STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING _____ B. WING _____	R 07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 July 22, 2025 and July 23, 2025.	C 000		
C 074	10A NCAC 13G .0315 (a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) A family care home shall: (1) have walls, ceilings, and floors or floor coverings that are clean, safe, and functional; 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: Based on observations, interviews, and record review, the facility failed to assure walls, ceilings, and floors were kept clean and in good repair in the kitchen, bathrooms, halls, and resident bedrooms. The findings are: Review of the most recent sanitation report revealed: -The inspection report was dated 08/01/24 -The report documented ten demerits. Review of the comment addendum to the sanitation inspection report on 08/01/24 revealed demerits given included the following areas. -There were areas of scuffed/chipped paint on "many walls and doors". -There were areas of cracked and peeling flooring that exposed unsealed wood	C 074	Addendum as per telephone conversation with Jeannie Vines, Administrator on 08/29/25 @ 915pm: - The date of completion will be 09/03/2025. H. Forte, RS Licensure Consultant	

Division of Health Service Regulation
AGENCY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — DATE
8-20-25

FORM — Received via email on August 20, 2025.
Reviewed and Acknowledged with Addendum. - H. Forte, RS 08/29/25.

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C 074	Continued From page 1 -There were chipped cabinets in the bathroom. -The bathroom shower head wall cap was unhinged. Observations of the facility on 07/22/25 between 9:14am and 9:45am revealed: -The wall area surrounding the shower head in the hallway bathroom was flaking and peeling. -There was peeling paint on the hallway closet door. -There was a hole in the spackled ceiling cover at the entrance to the dining room that was the approximate size of two 12x12 tiles . -There were three doors detached from the cabinets beneath the sink and countertop. Confidential interviews with residents revealed: -The hole in the dining room ceiling had recently occurred. -The hall bathroom wall had " been messed up for a while". -The residents used the hall bathroom for showering. -There had not been anything to fall from the wall in the hall bathroom shower area while bathing. Interview with the personal care aide/medication aide (PCA/MA) on 07/22/25 at 9:08am revealed: -She was responsible for cleaning the facility. -She cleaned bathrooms and resident rooms after the residents left the facility to attend a day program. Interview with the Administrator/Owner on 07/22/25 at 9:25am revealed: -The hole in the dining room ceiling occurred when a battery in the heat detector was being replaced. -She had received an estimate and the hole in the ceiling was supposed to be repaired on 07/28/25.	C 074		

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C 074	Continued From page 2 -She needed to get someone to do some painting at the facility. -Only staff were allowed in the kitchen area. Second interview with the Administrator/Owner on 07/23/25 at 11:30am revealed: -She was in the process of getting someone to paint at the facility. -She had someone install new hardware on the kitchen cabinets about one year ago. -The kitchen cabinet doors had "been sagging for the last two months maybe", and she was working on getting them repaired. -The residents did not go into the kitchen. -The kitchen cabinet doors were a hazard for the staff. -She realized the peeling paint on the doors was "unsightly". -The hallway bathroom wall had been damaged for about 6-7 months. -A plumber told her there was water behind the shower head and there was an obvious leak. -The wall covering around the hall bathroom shower head was shedding. -The shower head area felt soft when she touched it but was not wet. Third interview with the Administrator on 07/23/25 at 2:30pm revealed: -The hole in the dining room ceiling had been there for about two weeks. -She planned to hire a staff just to come in and perform the cleaning at the facility.	C 074		
C 202	10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination, and Immunizations	C 202		

