STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079086	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN ADULT CARE HOME	165 GLENDALE DRIVE EDEN, NC 27288

(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 a follow-up survey on 10/08/25.	C 000		
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist, respiratory care practitioner, or physical therapist in the on-site review and evaluation of the residents' health status, care plan, and care provided, as required in Paragraph (a) of this Rule, is completed within 30 days after admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed quarterly for 1 of 3 sampled residents (#3) who had an LHPS task of fingerstick blood sugar (FSBS) checks.	C 254		

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C 254	Continued From page 1 The findings are: Review of Resident #3's current FL2 dated 03/23/25 revealed: -Diagnoses included history of stroke, dysphagia, diabetes and auditory hallucinations. -There was an order for FSBS checks twice daily. Review of Resident #3's record revealed: -The last LHPS evaluation was completed on 09/11/24 revealed. -There was a task for FSBS. -There were no other LHPS available for review after 09/11/24. Review of Resident #3's August 2025 Medication Administration Record (MAR) revealed: -There was an entry for FSBS checks twice daily scheduled at 8:00am and 8:00pm. -There was documentation Resident #3's FSBS was checked twice daily from 08/01/25 through 08/31/25. Review of Resident #3's September 2025 MAR revealed: -There was an entry for FSBS checks twice daily scheduled at 8:00am and 8:00pm. -There was documentation Resident #3's FSBS was checked twice daily from 09/01/25 through 09/30/25. Review of Resident #3's October 2025 MAR from 10/01/25 to 10/07/25 revealed: -There was an entry for FSBS checks twice daily scheduled at 8:00am and 8:00pm. -There was documentation Resident #3's FSBS was checked twice daily from 10/01/25 through 10/07/25.	C 254		

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C 254	Continued From page 2 Interview with Resident # 3 on 10/08/25 at 1:30pm revealed staff checked his FSBS twice a day. Interview with the Administrator on 10/08/25 at 2:24pm revealed: -She was aware LHPS evaluations should be completed quarterly for residents with LHPS tasks. -She was not aware Resident #2 had not had an LHPS review since 09/11/2024. -The facility nurse was responsible for ensuring all residents with LHPS tasks had LHPS evaluations. -She thought the nurse had completed Resident #3's LHPS evaluations. -She was responsible for chart and MAR audits. -She called the facility nurse and left a message requesting the last two LHPS evaluations for Resident #3. -She could not provide documentation of the last two LHPS evaluations completed for 2025.	C 254		