Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	602 POE STREET WILSON, NC 27893

(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 the Wilson County Department of Social Services conducted a follow up survey on August 5, 2025.	C 000		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure a medication used to treat high blood sugars was administered as ordered for 1 of 3 sampled residents (#1). The findings are: Review of Resident #1's current FL-2 dated 05/27/25 revealed diagnoses included type 2 diabetes, hypertension, Parkinson's Disease, and chronic depression. Review of Resident #1's Resident Register revealed an admission date of 11/09/19. Review of Resident #1's medication order dated 05/08/25 revealed there was an order for Humalog Kwikpen 100/ML INJ sliding scale insulin (SSI) subcutaneous (SC) inject 5 units three times a day, if blood sugar is less than 150	C 330	POC completed on 8/12/25 Staff meeting on 8/12/25 8/12/25 to addres all issues concerning Med Administration. Administrator will ensure that all orders are being followed and completed on a daily basis along with quarterly checks and random staff meetings. Daily checks will be done also to ensure correctness. Administrator will also make sure that all orders are printed or written upon leaving the doctors office ~~not~~ verbal orders not accepted.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 9-8-25

Received and Reviewed 9-19-25 Reviewed and Acknowlege SC 10-10-25

Response to (2) Rule #s C330 C342

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING: _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	602 POE STREET WILSON, NC 27893

(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 330	Continued From page 1 = no insulin, 150-200 = 3U, 201-250 = 6U, 251-300 = 8U, 301-400 =10U. Review of Resident #1's medication order dated 01/31/22 revealed there was an order for Humalog Kwikpen 100/ML INJ SSI SC inject twice daily, for blood sugar 201-300 = 5U, 301-400 =10U, 401-500 = 15U, greater than 500 = 20U and call primary care provider (PCP) - maximum of 80U per day. Review of Resident #1's medication list dated 08/05/25 revealed there was an order for Humalog Kwikpen 100/ML INJ SSI SC inject 5 units three times a day, if blood sugar is less than 150 = no insulin, 150-200 = 3U, 201-250 = 6U, 251-300 = 8U, 301-400 =10U. Observation of Resident #1's medications on hand on 08/05/25 revealed Humalog insulin was dispensed on 05/08/25 with a quantity of 6 with 1 pen left. Review of Resident #1's June 2025 medication administration records (MARs) revealed: -There was an entry for Humalog Kwikpen 100/ML SSI SC inject 5 units three times a day, if blood sugar is less than 150 = no insulin, 150-200 = 3U, 201-250 = 6U, 251-300 = 8U, 301-400 =10U. -There was no documentation of administration of blood sugars being recorded from 06/01/25 to 06/31/25. -There were no times scheduled for Humalog Kwikpen to be administered. Review of Resident #1's June 2025 log revealed: -There were handwritten instructions to take blood sugar twice a day before breakfast and dinner, insulin sliding scale was 201-300 = 5U,	C 330	Completed on 8/18/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL000032	A. BUILDING _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	602 POE STREET WILSON, NC 27893

(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 330	Continued From page 2 301-400 = 10U, 401-500 = 15U, 501 and up = 20U and call EMS. -There was no time provided when finger stick blood sugar (FSBS) was taken. -There was a box to document FSBS results before breakfast and a box to document FSBS results before dinner. -There was no box to document FSBS results before lunch. -There was an entry on 06/07/25 before breakfast, FSBS was documented as 151 and there was a blank space in the unit box. -There was an entry on 06/09/25 before breakfast, FSBS was documented as 181 and there was a blank space in the unit box. -There was an entry on 06/11/25 before breakfast, FSBS was documented as 155 and there was a blank space in the unit box. -There was an entry on 06/07/25 before dinner, FSBS was documented as 160 and there was a blank space in the unit box. -There was an entry on 06/08/25 before dinner, FSBS was documented as 154 and there was a blank space in the unit box. -There was an entry on 06/11/25 before dinner,, FSBS was documented as 218 and 5 units were documented as administered. -There was an entry on 06/14/25 before dinner,, FSBS was documented as 233 and 5 units were documented as administered. -There was no documentation for the dates from 06/16/25 through 06/30/25. Review of Resident #1's July 2025 MARs revealed: -There was an entry for Humalog Kwikpen 100/ML SSI SC inject 5 units three times a day, if blood sugar is less than 150 = no insulin, 150-200 = 3U, 201-250 = 6U, 251-300 = 8U, 301-400 =10U.	C 330	8/15/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	602 POE STREET WILSON, NC 27893