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C 202	Continued From page 3 (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 1 of 3 sampled residents (#1) were tested upon admission to tuberculosis (TB) disease in compliance with the control measures by the Commission for Public Health. The findings are: Review of Resident #1's current FL-2 dated 11/18/24 revealed diagnoses included schizoaffective disorder, autism, and IDD (intellectual and developmental disabilities). Review of Resident #1's Resident Register revealed Resident #1 was admitted to the facility on 11/18/24 from a local hospital. Review of Resident #1's record on 07/22/25 revealed: -There was documentation for a tuberculosis (TB) skin test given on 11/18/24 and read as 0mm (negative) on 11/20/24. -There were no additional TB test results available for review. Interview with the Administrator on 07/22/25 at 3:10pm revealed:	C 202	Addendum as per telephone conversation with Jennie Vines, Administrator on 08/29/25 @ 9:15 am: - Prior to admission, the Administrator and facility manager will review pre-admission documents that will include a current FL-2 and 2-Step TBST. - A resident will not be admitted to the facility without a current FL-2 and 2-Step TBST. - If a resident is admitted in an emergency situation, the facility will accept one completed TBST and will have the second TBST completed within 72 hours of admission. - A weekly audit of resident records will be completed by the facility manager. - The weekly audit of resident records was implemented on 08/30/2025. continued on page 5 of Facts. AV 8/29/25	

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C 202	Continued From page 4 -Resident #1 had a TB skin test performed at the hospital and she thought the resident had a TB skin test performed after admission to the facility. -She had not located any other TB skin test results for Resident #1. -She was responsible for ensuring TB skin test were performed according to TB skin test guidelines. -She was responsible for reviewing documentation received for admissions to the facility. -She requested proof of TB skin tests prior to admission. -If the resident needed a second TB skin test after admission the facility was responsible for getting it done. -There had not been a TB skin test completed for Resident #1 since the resident was admitted to the facility. Interview with the Administrator on 07/23/25 at 10:40am revealed: -Resident #1 needed a second TB skin test performed. -She thought there was documentation for a second step TB skin test received from the previous facility where Resident #1 resided. -She thought there had been a 2-step TB skin test screening for Resident #1 when she reviewed the TB skin test information recently. Based on observations, interviews, and record review, it was determined Resident #1 was not interviewable.	C 202	(cont) from page 4: - The Administrator will complete a monthly audit of resident records for three (3) months following a new admission and yearly thereafter to ensure required documents such as TB-Sx, care plans and PL-2's are current in the resident record. Date of completion is 08/30/2025. - M Tate, RN Licensure Consultant	
C 207	10A NCAC 13G .0702 (f) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and	C 207		

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C 207	Continued From page 5 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 that information on the medical examination was accurate for 2 of 3 sampled residents (#1, #3) including medication orders. The findings are: 1. Review of Resident #1's current FL-2 dated 11/18/24 revealed: -Diagnoses included schizoaffective disorder, intellectual disability, and autism. -The resident's current level of care was listed as hospital. -The resident's recommended level of care was listed as family care home. Review of the Resident Register for Resident #1 revealed an admission date of 11/18/24 from a local hospital. a. Review of Resident #1's current FL-2 dated 11/18/24 revealed there was a physician's order for Polyethylene glycol (generic for Miralax used	C 207	Addendum as per telephone conversation with Jonnie Vines, Administrator on 08/29/25 at 915 hrs - The facility manager will be responsible for weekly reviews of resident records, including all physicians orders. - Any discrepancy identified in resident physician orders will be communicated to the Administrator within 24 hours. - The Administrator will be responsible to ensure resolution of any physicians orders discrepancies within 24 hours of notification. - The completion date is August 30, 2025. — H. Ford, L. Licensure Consultant 08/29/25	

