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
	FCL059031	A. BUILDING: _____ B. WING _____	C 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEBO FAMILY CARE HOME	405 JACK CORPENING ROAD NEBO, NC 28761

(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 survey and a complaint investigation from 10/01/25 to 10/02/25.	C 000		
C 220	10A NCAC 13G .0705 (b) Discharge Of Residents 10A NCAC 13G .0705 Discharge Of Residents (b) The discharge of a resident initiated by the facility at the direction of the administrator or their designee shall be based on one of the following reasons: (1) the discharge is necessary to protect the welfare of the resident and the facility cannot meet the needs of the resident, as documented by the resident's physician, physician assistant, or nurse practitioner in the resident's record; (2) the health of the resident has improved sufficiently so that the resident is no longer in need of the services provided by the facility, as documented by the resident's physician, physician assistant, or nurse practitioner in the resident's record; (3) the safety of the resident or other individuals in the facility is endangered as determined by the facility at the direction of the administrator or their designee in consultation with the resident's physician, physician assistant, or nurse practitioner; (4) the health of the resident or other individuals in the facility is endangered as documented by a physician, physician assistant, or nurse practitioner in the resident's record; or (5) the resident has failed to pay the costs of services and accommodations by the payment due date according to the resident's contract after receiving written notice of warning of discharge for failure to pay.	C 220		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michelle Deuce

TITLE: administrator

(X6) DATE: 10-15-25

Reviewed & acknowledged by DMS on 10/15/25

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C 220	Continued From page 1 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure an appropriate reason for discharge for 1 of 3 sampled residents who had a 30-day discharge (#1). The findings are: Review of Resident #1's current FL2 dated 09/25/25 revealed diagnosis included mood disorder, impulsive control disorder, anxiety, major depressive disorder, schizophrenia, diabetes mellitus type 2 and intellectual disability. Review of Resident #1's Resident Register revealed Resident #1 was admitted to the facility on 03/19/25. Review of Resident #1's Notice of Discharge dated 09/24/25 revealed: -The reason for discharge was documented as Resident #1 "was not happy" at the facility and made "false claims against the home and staff". -The discharge was signed by Resident #1 and the Administrator. Review of Resident #1's progress note dated 09/20/25 revealed the Administrator documented Resident #1 shoved another resident in the corner. Interview with Resident #1 on 10/01/25 at 8:09am revealed: -On 09/20/25, he shoved another resident into a corner because the other resident called his family member a bad name. -He put the other resident in a "shoulder lock" and	C 220	Going forward any Discharge paperwork will include an appropriate reason for discharge as stated in the rule area. The administrator will review all discharge letters prior to being given to residents/POA to make sure the appropriate reason for discharge. Completed on 10-3-25	

Reviewed & acknowledged by DMS on 10/15/25

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C 220	Continued From page 2 the Administrator broke it up. Interview with the Administrator on 10/02/25 at 2:05pm revealed: -Since August 2025, Resident #1's behavior changed, and Resident #1 became more demanding and wanting to move to another facility because he said he was told by his Mental Health Manager there were less rules, and he could receive more money there. -Resident #1 first told her he was not happy here and again wanted to go to another place after the 09/20/25 episode when Resident #1 shoved another resident. -On 09/24/25, the local Department of Social Services (DSS) came to the facility and informed her that Resident #1 told a representative at the day program and his case manager that on 09/20/25 the male Supervisor-in-Charge hit Resident #1 in his "bad eye". -The local DSS said Resident #1 then reported the male SIC "held" Resident #1 down to keep Resident #1 from "killing" the other resident during the incident on 09/20/25. -The male SIC was not even at the facility when the episode happened between Resident #1 and another resident on 09/20/25. -So, on 09/24/25, after the discussion with the local DSS and Resident #1, she issued a 30-day discharge notice. -She did not know that she could have documented the reason for the discharge was because she was unable to meet his health care needs.	C 220		