STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040006	A. BUILDING: _____ B. WING _____	R 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIE'S FAMILY CARE HOME	1025 POPE FARM ROAD STANTONSBURG, NC 27883

(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 and Greene County Department of Social Services conducted an annual survey, follow-up survey, and complaint investigation from June 12, 2025, to June 13, 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 and interviews, the facility failed to ensure that hot water temperatures were maintained at 100 degrees to 116 degrees Fahrenheit (F) for 4 fixtures in two bathrooms used by residents. The findings are: Review of the facility's most recent Environmental Sanitation Report dated 06/03/24 revealed: -There was a water temperature of 114.3 degrees F. -There was no documentation of which fixtures in	C 105		

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C 105	Continued From page 1 the facility were tested. Observation of the resident bathroom located in the hallway by resident's rooms on 06/12/25 at 8:50am revealed the hot water temperature in the bathroom sink was 124.4 degrees F. Observation of the resident bathroom located in the hallway by resident's rooms on 06/12/25 at 8:52am revealed the hot water temperature in the bathroom tub was 127 degrees F. Observation of a second resident bathroom located in the hallway adjacent to the living room on 06/12/25 at 8:54am revealed the hot water temperature in the bathroom sink was 122 degrees F. Observation of a second resident bathroom located in the hallway adjacent to the living room on 06/12/25 at 8:56am revealed the hot water temperature in the bathroom tub was 123 degrees F. Interview with a resident on 06/12/25 at 8:58am revealed: -He usually used the bathroom near the resident's rooms. -The bathroom tub hot water became hot quickly. -He turned the knob to add more cold water when he showered. Interview with a second resident on 06/12/25 at 9:00am revealed: -He used the bathroom that was in the hallway by the resident's rooms. -He added cold water to the bathroom sink and tub when he felt it was too hot. -He had not experienced any burns from the water being too hot.	C 105		

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C 105	Continued From page 2 Request to the Supervisor in Charge (SIC) on 06/12/25 at 9:05am for the facility water temperature log revealed that the facility did not maintain a water temperature log. Interview with the SIC on 06/12/25 at 9:05am revealed: -The facility did not have a water temperature log. -She did not have a thermometer to check the resident's sink or tub, but she could use the thermometer from the refrigerator if she felt she needed to check the water temperatures in the resident's bathroom. -She had not checked the water temperature of the sink or tub in the resident's bathroom in several months. Attempted telephone interview with the Administrator on 06/13/25 at 1:09pm was unsuccessful.	C 105		
C 120	10A NCAC 13G .0316 (f) Fire Safety and Emergency Preparedness Plan 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other emergency. Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The	C 120		

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C 120	Continued From page 3 documentation shall include the date and time of the fire drill, the shift, the names of staff members present, and a short description of drill. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to maintain detailed fire rehearsal records which included a description of what the rehearsal involved. The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/25 for a capacity of 6 ambulatory residents. -The expiration date of the facility's license was 12/31/25. Observation of the facility on 06/12/25 at 8:22am revealed: -There was one staff member present. -There were three residents at the facility. -There were two family members of the Supervisor in Charge (SIC) that were ages 10 and 13. Interview with the SIC on 06/12/25 at 8:25am revealed: -There was a census of 4 residents. -One resident was at a day program and was not at the facility.	C 120		

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C 120	Continued From page 4 Observation of the facility on 06/12/25 at 8:30am revealed: -There were 3 residents at the facility. -There were 2 exits at the facility. -There was an exit on the front of the facility that led to the front yard. -There was an exit to the back of the facility that led to a covered porch and led out to the backyard. Review of the facility's fire drill sheets revealed: -The sheet was used for fire drills, labeled as "A" hurricane drills, labeled as "B", tornado drills, labeled as "C" medical emergency, labeled as "D", violence at the workplace, labeled as "E" bomb threat, labeled as "F." -There was a column with "amount of assistance required evacuating or completing drill instructions, indicate if verbal or physical prompts were needed, document any problems, check fire extinguishers and listen for beeping smoke detector. -A fire drill was conducted on 03/09/25. -There was documentation that 2 verbal prompts were provided, one resident refused to exit the facility, and the fire extinguisher was checked. -There was documentation that the fire drill was conducted at 1:00pm and five people participated in the fire drill. -There was no additional documentation of the description of what the fire drill involved and there was no documentation of what type of drill was completed. -A fire drill was conducted on 04/12/25. -There was documentation that 3 verbal prompts were provided, one resident refused to exit the facility, and the fire extinguisher was checked. -There was documentation that the fire drill was conducted at 5:00pm and five people participated	C 120		