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C 207	Continued From page 6 to treat constipation) 17 grams daily. Review of Resident #1's record revealed there were no additional physician orders for Miralax. Review of Resident #1's electronic medication administration records (EMARs) for May 2025, June 2025, and July 2025 revealed there was no entry for Miralax transcribed to the EMARs. Interview with the contracted pharmacy provider on 07/23/25 at 9:27am revealed: -The pharmacy received a copy of the 11/18/24 FL-2 for Resident #1. -The pharmacy received electronic prescriptions for Resident #1 on 11/18/24 but there was no prescription for the Miralax powder. -When the pharmacy received electronic prescriptions from the physician, the pharmacy used the electronic prescription as the current order for a medication. -The pharmacy's process was to send to the facility a copy of any electronic prescription received at the pharmacy but did not have any information to verify the copy of the prescription was sent to the facility. -The pharmacy had never dispensed Miralax for administration to Resident #1. Refer to the interview with the Administrator on 07/22/25 at 10:38am. Refer to the telephone interview with the contracted provider pharmacy on 07/23/25 at 8:45am. Refer to the interview with the Administrator on 07/23/25 at 2:45pm. b. Review of Resident #1's current FL-2 dated	C 207		

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C 207	Continued From page 7 11/18/24 revealed there was a physician's order for Trazadone (used to treat mood disorders and inability to sleep) 100mg every evening. Telephone interview with the contracted pharmacy provider on 07/23/25 at 11:00am revealed: -The pharmacy received a copy of the 11/18/24 FL-2 for Resident #1. -The pharmacy also received an electronic prescription for Resident #1 on 11/18/24 for Trazadone 100mg take two tablets at bedtime. -When the pharmacy received electronic prescriptions from the physician, the pharmacy used the electronic prescription as the current order for a medication. -The pharmacy's process was to send to the facility a copy of any electronic prescription received at the pharmacy but did not have any information to verify the copy of the prescription was sent to the facility. Refer to the interview with the Administrator on 07/22/25 at 10:38am. Refer to the telephone interview with the contracted provider pharmacy on 07/23/25 at 8:45am. Refer to the interview with the Administrator on 07/23/25 at 2:45pm. 2. Review of Resident #3's current FL-2 dated 07/17/25 revealed diagnoses included asthma, hypertension, gastro-esophageal reflux disease, obesity, seasonal allergies, intellectual disability, and mild developmental disability. Review of Resident #3's physician orders on the 07/17/25 FL-2 revealed:	C 207		

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C 207	Continued From page 8 -The medication orders were listed as: Lasix (used to treat swelling) 40mg, Jardiance (used to treat diabetes mellitus) 10mg, Fluticasone Prop 50 (used for allergies), Loratadine (used to treat allergies) 10mg, Losartan Potassium (used to treat high blood pressure) 100mg, Vitamin D3 (a dietary supplement) 1000 IU, Vitamin B-12 (a dietary supplement) 1000mcg, Symbicort (a nasal spray used to treat allergies) 80-45mc, Nystop (used to treat rashes) 100,000un/gm, Lipitor (used to treat high cholesterol) 40mg, Benzotropine, and Haloperidol. -There were no instructions for frequency and route of administration for the medications listed to be administered to Resident #3. Review of Resident #3's July 2025 electronic medication administration record (EMAR) revealed the medication orders were transcribed as follows: -There were printed entries for Lasix 40mg tablet by mouth every day, Fluticasone Prop 50mcg spray instill one spray into each nostril every day for allergies, Loratadine 10mg tablet by mouth every day, Losartan Potassium 100mg tablet by mouth every day for blood pressure, Vitamin D3 1000 IU chewable by mouth daily for supplement, Vitamin B-12 1000 mcg tablet by mouth every day for supplement, Symbicort 80-4.5mcg inhaler inhale two puffs by mouth two times a day for shortness of breath/wheezing, Atorvastatin 40mg tablet take one tablet by mouth at bedtime, Benztropine Mes 1mg tablet by mouth at bedtime, and Haloperidol 10mg tablet by mouth at bedtime for mood. -There was a printed entry for Jardiance 25mg tablet every day for diabetes. Telephone interview with the contracted provider pharmacy on 07/23/25 at 8:50am revealed:	C 207		

