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(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and a follow up survey on July 16-17, 2025.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or moving into an adult care home, the administrator, all other staff, and any persons living in the adult 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. Amended Eff. July 1, 2021 This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to assure 3 of 3 sampled staff (Staff A, B, and C) that were tested for tuberculosis (TB) in compliance with control measures adopted by the Commission for Public Health. The findings are: Review of Staff A's personnel record revealed: -Staff A was hired as a medication aide (MA) on 3/06/25. -There was no documentation Staff A had a two-step tuberculosis (TB) skin test. Review of Staff B's personnel record revealed: -Staff B was hired as a MA on 01/04/24. -There was no documentation Staff B had a two-step TB skin test. Review of Staff C's personnel record revealed:	D 131		

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D 131	Continued From page 1 -Staff C was hired as a personal care aide's (PCA) on 01/22/25. -There was no documentation Staff C had a two-step TB skin test. Interview with the Administrator on 07/17/25 at 3:40pm revealed: -She was not aware that the two-step had not been completed for Staff A, B, or C. -The Resident Care Coordinator (RCC) was responsible to ensure the two-step for employees were completed. -She was responsible for ensuring that the two-step was completed. -She completed an audit in March 2025, but could not give the exact date, to review all employee's paperwork to ensure everything was current but somehow missed that there was no documentation of the employee's two-step TB test.	D 131		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to complete a criminal background check on 1 of 3 sampled staff (Staff C). The findings are: Review of Staff C personnel record revealed:	D 139		

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D 139	Continued From page 2 -She was hired as a personal care aide's (PCA) on 01/22/25. -There was a release form for criminal background check signed by Staff C on 11/21/22. -There was no documentation Staff C had a criminal background check prior to being rehired on 01/22/25. Interview with the Administrator on 07/17/25 at 5:20pm revealed: -She was not aware that Staff C did not have a criminal background check. -She was aware the employees must get a criminal background check upon hired but did not realize a criminal background was needed upon rehired. -She and the RCC were responsible to ensure a criminal background check was completed. -She completed an audit in March 2025, but could not give the exact date, to review all employee's paperwork to ensure everything was up to date and current but somehow missed that staff C did not have a criminal background check.	D 139		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult 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.	D 234		

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D 234	Continued From page 3	D 234		

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure 2of 3 sampled residents (#1, #3) were tested upon admission for tuberculosis (TB) disease in compliance with the control measures by the Commission for Public Health.
The findings are:
1. Review of Resident #1's current FL-2 dated 05/27/25 revealed diagnoses included schizoaffective disorder bipolar type, stress urine incontinence, tardive dyskinesia, and left arm reflex sympathetic dystrophy.

Review of Resident #1's Resident Register (not dated) revealed an admission date of 05/14/24.
Review of Resident #1's record for a tuberculosis (TB) skin test revealed:
-There was documentation of a TB skin test administered on 05/14/24 and read as negative on 05/16/24.
-There was no documentation of a second TB skin test for Resident #1.

Refer to the interview with the Resident Care Coordinator (RCC) on 07/17/25 at 3:08pm.

Refer to the interview with the Administrator on 07/17/25 at 3:20pm.

2. Review of Resident #3's current FL-2 dated 02/17/25 revealed diagnoses included type 2 diabetes, gastrointestinal hemorrhage, hypertensive heart disease with heart failure, and hyperlipidemia.

Review of Resident #3's Resident Register (not

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D 234	Continued From page 4 dated) revealed an admission date of 02/11/25. Review of Resident #3's record for a tuberculosis (TB) skin test revealed: -There was documentation of a TB skin test administered on 06/26/25 and read as negative on 06/28/25. -There was no documentation of a second TB skin test for Resident #3. Refer to the interview with the Resident Care Coordinator (RCC) on 07/17/25 at 3:08pm. Refer to the interview with the Administrator on 07/17/25 at 3:20pm. _____ Interview with the Resident Care Coordinator (RCC) on 07/17/25 at 3:08pm revealed: -She was not aware that Resident #1's second TB skin test was not administered. -She was not aware that Resident #3's second TB skin test was not administered. -She was responsible for scheduling and follow up of TB skin tests. -She was responsible for ensuring the TB skin test was administered and the two-step completed. -She and the Administer was both responsible to ensure charts were completed with the necessary paperwork. Interview with the Administrator on 07/17/25 at 3:20pm revealed: -She was not aware that Resident #1's second TB skin test was not administered. -She was not aware that Resident #3's second TB skin test was not administered. -The TB skin test should have came with them from their last residency and placed in the resident's chart but she could not say why the TB	D 234		