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C 120	Continued From page 5 in the fire drill. -There was no additional documentation of the description of what the fire drill involved and there was no documentation of what type of drill was completed. -A fire drill was conducted on 05/02/25. -There was documentation that 3 verbal prompts were provided, one resident refused to exit the facility, and the fire extinguisher was checked. -There was documentation that the fire drill was conducted at 4:00pm and five people participated in the fire drill. -There was no additional documentation of the description of what the fire drill involved, and there was no documentation of what type of drill was completed. Observation of a fire drill on 06/13/25 at 10:28am revealed: -The Supervisor in Charge (SIC) turned the fire alarm on in the kitchen. -There were 3 residents present in the facility. -Two residents exited the facility at 10:30am and stood in the front yard. -The third resident remained in his bed. -The third resident exited the facility at 10:31am and stood in the front yard. -There were two family members of the SIC in a living area near the kitchen that did not exit the facility. -The SIC stated that she did not think her two family members could hear the fire alarm in the kitchen. -The SIC turned on the fire alarm in the laundry room at 10:33am, which was adjacent to the kitchen and the living quarters of her two family members. -The two family members did not exit the living quarters. -At 10:37am the SIC entered her living quarters	C 120		

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C 120	Continued From page 6 and asked one family member who was observed sleeping why they did not exit when they heard the fire alarm. -The family member stated that he did not pay any attention to the fire alarm. -At 10:40am the SIC woke the second family member who was also sleeping. -The second family member reported that he was asleep and did not hear the fire alarm. Interview with the SIC on 06/13/25 at 10:42am revealed: -The third resident that exited the facility should have exited the facility immediately. -She conducted a fire drill each month and documented the date, time, number of people involved in the drill and if there were any problems with the fire drill. -Her family members were sleeping and did not pay attention to the fire alarms when inspectors were at the facility. Attempted telephone interview with the Administrator on 06/13/25 at 1:09pm was unsuccessful. _____ The facility failed to ensure fire rehearsal records included a description of the fire rehearsal which included the method of practicing how residents shall evacuate in the event of a fire or other emergency. This resulted in 1 of 3 residents sleeping through a fire rehearsal and having to be prompted by another resident to evacuate the facility and two family members of the SIC not evacuating the facility during a fire rehearsal. The facility's failure was detrimental to the resident's health, safety, and welfare and constitutes a Type B Violation. _____ A Plan of Protection was requested on 06/19/25	C 120		

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C 120	Continued From page 7 and provided on 06/20/25 but was not accepted. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 28, 2025.	C 120		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or moving into a family care home, the administrator, all other staff, and any persons living in the family care home shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205, which is hereby incorporated by reference, including subsequent amendments. (b) There shall be documentation on file in the family care home that the administrator, all other staff, and any persons living in the family care home are free of tuberculosis disease. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 non-residents living in the facility were tested for Tuberculosis (TB) disease in compliance with the TB control measures adopted by the Commission for Health Services. The findings are: Observation of the facility on 06/12/25 intermittently from 8:15am to 9:30am revealed there were two family members of the Supervisor	C 140		