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C 207	Continued From page 9 -The pharmacy received an escribed physician's order on 10/10/24 to increase Resident #3's Jardiance from Jardiance 10mg two tablets daily to Jardiance 25mg tablet daily due to a payment issue. -There had not been a change order to the Jardiance since the 10/10/24 physician's order. -The pharmacy had not received any FL-2's for Resident #3 for July 2025 but had received a refill order for Jardiance 25mg every day dated 04/07/25. -If the pharmacy received a new FL-2, they would reconcile the orders on the new FL-2 to the pharmacy med list and send a form to the PCP for any clarification needed. Interview with the Administrator on 07/22/25 at 12:38pm revealed: -She transported Resident #3 to the 07/17/25 physician appointment. -She could see there were no instructions for dosage or frequency documented for the medications listed on Resident #3's 07/17/25 FL-2. -She was surprised she did not catch that there were no medication dosages or frequency listed on the FL-2 for Resident #3 and "assumed" the FL-2 was correct. -If someone else read the medication orders listed on the 07/17/25 FL-2 for Resident #3, they would not know how much to administer. Second interview with the Administrator on 07/22/25 at 12:35pm revealed: -She or the medication aide entered the identifying information on the section of the FL-2's. -The primary care provider (PCP) office nurse entered the medication orders on the FL-2's. -She and the MAs were responsible for reviewing	C 207		

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C 207	Continued From page 10 the FL-2's. -She reviewed the FL-2's before leaving the PCP's office. -She knew what medications the residents were prescribed and sometimes missed a complete review of the FL-2 before leaving the PCP's office. Refer to the interview with the Administrator on 07/22/25 at 10:38am. Refer to the telephone interview with the contracted provider pharmacy on 07/23/25 at 8:45am. Refer to the interview with the Administrator on 07/23/25 at 2:45pm. Attempted telephone interview with Resident #3's Primary Care Provider (PCP) on 07/23/25 1:25pm was unsuccessful. Interview with the Administrator on 07/22/25 at 10:38am revealed all medication orders for the residents were in the resident's records. Telephone interview with the contracted provider pharmacy on 07/23/25 at 8:45am revealed: -The contracted provider pharmacy entered all physician orders to the EMARs. -The pharmacy received physician orders by fax, escribed from the primary care provider, or from the facility. -The facility Administrator was responsible for approving orders entered to the EMARs prior to MAs ability to administer the medication. -The Administrator should have a copy of all physician orders available when approving orders entered to the EMARs. -Copies of new physician orders received at the	C 207		

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C 207	Continued From page 11 pharmacy were faxed to the facility. Interview with the Administrator on 07/23/25 at 2:45pm revealed: -She was responsible to ensure current physician orders were in the residents records. -She thought PCP's were writing orders on the resident physician visit forms at each appointment. -She thought the medications as listed on the unsigned after visit summary were physician orders.	C 207		
C 261	10A NCAC 13G .0904 (b)(1) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service (b) Food Preparation and Service in Family Care Homes: (1) Table service shall include a napkin and non-disposable place setting consisting of a knife, fork, spoon, plate, and beverage containers. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure table service included non-disposable place settings for 4 of 4 residents observed during dinner meal on 07/22/2025. The findings are: Observation of the dinner meal on 07/22/2025 at 4:45pm revealed: -The four residents living in the facility ambulated to the dining table for dinner. -Each of the resident's food was plated on the table and served on a white styrofoam plate.	C 261	Addendum as per telephone conversation with Jannie Vines, Administrator on 08/29/25 at 9:15am: - all disposable plates have been secured and will not be used during a meal delivery at the facility unless there is a medical necessity. - The completion date will be July 24, 2025. - N. Tonto, RN Licensure Consultant 08/29/25.	