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D 234	Continued From page 5 skin test was not in the chart. -The RCC was responsible for filing the paperwork and for following up if the paperwork was not in the chart. -She was responsible for ensuring the TB skin test had been completed. -She did not follow up to ensure that the TB tests were completed.	D 234		
D 253	10A NCAC 13F .0801 (a) (b) Resident Assessment 10A NCAC 13F .0801 Resident Assessment (a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter. (b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following: (1) resident identification and demographic information;	D 253		

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D 253	Continued From page 6 (2) current diagnoses; (3) current medications; (4) the resident's ability to self-administer medications; (5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating; (6) mental health history; (7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background; (8) mood and behaviors; (9) nutritional status, including specialized diet or dietary needs; (10) skin integrity; (11) memory, orientation and cognition; (12) vision and hearing; (13) speech and communication; (14) assistive devices needed; and (15) a list of and contact information for health care providers or services used by the resident. The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf at no cost.	D 253		

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D 253	Continued From page 7	D 253		

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure a Resident Register was signed and dated within 30 days following admission for 2 of 3 sampled residents (#1, #3). The findings are:
1. Review of Resident #1's current FL-2 dated 05/27/25 revealed diagnoses included schizoaffective disorder bipolar type, stress urine incontinence, tardive dyskinesia, and left arm reflex sympathetic dystrophy.

Review of Resident #1's Resident Register (not dated) revealed:
-Resident #1's date of admission was 05/14/24.
-The Resident Register was not signed or dated by Resident #1 or representative.
-The Resident Register was not signed or dated by the Administrator or SIC.

Refer to the interview with the Resident Care Coordinator (RCC) on 07/17/25 at 3:08pm.

Refer to the interview with the Administrator on 07/17/25 at 3:20pm.

2. Review of Resident #3's current FL-2 dated 02/17/25 revealed diagnoses included type 2 diabetes, gastrointestinal hemorrhage, hypertensive heart disease with heart failure, and hyperlipidemia.

Review of Resident #3's Resident Register (not dated) revealed:
-Resident #3's date of admission was 02/11/25.
-The Resident Register was signed by Resident #3 but not dated.

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D 253	Continued From page 8 -The Resident Register was not signed or dated by the Administrator or Supervisor-in-Charge (SIC). Refer to the interview with the Resident Care Coordinator (RCC) on 07/17/25 at 3:08pm. Refer to the interview with the Administrator on 07/17/25 at 3:20pm. _____ Interview with the Resident Care Coordinator (RCC) on 07/17/25 at 3:08pm revealed: -She was not aware that Resident #1's Resident Register was not signed or dated. -She was not aware that Resident #3's Resident Register was not signed or dated. -She was responsible for completing the Resident Register. -She was responsible for record review audits to check to ensure the Resident Register had been signed and dated and the last audit was completed in March 2025 but did not recall the exact date. -She and the Administrator were both responsible to ensure charts were completed with the necessary paperwork. Interview with the Administrator on 07/17/25 at 3:20pm revealed: -She was not aware that Resident #1's Resident Register was not signed or dated. -She was not aware that Resident #3's Resident Register was not signed or dated. -The RCC was responsible for completing the Resident Register. -She was responsible for ensuring the Resident Register had been completed. -She did not follow up to ensure that the Resident Registers were completed.	D 253		

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D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Hot foods shall be served hot and cold foods shall be served cold as set forth in Rule 15A NCAC 18A .1620(a) for facilities with a licensed capacity of 7 to 12 residents and as set forth in Rule 15A NCAC 18A .1323 Food Protection in Activity Kitchens, Rehabilitation Kitchens, and Nourishment Stations for facilities with a licensed capacity of 13 or more residents, which are hereby incorporated by reference, including subsequent amendments. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the residents were provided with a non-disposable place setting, including a knife. The findings are: Observation of the lunch meal on 07/16/25 at 12:10pm revealed: -There were nine residents in the dining room. -The meal consisted of hamburger steak and gravy, mashed potatoes, stewed tomatoes, peaches, water, and kool-aid. -Each resident received a fork and a spoon with their place setting and none of the residents received a knife to cut the hamburger steak. -The residents use their fork to cut the hamburger steak.	D 287		

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D 287	Continued From page 10 Observation of the kitchen on 07/17/25 at 8:45am revealed: -There were 3 steak knives, three butter knives and two pairing knives in a drawer. -There were no other knives in the kitchen. Interview with the cook on 7/17/25 at 8:35am revealed: -Her training was to place a fork and a spoon on the table but no knives for safety reasons. -She did what needed to be done so the residents did not need the use of a knife. -She cut the meats before placing the plate on the table and any use for a knife, she did it. -If a resident asked her, she would then use the knife to cut meats more or to spread items on bread. -She could not recall the last time a resident asked for a knife. Interview with the Administrator on 07/17/25 at 3:20pm revealed: -She was aware that residents did not get a knife at meals on a daily basis. -If a resident asked for a knife the cook gave one, but she did not feel comfortable with given a resident a knife for safety reasons. -She did not want anyone to hurt themselves attempting to use a knife so staff would cut the food for them prior to being served or during the meal if a resident needed it.	D 287		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic	D 296		