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C 140	Continued From page 8 in Charge (SIC) below the age of 14 that walked from the SICs living quarters to the kitchen and family room. Interview with the SIC on 06/12/25 at 3:05pm revealed she was not aware that the two family members needed to have a TB screening, or 2 step TB test completed. Telephone interview with a registered nurse (RN) from the local health department (LHD) on 06/13/25 at 8:06am revealed: -The two children at the facility need to have either a screening for tuberculosis (TB) or a 2 step TB test since they were living in an environment with residents in a facility. -The two children were at risk of contracting TB if a resident in the facility had TB. Telephone interview with a certified medical assistant (CMA) at the facility's primary care provider's (PCP) office on 06/13/25 at 8:54am revealed: -The two family members of the SIC that resided at the home needed to be screened or tested for TB as soon as possible because they were children and would have a difficult time fighting off TB if they contracted TB. -TB was very contagious and was transmitted through airborne droplets when a person with TB coughed or sneezed. -The SIC's two family members were at risk of contracting TB if a resident at the home had TB, or had not been tested for TB. Attempted telephone interview with the Administrator on 06/13/25 at 1:09pm was unsuccessful.	C 140		

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C 185	Continued From page 9	C 185		
C 185	10A NCAC 13G .0601(a) Management and Other Staff 10A NCAC 13G .0601 Mangement and Other Staff (a) A family care home administrator who is approved in accordance with Rule .1501 of this Subchapter shall be responsible for the total operation and management of the facility to assure that all care and services are provided to maintain the health, safety, and welfare of the residents in accordance with all applicable local, state, and federal regulations and codes. The administrator shall also be responsible to the Division of Health Service Regulation and the county department of social services for complying with the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the facility and for meeting and maintaining the rules of this Subchapter. The term "administrator" also refers to co-administrator where it is used in this Subchapter. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the Administrator failed to ensure total operation and management of the facility to ensure that all care and services were provide for the four residents that resided in the facility.	C 185		

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C 185	Continued From page 10 The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/25 for a capacity of 6 ambulatory residents. -The expiration date of the facility's license was 12/31/25. Observation of the facility on 06/12/25 at 8:22am revealed: -There was one staff member present. -There were three residents at the facility. -There were two family members of the Supervisor in Charge (SIC) in her living quarters. Interview with the SIC on 06/12/25 at 8:22am revealed: -She was the SIC and administered medications to the residents. -The Administrator was at her place of employment. -There were three residents at the facility and one resident was at a day program. Interview with the SIC on 06/13/25 at 1:11pm revealed she sent a text message to the Administrator to inform her that she needed to speak with her. Second interview with the SIC on 06/13/25 at 1:57pm revealed: -She had not received a message back from the Administrator or a telephone call from the Administrator. -She usually sent a text message to the Administrator if she needed to speak with her. -She "hardly ever got her," referring to successfully reaching the Administrator when she reached out to her by text or telephone call.	C 185		

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C 185	Continued From page 11 -The Administrator usually came to the home once a week or once every 2 weeks. Attempted telephone interview with the Administrator on 06/13/25 at 1:09pm was unsuccessful. The surveyors exited the survey on 06/13/25 at 3:00pm and there was no returned telephone call from the Administrator. Non-compliance was identified in the following areas: 1. Based on observations and interviews, the facility failed to ensure that hot water temperatures were maintained at 100 degrees to 116 degrees Fahrenheit (F) for 4 fixtures in two bathrooms for residents. [Refer to Tag C105 10A NCAC 13G .0317(d) Building Service Equipment.] 2. Based on observations, interviews, and record reviews, the facility failed to maintain detailed fire rehearsal records which included a description of what the rehearsal involved. [Refer to Tag C120 10A NCAC 13G .0316(f) Fire Safety and Emergency Preparedness Plan (TYPE B VIOLATION).] 3. Based on interviews and record reviews, the facility failed to ensure 2 non-residents living in the facility were tested for Tuberculosis (TB) disease in compliance with the TB control measures adopted by the Commission for Health Services. [Refer to Tag C140 10A NCAC 13G .0405(a)(b) Test for Tuberculosis.] 4. Based on interviews and record reviews, the facility failed to ensure 3 of 3 sampled residents (#1, #2, #3) were tested upon admission for	C 185		