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C 261	Continued From page 12 Observation on a tabletop at the entrance of the kitchen on 07/22/2025 at 4:55pm revealed there was a stack of white styrofoam plates in an opened clear plastic bag on top of the table. Interview with the Owner/Administrator on 07/22/2025 at 4:55pm revealed there were glass plates for serving the residents' meals. Confidential interview with a resident revealed: -The residents were served meals on glass plates "most of the time". -There were enough glass plates for everybody to use at meal times. Telephone interview with the Owner/Administrator on 07/22/2025 at 2:35pm revealed -She used the disposable styrofoam plates on 07/22/2025 because she wanted to finish the kitchen cleanup after the meal quickly. -She was aware that resident meals should be served on non-disposable plates. -The facility did not "usually" use styrofoam plates for meal service.	C 261		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, record reviews, and	C 367	Addendum as per telephone conversation with Jasmine Ivins, Administrator on 08/29/25 at 9 AM: - On 07/29/25, the facility manager contacted the contracted pharmacy provider and the EMAR system was updated to include an electronic inventory record of controlled drug substances prescribed for the residents. - The date of completion will be 07/29/2025. - N. Fortis, RN Licensure Consultant	

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	FCL074041	A. BUILDING: _____ B. WING _____	R 07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 367	Continued From page 13	C 367		

interviews, the facility failed to ensure there were readily retrievable records for controlled substances by documenting the receipt, administration, and disposition of 1 of 1 sampled resident with an order for a medication used to treat mood disorders (#1).

The findings are:

Review of Resident #1's current FL-2 dated 11/18/24 revealed:
-Diagnosis included schizoaffective disorder, intellectual disability disorder (IDD), and autism.
-There was an order for Clonazepam 1mg (used to treat mood disorders) at bedtime.

Review of Resident #1's May 2025 medication administration records (MARs) revealed:
-There was an entry for Clonazepam 1mg tablet at bedtime with a scheduled administration time of 8:00pm.
-There was documentation of administration that Clonazepam 1mg tablet was administered to Resident #1 at 8:00pm from 05/01/25-05/31/25.

Review of Resident #1's June 2025 MARs revealed:
-There was an entry for Clonazepam 1mg tablet at bedtime with a scheduled administration time of 8:00pm.
-There was documentation of administration that Clonazepam 1mg tablet was administered to Resident #1 at 8:00pm from 06/01/25-06/30/25.

Review of Resident #1's July 2025 MARs revealed:
-There was an entry for Clonazepam 1mg tablet at bedtime with a scheduled administration time of 8:00pm.
-There was documentation of administration that

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 367	Continued From page 14 Clonazepam 1mg tablet was administered to Resident #1 at 8:00pm from 07/01/25-07/21/25. Observations of Resident #1's Clonazepam 1mg tablet medication on hand revealed: -There was a pharmacy dispensed medication package labeled for Clonazepam1mg tablet at bedtime with a dispense date of 07/02/25, quantity of 31 tablets. -There were 11 Clonazepam 1mg tablets remaining on hand. -There was no controlled substance log (CSL) provided for review. Observations of the medication aide (MA) on 07/23/25 at 9:34am revealed: -The MA asked the Administrator if the CSL was separate from the medication administration record. -The Administrator provided instructions to the MA to access and print the administration history on the EMAR for the control substance administration history for Resident #1. Interview with the MA on 07/23/25 at 9:34am revealed: -The facility used to have a paper CSL for documenting when a controlled substance medication was administered (no date provided). -Controlled substance medication administration was documented on the electronic medication administration system. Review of the computer printed controlled substance "Admin (Administration) History" for Resident #1's Clonazepam 1mg tablet for May 2025, June 2025, and July 2025 on 07/23/25 revealed: -There were dates for administration of the Clonazepam 1mg tablet at 8:00pm nightly for	C 367		

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C 367	Continued From page 15 05/2025 except 05/02/25, 05/04/25, 05/05/25, and 05/07/25. -There were dates for administration of the Clonazepam 1mg tablet at 8:00pm nightly for 06/2025 except 06/04/25. -There was no documentation of the remaining count for the Clonazepam 1mg tablets after each dose administered. Interview with the Administrator on 07/22/25 at 10:29am revealed: -The facility used a batch delivery service for medication delivery from the contracted provider pharmacy. -Resident medications were delivered to the facility around the 29th of each month for the upcoming month administration. Second interview with the Administrator on 07/23/25 at 11:10am revealed: -The facility did not have a retrievable CSL for the Clonazepam 1mg tablet for Resident #1. -She did not know until 07/23/25 that the electronic medication administration record system was not set up to capture the count of the controlled substance when administered to the resident. -She thought that when the MAs signed as administering the Clonazepam, the information was synced to a CSL. Based on observations, interviews, and record review, it was determined that Resident #1 was not interviewable.	C 367		