(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 330	Continued From page 3 -There was no documentation of administration of blood sugars being recorded from 07/01/25 to 07/31/25. -There were no times scheduled for Humalog Kwikpen to be administered. Review of Resident #1's July 2025 FSBS log revealed: -There were handwritten instructions to take blood sugar twice a day before breakfast and dinner, insulin sliding scale was 201-300 = 5U, 301-400 = 10U, 401-500 = 15U, 501 and up = 20U and call EMS. -There was no time provided when FSBS was taken. -There was a box to document FSBS results before breakfast and a box to document FSBS results before dinner. -There was no box to document FSBS results before lunch. -There was an entry on 07/06/25 before breakfast, FSBS was documented as 163 and there was a blank space in the unit box. -There was an entry on 07/07/25 before breakfast, FSBS was documented as 160 and there was a blank space in the unit box. -There was an entry on 07/08/25 before breakfast, FSBS was documented as 151 and there was a blank space in the unit box. -There was an entry on 07/09/25 before breakfast, FSBS was documented as 151 and there was a blank space in the unit box. -There was an entry on 07/11/25 before breakfast, FSBS was documented as 151 and there was a blank space in the unit box. -There was an entry on 07/14/25 before breakfast, FSBS was documented as 159 and there was a blank space in the unit box. -There was an entry on 07/16/25 before breakfast, FSBS was documented as 152 and	C 330	8/18/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	502 POE STREET WILSON, NC 27893

(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 330	Continued From page 4 there was a blank space in the unit box. -There was an entry on 07/19/25 before breakfast, FSBS was documented as 158 and there was a blank space in the unit box. -There was an entry on 07/25/25 before breakfast, FSBS was documented as 198 and there was a blank space in the unit box. -There was an entry on 07/28/25 before breakfast, FSBS was documented as 159 and there was a blank space in the unit box. -There was an entry on 07/02/25 before dinner, FSBS was documented as 174 and there was a blank space in the unit box. -There was an entry on 07/06/25 before dinner, FSBS was documented as 204 and 5 units were documented as administered. -There was an entry on 07/08/25 before dinner, FSBS was documented as 165 and there was a blank space in the unit box. -There was an entry on 07/12/25 before dinner, FSBS was documented as 162 and there was a blank space in the unit box. -There was an entry on 07/14/25 before dinner, FSBS was documented as 154 and there was a blank space in the unit box. -There was an entry on 07/17/25 before dinner, FSBS was documented as 168 and there was a blank space in the unit box. -There was an entry on 07/21/25 before dinner, FSBS was documented as 157 and there was a blank space in the unit box. -There was an entry on 07/23/25 before dinner, FSBS was documented as 151 and there was a blank space in the unit box. -There was an entry on 07/28/25 before dinner, FSBS was documented as 203 and 5 units were documented as administered. -There was an entry on 07/29/25 before dinner, FSBS was documented as 283 and 5 units were documented as administered.	C 330	8/18/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	602 POE STREET WILSON, NC 27893

(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 330	Continued From page 5 Review of Resident #1's August 2025 MARs revealed: -There was an entry for Humalog Kwikpen 100/ML SSI SC inject 5 units three times a day, if blood sugar is less than 150 = no insulin, 150-200 = 3U, 201-250 = 6U, 251-300 = 8U, 301-400 =10U. -There was no documentation of administration of blood sugars being recorded from 08/01/25 to 08/05/25. -There were no times scheduled for Humalog Kwikpen to be administered. Review of Resident #1's August 2025 FSBS log revealed: -There were handwritten instructions to take blood sugar twice a day before breakfast and dinner, insulin sliding scale was 201-300 = 5U, 301-400 = 10U, 401-500 = 15U, 501 and up = 20U and call EMS. -There was no time provided when FSBS was taken. -There was a box to document FSBS results before breakfast and a box to document FSBS results before dinner. -There was not a box to document FSBS results before lunch. -There was an entry on 08/01/25 before dinner, FSBS was documented as 158 and there was a blank space in the unit box. Interview with Resident #1 on 08/05/25 at 3:30pm revealed: -She had diabetes. -The medication aide (MA) checked her blood sugar twice a day, once in the morning and once in the evening before she ate her breakfast and dinner.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING: _____ B. WING _____	R 08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	602 POE STREET WILSON, NC 27893