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C 185	Continued From page 12 Tuberculosis (TB) disease in compliance with the control measures for) Health Services. [Refer to Tag C202 10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination.] 5. Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 3 sampled residents (#3) FL-2 was updated annually. [Refer to Tag C203 10A NCAC 13G .0702(b) Tuberculosis Test and Medical Examination.] 6. Based on interviews and record reviews, the facility failed to ensure that 2 of 3 sampled resident's (#2, #3) had an annual care plan completed. [Refer to Tag C236 10A NCAC 13G .0802(a)(c) Resident Care Plan.] 7. Based on observations, interviews, and record reviews, the facility failed to provide supervision for 3 of 3 sampled residents (#1, #2, and #3) who were taken to a library and left unsupervised. [Refer to Tag C243 10A NCAC 13G .0901(b) Personal Care and Supervision (TYPE B VIOLATION).] 8. Based on interviews and record reviews, the facility failed to ensure a licensed pharmacist, provider, or registered nurse completed a quarterly onsite review for 2 of 3 sampled residents (#1, #2) which included the reconciliation of current orders, medication administration records (MARS) and medications in the facility. [Refer to Tag C375 10A NCAC 13G .1009(a)(1) Pharmaceutical Care.] _____ The Administrator who was responsible for the total operation and management failed to ensure that all care and services were provided to the 4 residents who resided at the facility which	C 185		

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C 185	Continued From page 13 resulted in non compliance identified in Building Service Equipment, Fire Safety and Emergency Preparedness Plan, Test for Tuberculosis, Tuberculosis Test and Medical Examination, Resident Care Plan, Personal Care and Supervision, and Pharmaceutical Care. This failure was detrimental to the resident's health, safety, and welfare and constitutes a Type B Violation. _____ A Plan of Protection was requested on 06/19/25 and provided on 06/20/25 but was not accepted. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 28, 2025.	C 185		
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: Based on interviews and record reviews, the facility failed to ensure 3 of 3 sampled residents (#1, #2, #3) were tested upon admission for Tuberculosis (TB) disease in compliance with the	C 202		

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C 202	Continued From page 14 control measures for the Commission for Health Services. The findings are: 1. Review of Resident #1's current FL-2 dated 12/02/24 revealed diagnosis included schizophrenia paranoid type. Review of Resident #1's Resident Register revealed the resident was admitted on 04/01/19. Review of Resident #1's FL2 dated 12/02/24 revealed there was a note written at the bottom of the FL-2 "2 step TB (tuberculosis) skin tests negative x2 (two times) completed in 2019." Review of Resident #1's record revealed there was no documentation of a 1st step or 2nd step Tuberculosis (TB) test for Resident #1. Refer to interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm. Refer to telephone interview with a registered nurse (RN) from the local health department (LHD) on 06/13/25 at 8:06am. Refer to telephone interview with the facility's primary care provider (PCP) on 06/13/25 at 11:14am. 2. Review of Resident #2's current FL-2 dated 07/30/24 revealed diagnoses included intermittent explosive disorder and mild intellectual disability. Review of Resident #2's Resident Register revealed the resident was admitted on 05/24/15. Review of Resident #2's record revealed:	C 202		

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C 202	Continued From page 15 -The resident had a Tuberculosis (TB) skin test administered on 11/08/10, and a negative result on 11/10/10. -There was not a 2nd step skin test. Refer to interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm. Refer to telephone interview with a registered nurse (RN) from the local health department (LHD) on 06/13/25 at 8:06am. Refer telephone interview with the facility's primary care provider (PCP) on 06/13/25 at 11:14am. 3. Review of Resident #3's current FL-2 dated 06/01/24 revealed diagnosis included mild intellectual disability. Review of Resident #3's Resident Register revealed the resident was admitted on 06/02/21. Review of Resident #3's record revealed there was no documentation of a 1st step or 2nd step Tuberculosis (TB) test for Resident #3. Interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm revealed Resident #1 had a note at the bottom of his FL-2 that he had tested negative two times for TB, and she thought that was acceptable. Refer to interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm. Refer to telephone interview with a registered nurse (RN) from the local health department (LHD) on 06/13/25 at 8:06am.	C 202		

