician or physician extender for clarification in order to determine if the facility can meet the individual's needs. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure resident's FL-2's were completed with physician orders for 1 of 3 sampled residents (#3). The findings are: Review of Resident #3's current Fl-2 dated 01/07/25 revealed: -Diagnoses included hypertension, schizoaffective disorder bipolar type, asthma, and anal condyloma (anal condyloma are anal warts). -There was not an order for Senna 8.6mg, take 1 tablet every day at 8:00am (Senna is used to treat -There was not an order for Vitamin D3 1,000 units, take 1 tablet every day at 8:00am (Vitamin	C 207		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046021	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEPHENSON FAMILY CARE HOME	316 EAST RICHARD STREET AHOSKIE, NC 27910

(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 207	Continued From page 1 D3 is used to treat constipation). Review of Resident #3's physician order sheet dated 04/08/25 revealed: -There was an order for Senna 8.6mg, take 1 tablet every day for supplement at 8:00am (Senna is used to treat -There was an order for Vitamin D3 1,000 units, take 1 tablet every day for supplement at 8:00am (Vitamin D3 is used to treat bone structure). Review of Resident #3's March 2025 medication administration record (MAR) revealed: -There was an entry for Senna 8.6mg, take 1 tablet once a day at 8:00am. -Senna 8.6mg was documented as administered at 8:00am from 03/01/25 to 03/31/25. -There was an entry for Vitamin D3 1,000 units, take 1 tablet once a day at 8:00am. -Vitamin D3 1,000 was documented as administered at 8:00am from 03/01/25 to 03/31/25. Review of Resident #3's April 2025 MAR revealed: -There was an entry for Senna 8.6mg, take 1 tablet once a day at 8:00am. -Senna 8.6mg was documented as administered at 8:00am from 04/01/25 to 04/30/25. -There was an entry for Vitamin D3 1,000 units, take 1 tablet once a day at 8:00am. -Vitamin D3 1,000 was documented as administered at 8:00am from 04/01/25 to 04/30/25. Review of Resident #3's May 2025 MAR revealed: -There was an entry for Senna 8.6mg, take 1 tablet once a day at 8:00am. -Senna 8.6mg was documented as administered	C 207		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046021	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEPHENSON FAMILY CARE HOME	316 EAST RICHARD STREET AHOSKIE, NC 27910

(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 207	Continued From page 2 at 8:00am from 05/01/25 to 05/29/25. -There was an entry for Vitamin D3 1,000 units, take 1 tablet once a day at 8:00am. -Vitamin D3 1,000 was documented as administered at 8:00am from 05/01/25 to 05/29/25. Observation of medications on hand for Resident #3 on 05/30/25 at 1:30pm revealed: -There were 10 tablets of Senna 8.6mg on hand. -There were 10 tablets of Vitamin D3 1,000 on hand. Telephone interview with a pharmacist with the facility's contracted pharmacy on 05/30/25 at 10:32am revealed: -The pharmacy dispensed 30 tablets of Senna 8.6mg 05/01/25. -The pharmacy dispensed 30 tablets of Vitamin D3 1,000 units on 05/01/25. -The pharmacy had not received a copy of Resident #3's FL-2 dated 01/07/25. Interview with the Administrator on 05/30/25 at 1:40pm revealed: -She had all medications to administer to the resident per his MAR and his physician orders. -She should have caught her mistake when she completed a cart audit. -She completed cart audits which included reviewing and comparing the resident's physician orders, the MAR and medications on hand. -She had forgotten to send Resident #3's FL-2 to the pharmacy.	C 207		