(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 330	Continued From page 6 Interview with the MA on 08/05/25 at 2:30pm and 3:35pm revealed: -She checked Resident #2's FSBS twice a day before meals. -She did not check FSBS three times a day and she had called the primary care provider (PCP), and he gave a verbal order to check FSBS twice a day but could not give date of when she received that order. -She did not have a written copy of Resident #1's order to administer Humalog Kwikpen twice daily. -She documented Resident #1's FSBS on a daily sheet twice a day. -She called pharmacy but could not give a date and asked them to remove Humalog Kwikpen 5 units three times a day from the MAR because it was not supposed to be on the MARs. -She did not know the facility's policy on the process of who called to clarify medications but if she caught a medication error she would call the PCP or the pharmacy. Interview with the Administrator on 08/05/25 at 2:00pm revealed: -She and staff checked Resident #2's FSBS twice a day before meals. -She did not check FSBS three times a day and she had clarified the order with Resident #2's PCP to administer twice a day but could not say when she received that order. -She was not sure where the order to check FSBS three times a day came from and that order was "wrong." -She used the "Accu-Chek" order that was on the medication list and on the MARs as the order to use one strip twice daily. -She used the order dated 01/31/22 to administer FSBS and thought the order went from year 2022 to year 2024 and the order would then change but could not explain when the order was supposed	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	502 POE STREET WILSON, NC 27893

(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 330	Continued From page 7 to change or that the order had changed. -She did not follow up or contact the PCP for clarification between Accu-Check FSBS twice daily and Humalog three times daily. Telephone interview with the facility's contracted pharmacist on 08/05/25 at 3:00pm revealed: -Resident #1 was prescribed Humalog Kwikpen 100/ML INJ SSI SC If blood sugar is less than 150 = no insulin, 150-200 = 3U, 201-250 = 6U, 251-300 = 8U, 301-400 =10U medications through their pharmacy. -On 05/09/25, Humalog Kwikpen 100/ML INJ, was dispensed with a quantity of 6 for Resident #1. -It was important to check Resident #1's FSBS three times a day before meals to help determine the correct dosage of insulin to administered. -Accu-Check was a monitoring system used to test FSBS and was not used as the order to go by because the Humalog Kwikpen provided the instructions on how often to check FSBS. -He was not aware if staff from the facility had called the pharmacy for clarification on how and when to administer Humalog Kwikpen for Resident #1. Attempted telephone interview with Resident #1's primary care provider (PCP) on 08/05/25 at 01:30pm was unsuccessful.	C 330		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name;	C 342	8/18/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	602 POE STREET WILSON, NC 27893

(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 342	Continued From page 8 (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medication administration records were accurate for 1 of 3 sampled residents related to documentation of a medication used to lower blood sugar (#1). The findings are: Review of Resident #1's current FL-2 dated 05/27/25 revealed diagnoses of type 2 diabetes, hypertension, Parkinson's Disease, and chronic depression. Review of Resident #1's Resident Register revealed an admission date of 11/09/19. Review of Resident #1's medication order dated 05/08/25 revealed there was an order for Humalog Kwikpen 100/ML INJ sliding scale insulin (SSI) subcutaneous (SC) inject 5 units	C 342	Resident #1 was seen by doctor on 8/12/25 and orders and labs were checked for accuracy FBS and sliding scale was changed due to recent lab results. • There will be more observation done by the administrator to ensure that all med orders are done correctly and completed. Daily checks ~~will~~ will be done Quarterly staff meetings will continue on Med Administration. 8/12/25 • At each doctors visit staff will make sure all orders are written or printed no verbal orders accepted.	8/12/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING: _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	602 POE STREET WILSON, NC 27893

(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 342	Continued From page 9	C 342		

three times a day, if blood sugar is less than 150 = no insulin, 150-200 = 3U, 201-250 = 6U, 251-300 = 8U, 301-400 =10U.