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C 202	Continued From page 16 Refer to telephone interview with the facility's primary care provider (PCP) on 06/13/25 at 11:14am. _____ Interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm revealed: -She had not asked for a two step Tuberculosis (TB) skin test from the resident's primary care provider (PCP) because she just had not thought about it. -She did not realize that there needed to be a date the TB skin test was administered, a date the TB skin test results were read, and the results of the TB skin test. -She thought that the residents had an updated 2 step TB skin test and had overlooked it. Telephone interview with a registered nurse (RN) from the local health department (LHD) on 06/13/25 at 8:06am revealed: -Residents living in the facility needed to have a 2 step TB skin test completed to ensure they did not have active TB. -TB was contagious and if one of the resident's had TB, it placed the other resident's at risk. Telephone interview with the resident's primary care provider (PCP) on 06/13/25 at 11:14am revealed: -He was not aware that Residents #1, #2, and #3 had no documentation of a completed 2 step TB skin test. -Since the residents were living in a facility, they needed to have a 2 step TB skin test to ensure they did not have active TB. Attempted telephone interview with the Administrator on 06/13/25 at 1:09pm was unsuccessful.	C 202		

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C 203	10A NCAC 13G .0702 (b) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tubercluosis Test And Medical Examination And Immunizations (b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the home and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident. This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure 1 of 3 sampled residents (#3) FL-2 was updated annually. The findings are: Review of Resident #3's current FL-2 dated 06/01/24 revealed diagnosis included mild intellectual disability. Review of Resident #3's Resident Register revealed the resident was admitted on 06/02/21. Review of Resident #3's current care plan dated 06/01/24 revealed: -The resident's memory was adequate and the	C 203		

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C 203	Continued From page 18 resident was oriented. -The resident was independent with eating, toileting, ambulation, bathing, dressing, grooming, and transferring. Review of Resident #3's record revealed: -There was an FL-2 dated 06/01/24. -There were no other FL-2's for review. Interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm revealed: -She was not aware that resident's FL-2's needed to be updated annually. -She was not aware that Resident #3's FL-2 was dated 06/01/24. -It was an oversight that she had allowed Resident #3's FL-2 to expire. -She usually took a new FL-2 to the resident's primary care provider (PCP) visits and did not realize that Resident #3's FL-2 expired. Attempted telephone interview with the Administrator on 06/13/25 at 1:09pm was unsuccessful.	C 203		
C 236	10A NCAC 13G .0802 (a) (c) Resident Care Plan 10A NCAC 13G .0802 Resident Care Plan (a) The facility shall develop and implement a care plan for each resident based on the resident's assessment completed in accordance with Rule .0801 of this Section. The care plan shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation	C 236		

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C 236	Continued From page 19 of the care plan. (c) The care plan shall include the following: (1) a description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Section; (2) frequency of the services or tasks to be performed; (3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Section; (4) licensed health professional tasks required according to Rule .0903 of this Section; (5) a dated signature of the assessor upon completion; and (6) a dated signature of the resident's physician or physician extender as defined in Rule .0102 of this Subchapter within 15 days of completion of the care plan certifying the resident is under this physician's care and has a medical diagnosis with associated physical or mental limitations warranting the provision of the personal care services in the above care plan in accordance with G.S. 131D-2.15. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that 2 of 3 sampled resident's (#2, #3) had an annual care plan completed.	C 236		

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C 236	Continued From page 20 The findings are: 1. Review of Resident #2's current FL-2 dated 07/30/24 revealed diagnoses included intermittent explosive disorder and mild intellectual disability. Review of Resident #2's Resident Register revealed the resident was admitted on 05/24/15. Review of Resident #2's facility record revealed there was no care plan. Refer to interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm. 2. Review of Resident #3's current FL-2 dated 06/01/24 revealed diagnosis included mild intellectual disability. Review of Resident #3's Resident Register revealed the resident was admitted on 06/02/21. Review of Resident #3's facility record revealed there was no care plan. Refer to interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm. Attempted telephone interview with the Administrator on 06/13/25 at 1:09pm was unsuccessful. _____ Interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm revealed: -She was not aware that resident's care plans needed to be updated annually. -It was an oversight that she had not obtained a completed an updated care plan for Resident #2 and Resident #3.	C 236		