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D 296	Continued From page 11 diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to have matching therapeutic menus for food service guidance for 1 of 3 sampled residents (#3) with physician orders for regular with chopped meats diet. The findings are: Review of the facility's diet list on 07/16/25 revealed there were nine diets for the ten residents listed; no added salt (NAS), and chopped meats diet. Review of Resident #1's current FL-2 dated 05/27/25 revealed diagnoses included schizoaffective disorder bipolar type, stress urine incontinence, tardive dyskinesia, and left arm reflex sympathetic dystrophy. Review of Resident #1's Resident Register revealed an admission date was 05/14/24. Review of Resident #1's physician order dated 05/27/25 revealed a diet order for regular with chopped meats and no added salt (NAS). Observation of the kitchen on 07/16/25 at 12:00pm revealed there was no corresponding menu posted for residents on a chopped diet.	D 296		

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Observation of the lunch menu on 07/16/25 from 12:00pm to 12:25pm revealed:
-There were nine residents in the dining room.
-The meal consisted of hamburger steak and gravy, mashed potatoes, stewed tomatoes, peaches, water, and kool-aid.
-Resident #1 was served hamburger steak and gravy, mashed potatoes, stewed tomatoes, peaches, water, and kool-aid.
-She ate 100% hamburger steak and gravy, 100% mashed potatoes, 0% stewed tomatoes, 0% peaches, and drank 75% water, and 100% of her kool-aid.
-She was served the regular diet menu.

Interview with Resident #1 on 07/17/25 at 2:50pm revealed:
-It was hard to chew meat sometimes due to her missing teeth.
-Sometimes her meat was not cut up and she would have to ask the staff to cut up her meats.
-The hamburger steak was a bit tough, but she kept chewing it until she was able to break it down into smaller pieces.

Interview with the cook on 07/17/25 at 12:25pm revealed:
-She was aware Resident #1 was on a modified diet because she went by the sheet in the kitchen that the office gave her to use.
-She did not chop the hamburger meat into smaller size for Resident #1 because she felt it was soft enough to chew.
-She chopped meats that she felt were harder to chew.
-She had not seen a diet extension sheet since she had been working at the facility.

Interview with Resident's #1 Primary Care Provider (PCP) on 07/17/25 at 3:40pm revealed:

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D 296	Continued From page 13 -She was aware of Resident #1's chopped meat diet order. -She was not aware Resident #1's meat was not chopped during lunch. -She expected what was being served would be cut into smaller bit size and easier to chew meats. -She was not aware a diet extension spread sheet was not in the kitchen. -Her concerns were if Resident #1 received too large of a piece of meat and she could choke. -If Resident #1 ate too fast she could aspirate. Interview with the Administrator on 07/17/25 at 12:38pm revealed: -She was aware that Resident #1 had a diet order for chopped meats. -She was unaware that Resident #1 hamburger steak had not been chopped during lunch. -She was aware that Resident #1 had missing teeth and was the reason she needed chopped meats. -The cook should have chopped Resident #1's meat and she expected the cook to go by the PCP's diet order. -She did not have a dietician currently and she and the owner were looking for a dietician to develop a diet spread sheet. -She was aware she should have a diet spread sheet for special diets.	D 296		
D992	G.S.§ 131D-45 (a) Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is	D992		

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MCLAMB'S REST HOME #2	998 FIVE POINT ROAD BENSON, NC 27504

(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
D992	Continued From page 14 conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to assure examination and screening was completed for the presence of controlled substances for 3 of 3 sampled staff (Staff A, B, and C). The findings are: Review of Staff A's personnel record revealed: -Staff A was hired as a medication aide (MA) on 3/06/25.	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051068	A. BUILDING: _____ B. WING _____	R 07/17/2025

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D992	Continued From page 15 -There was no documentation Staff A had a drug screening. Review of Staff B's personnel record revealed: -Staff B was hired as a MA on 01/04/24. -There was no documentation Staff B had a drug screening. Review of Staff C's personnel record revealed: -Staff C was hired as a personal care aide's (PCA) on 01/22/25. -There was no documentation Staff C had a drug screening. Interview with the Administrator on 07/17/25 at 3:40pm revealed: -She was not aware that a drug screening had not been completed for Staff A, B, or C. -The RCC was responsible to ensure a drug screening for employees was completed. -She was responsible for ensuring that a drug screening was completed. -She completed an audit in March 2025, but could not give the exact date, to review all employee's paperwork to ensure everything was up to date and current but somehow missed that the employees did not have drug screening completed.	D992		