Review of Resident #1's medication order dated 01/31/22 revealed there was an order for Humalog Kwikpen 100/ML INJ SSI SC inject twice daily, for blood sugar 201-300 = 5U, 301-400 =10U, 401-500 = 15U, greater than 500 = 20U and call primary care provider (PCP) - maximum of 80U per day.

Review of Resident #1's medication list dated 08/05/25 revealed there was an order for Humalog Kwikpen 100/ML INJ SSI SC inject 5 units three times a day, if blood sugar is less than 150 = no insulin, 150-200 = 3U, 201-250 = 6U, 251-300 = 8U, 301-400 =10U.

Observation of Resident #1's medications on hand on 08/05/25 revealed Humalog insulin was dispensed on 05/08/25 with a quantity of 6 with 1 pen left.

Review of Resident #1's June 2025 medication administration records (MARs) revealed:
-There was an entry for Humalog Kwikpen 100/ML SSI SC inject 5 units three times a day, if blood sugar is less than 150 = no insulin, 150-200 = 3U, 201-250 = 6U, 251-300 = 8U, 301-400 =10U.
-There was no documentation of administration of blood sugars being recorded from 06/01/25 to 06/31/25.
-There were no times scheduled for Humalog Kwikpen to be administered.

Review of Resident #1's June 2025 log revealed:
-There were handwritten instructions to take blood sugar twice a day before breakfast and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	602 POE STREET WILSON, NC 27893

(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 342	Continued From page 10 dinner, insulin sliding scale was 201-300 = 5U, 301-400 = 10U, 401-500 = 15U, 501 and up = 20U and call EMS. -There was no time provided when finger stick blood sugar (FSBS) was taken. -There was a box to document FSBS results before breakfast and a box to document FSBS results before dinner. -There was no box to document FSBS results before lunch. -There was an entry on 06/07/25 before breakfast, FSBS was documented as 151 and there was a blank space in the unit box. -There was an entry on 06/09/25 before breakfast, FSBS was documented as 181 and there was a blank space in the unit box. -There was an entry on 06/11/25 before breakfast, FSBS was documented as 155 and there was a blank space in the unit box. -There was an entry on 06/07/25 before dinner, FSBS was documented as 160 and there was a blank space in the unit box. -There was an entry on 06/08/25 before dinner, FSBS was documented as 154 and there was a blank space in the unit box. -There was an entry on 06/11/25 before dinner,, FSBS was documented as 218 and 5 units were documented as administered. -There was an entry on 06/14/25 before dinner,, FSBS was documented as 233 and 5 units were documented as administered. -There was no documentation for the dates from 06/16/25 through 06/30/25. Review of Resident #1's July 2025 MARs revealed: -There was an entry for Humalog Kwikpen 100/ML SSI SC inject 5 units three times a day, if blood sugar is less than 150 = no insulin, 150-200 = 3U, 201-250 = 6U, 251-300 = 8U, 301-400	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING: _____ B. WING _____	R 08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	602 POE STREET WILSON, NC 27893

(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 342	Continued From page 11 =10U. -There was no documentation of administration of blood sugars being recorded from 07/01/25 to 07/31/25. -There were no times scheduled for Humalog Kwikpen to be administered. Review of Resident #1's July 2025 FSBS log revealed: -There were handwritten instructions to take blood sugar twice a day before breakfast and dinner, insulin sliding scale was 201-300 = 5U, 301-400 = 10U, 401-500 = 15U, 501 and up = 20U and call EMS. -There was no time provided when FSBS was taken. -There was a box to document FSBS results before breakfast and a box to document FSBS results before dinner. -There was no box to document FSBS results before lunch. -There was an entry on 07/06/25 before breakfast, FSBS was documented as 163 and there was a blank space in the unit box. -There was an entry on 07/07/25 before breakfast, FSBS was documented as 160 and there was a blank space in the unit box. -There was an entry on 07/08/25 before breakfast, FSBS was documented as 151 and there was a blank space in the unit box. -There was an entry on 07/09/25 before breakfast, FSBS was documented as 151 and there was a blank space in the unit box. -There was an entry on 07/11/25 before breakfast, FSBS was documented as 151 and there was a blank space in the unit box. -There was an entry on 07/14/25 before breakfast, FSBS was documented as 159 and there was a blank space in the unit box. -There was an entry on 07/16/25 before	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING: _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	502 POE STREET WILSON, NC 27893