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C 243	10A NCAC 13G .0901(b) Personal Care and Supervision 10A NCAC 13G .0901 Personal Care And Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to provide supervision for 3 of 3 sampled residents (#1, #2, and #3) who were taken to a library and left unsupervised. The findings are: Interview with the Supervisor in Charge on 06/12/25 at 2:00pm revealed: -Sometimes she took the residents to the library when they did not want to go to a movie or the park. -The residents preferred to go to the library instead of the basketball court. -She played basketball with her family members at the recreation center near the library for 30 minutes. -If the residents needed her they knew that she was at the recreation center. Review of mapquest.com on 06/13/25 revealed: -The library was located on a four-lane highway and a two-lane highway. -The four-lane highway had a speed limit of 35 miles per hour (mph). -The two-lane street had a speed limit of 25 mph. -There was a traffic signal at the four-lane	C 243		

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highway intersection at the two-lane street.
-The estimated distance from the library to the local recreation center was 0.1 miles.
-The average time of walking distance from the library to the local recreation center was 3 minutes.

1. Review of Resident #1's current FL-2 dated 12/02/24 revealed:
-Diagnosis included schizophrenia paranoid type.
-The resident was ambulatory.
-There was no information documented about the resident's orientation.
-The resident's recommended level of care was family care home.

Review of Resident #1's current care plan dated 12/08/24 revealed:
-The resident was sometimes disoriented.
-The resident was forgetful and needed reminders.
-The resident was independent with eating, toileting, ambulation, bathing, dressing, grooming and transfers.

Interview with Resident #1 on 06/12/25 at 8:33am revealed:
-He wanted to go to the library today.
-The Supervisor in Charge (SIC) had to take her family member to an appointment and she usually dropped the residents off at the library for about two hours.
-The resident would spend time at the library with two other residents from the facility.

Attempted telephone interview with Resident #1's mental health provider (MHP) on 06/12/25 at 12:43pm, 06/13/25 at 8:32am and 11:29am were unsuccessful.

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C 243	Continued From page 23 Attempted telephone interview with the Administrator on 06/13/25 at 1:09pm was unsuccessful. Refer to telephone interview with the facility's primary care provider (PCP) on 06/13/25 at 11:14am. 2. Review of Resident #2's current FL-2 dated 07/30/24 revealed: -Diagnoses included intermittent explosive disorder and mild intellectual disability. -The resident was ambulatory. -There was no information documented about the resident's orientation. -The resident's recommended level of care was family care home. Review of Resident #2's current care plan dated 05/06/24 revealed: -The resident was oriented, and his memory was adequate. -The resident was forgetful and needed reminders. -The resident was independent with eating, toileting, ambulation, bathing, dressing, grooming and transfers. Interview with Resident #2 on 06/12/25 at 8:36am revealed: -When the Supervisor in Charge (SIC) had an appointment for her family member, sometimes the residents rode with her or she left them at the library for one to two hours. -He preferred going to the library instead of riding with the SIC and waiting for her family members' appointment to be complete. -He usually checked out a few digital video discs (DVD's) and he would share them with the other residents at the facility.	C 243		

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C 243	Continued From page 24 Observation of Resident #2 and the SIC on 06/12/25 at 1:00pm revealed: -The SIC asked Resident #2 if he had any items that needed to be returned to the library. -Resident #2 told the SIC yes, and he thought she was going to take them to the library today. Attempted telephone interview with Resident #2's mental health provider (MHP) on 06/12/25 at 12:43pm, 06/13/25 at 8:32am and 11:29am were unsuccessful. Attempted telephone interview with the Administrator on 06/13/25 at 1:09pm was unsuccessful. Refer to telephone interview with the facility's primary care provider (PCP) on 06/13/25 at 11:14am. 3. Review of Resident #3's current FL-2 dated 06/01/24 revealed: -Diagnosis included mild intellectual disability. -The resident was ambulatory. -There was no information documented about the resident's orientation. -The resident's recommended level of care was family care home. Review of Resident #3's current care plan dated 06/01/24 revealed: -The resident's memory was adequate and the resident was oriented. -The resident was independent with eating, toileting, ambulation, bathing, dressing, grooming, and transferring. Interview with Resident #3 on 06/12/25 at 8:42am revealed:	C 243		