Adult Care Plan of Correction

Rule/Statute Number	ID	Overall Problem	Measures (Corrective,Preventative), Responsible Parties, and Monitoring Period
10A NCAC 13G .0315(a) Housekeeping and Furnishings	**C074**	Based on observations, the facility failed to assure walls, ceilinings, and floors were kept clean and in good repair in the kitchen, bathrooms, halls, and resident bedrooms	The facility's kitchen walls and ceiling have been repainted(Complete). The three doors of the kitchen cabinets have been repaired(Complete). The damaged dining room ceiling has been repaired(Complete). A new range hood has been installed. The maintenance of these facility assets will be monitored weekly by the facility manager. All facility floors will be swept and steam cleaned twice a day. This will be part of the duties of shift 1 and 3. Completion of the cleaning will be signed off by the facility manager. In order to address cracked and peeling flooring in all rooms, a professional installer will be hired to replace current flooring with new flooring. These repairs are scheduled to be completed by Sept 3rd 2025. The leak behind the shower head of the hall bathroom has been repaired(Complete). By Sept. 3 2025, The wall behind the shower head will be repaired by a handyman. The Facility Manager will do a maintenance inspection on a monthly basis.
10A NCAC 13G .0702	**C202**	Based on observations, the facility failed to ensure 1 of 3 sampled residents(#1) were tested upon admission to tuberculosis (TB) disease in compliance with control measures by commission for Public Health	Administrator made an appointment with resident(#1)'s PCP to get another PPD screening. The result of this screening was negative. To prevent this from happening in the future,The facility manager will implement a weekly chart check that will be documented using a weekly chart log. This log will be signed and initiated by the facility manager.

Adult Care Plan of Correction

10A NCAC 13G .0702	**C207**	The facility failed to ensure that information on the medical examination was accurate for 2 of 3 sampled residents(#1,#3) including medication orders	We contacted the residents' PCP and requested that an accurate D/C order would be sent to [redacted] Pharmacy. The pharmacy received this order and has resolved the discrepancy in the pharmacy records. In the future, the administrator will weekly check the accuracy of each resident's FL-2. For each resident, [redacted] Pharmacy has sent physical copies of their prescription orders. These hard copies are placed inside each of the resident's charts. The facility manager will implement a weekly chart check that will be documented using a weekly chart log. This log will be signed and initiated by the facility manager.
10A NCAC 13G .0904(b)(1)	**C261**	The facility failed to assure table service included non-disposable place settings for 4 of 4 residents.	The administrator failed to utilize non-disposable plates during supper. In the future disposable plates will not be used under any circumstance. House manager is responsible for maintaining this standard
10 NCAC 13G .1008(a)	**C367**	The facility failed to ensure there were readily retrievable records for controlled substances for resident (#1).	The facility EMAR system had failed to record the inventory of controlled substances separately & properly. The error was addressed and corrected resulting in an accurate controlled substance log. In the future, the EMAR system will be monitored weekly by an administrator. The facility manager will also maintain a paper back up controlled substance log.
Signature:	*Tammy Vines*		

Forte, Hope

From: CFCH Art Ent. <clemmiefamilycare@gmail.com>
Sent: Wednesday, August 20, 2025 6:43 PM
To: Forte, Hope
Subject: [External] Plan of Correction-Clemmie's Family Care Home II
Attachments: Plan of Correction 8-2025.docx - Google Docs.pdf; Scan Aug 20, 2025 (5).pdf