(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 342	Continued From page 12 breakfast, FSBS was documented as 152 and there was a blank space in the unit box. -There was an entry on 07/19/25 before breakfast, FSBS was documented as 158 and there was a blank space in the unit box. -There was an entry on 07/25/25 before breakfast, FSBS was documented as 198 and there was a blank space in the unit box. -There was an entry on 07/28/25 before breakfast, FSBS was documented as 159 and there was a blank space in the unit box. -There was an entry on 07/02/25 before dinner, FSBS was documented as 174 and there was a blank space in the unit box. -There was an entry on 07/06/25 before dinner, FSBS was documented as 204 and 5 units were documented as administered. -There was an entry on 07/08/25 before dinner, FSBS was documented as 165 and there was a blank space in the unit box. -There was an entry on 07/12/25 before dinner, FSBS was documented as 162 and there was a blank space in the unit box. -There was an entry on 07/14/25 before dinner, FSBS was documented as 154 and there was a blank space in the unit box. -There was an entry on 07/17/25 before dinner, FSBS was documented as 168 and there was a blank space in the unit box. -There was an entry on 07/21/25 before dinner, FSBS was documented as 157 and there was a blank space in the unit box. -There was an entry on 07/23/25 before dinner, FSBS was documented as 151 and there was a blank space in the unit box. -There was an entry on 07/28/25 before dinner, FSBS was documented as 203 and 5 units were documented as administered. -There was an entry on 07/29/25 before dinner, FSBS was documented as 283 and 5 units were	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	502 POE STREET WILSON, NC 27893

(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 342	Continued From page 13 documented as administered. Review of Resident #1's August 2025 MARs revealed: -There was an entry for Humalog Kwikpen 100/ML SSI SC inject 5 units three times a day, if blood sugar is less than 150 = no insulin, 150-200 = 3U, 201-250 = 6U, 251-300 = 8U, 301-400 =10U. -There was no documentation of administration of blood sugars being recorded from 08/01/25 to 08/05/25. -There were no times scheduled for Humalog Kwikpen to be administered. Review of Resident #1's August 2025 FSBS log revealed: -There were handwritten instructions to take blood sugar twice a day before breakfast and dinner, insulin sliding scale was 201-300 = 5U, 301-400 = 10U, 401-500 = 15U, 501 and up = 20U and call EMS. -There was no time provided when FSBS was taken. -There was a box to document FSBS results before breakfast and a box to document FSBS results before dinner. -There was not a box to document FSBS results before lunch. -There was an entry on 08/01/25 before dinner, FSBS was documented as 158 and there was a blank space in the unit box. Interview with the MA on 08/05/25 at 2:30pm and 3:35pm revealed: -She checked Resident #2's FSBS twice a day before meals. -She did not have a written copy of Resident #1's order to administer Humalog Kwikpen twice daily. -She documented Resident #1's FSBS on a daily	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING: _____ B. WING _____	R 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	602 POE STREET WILSON, NC 27893

(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 342	Continued From page 14 sheet twice a day. Interview with the Administrator on 08/05/25 at 2:00pm revealed: -She and staff checked Resident #2's FSBS twice a day before meals. -She used the "Accu-Chek" order that was on the medication list and on the MARs as the order to use one strip twice daily. -She used the order dated 01/31/22 to administer FSBS and thought the order went from year 2022 to year 2024 and the order would then change but could not explain when the order was supposed to change or that the order had changed. Attempted telephone interview with Resident #1's primary care provider (PCP) on 08/05/25 at 01:30pm was unsuccessful.	C 342		