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C 243	Continued From page 25 -When the Supervisor in Charge (SIC) had to take her family member to the doctor, she took residents to a library and came to pick them up after the appointment was completed. -He and the other residents stayed at the library for approximately two hours until the SIC returned to pick them up. Attempted telephone interview with Resident #3's mental health provider (MHP) on 06/12/25 at 12:43pm, 06/13/25 at 8:32am and 11:29am were unsuccessful. Attempted telephone interview with the Administrator on 06/13/25 at 1:09pm was unsuccessful. Refer to telephone interview with the facility's primary care provider (PCP) on 06/13/25 at 11:14am. _____ Telephone interview with the resident's primary care provider (PCP) on 06/13/25 at 11:14am revealed: -He was the PCP for Resident #1, #2, and #3. -The residents needed to be supervised due to their diagnoses. -The residents were at risk of wandering away from the library. -The resident's had limited insight and judgement and were at risk of making poor decisions, such as engaging with individuals that had alcohol or drugs. -Due to the residents' limited insight and judgement, they were at risk of quickly engaging in activities that could put them in danger such as spending time with others who would have a negative influence on them. -The residents should be supervised to ensure	C 243		

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C 243	Continued From page 26 their overall safety. _____ The facility's failed to provide supervision to 3 residents who had limited judgement and insight, who were left at a local library without facility staff for 1 to 2 hours. The facility's failure was detrimental to the resident's health, safety, and welfare and constitutes a Type B Violation. _____ A Plan of Protection was requested on 06/19/25 and provided on 06/20/25 but was not accepted. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 28, 2025.	C 243		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to	C 375		

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C 375	Continued From page 27 determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a licensed pharmacist, provider, or registered nurse completed a quarterly onsite review for 2 of 3 sampled residents (#1, #2) which included the reconciliation of current orders, medication administration records (MARS) and medications in the facility. The findings are: 1. Review of Resident #1's current FL-2 dated 12/02/24 revealed: -Diagnosis included schizophrenia paranoid type. -There were six medication orders listed on Resident #1's FL-2. Review of Resident #1's Resident Register revealed the resident was admitted on 04/01/19. Review of Resident #1's record revealed: -There was a pharmacy review dated 12/08/24 with no recommendations. -There was not a pharmacy review for March	C 375		

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C 375	Continued From page 28 2025. -There was a pharmacy review dated 05/02/25 with no recommendations. Refer to interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm. 2. Review of Resident #2's current FL-2 dated 07/30/24 revealed: -Diagnoses included intermittent explosive disorder and mild intellectual disability. -There were five medication orders listed on Resident #2's FL-2. Review of Resident #2's Resident Register revealed the resident was admitted on 05/24/15. Review of Resident #2's record revealed: -There was a pharmacy review dated 10/26/24 with no recommendations. -There was not a pharmacy review for January 2025. -There was a pharmacy review dated 05/02/25 with no recommendations. Refer to interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm. _____ Interview with the Supervisor in Charge (SIC) on 06/12/25 at 4:15pm revealed: -She was not aware that she had missed a quarterly pharmacy review. -The nurse reviewed the quarterly pharmacy reviews with her before she left. -She was not aware that Resident 1 and Resident #2 required a more recent pharmacy review prior to the most recent review on 05/02/25. -She contacted the nurse when needed.	C 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040006	A. BUILDING: _____ B. WING _____	R 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIE'S FAMILY CARE HOME	1025 POPE FARM ROAD STANTONSBURG, NC 27883

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C 375	Continued From page 29 Attempted telephone interview with the Administrator on 06/13/25 at 1:09pm was unsuccessful.	C 375		