STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl029013	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY'S HOUSE FAMILY CARE HOME	120 COTTON CROSS DRIVE LEXINGTON, NC 27292

(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 on 10/07/25.	C 000		
C 280	10A NCAC 13G .0904(d)(4) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (4) Water shall be served to each resident at each meal, in addition to other beverages. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure water was served at each meal for 3 of 3 residents in addition to other beverages. The findings are: Observation of the lunch meal service on 10/07/25 between 1:30pm and 1:56pm revealed: -There were 3 residents present for the lunch meal service. -The Administrator served the lunch meal to the residents. -One resident was served ice tea, one resident was served hot tea, and one resident was served apple juice. -None of the residents were served water. Interview with a resident on 10/07/25 at 5:45pm revealed: -Staff served her water with most meals. -She liked drinking water and would drink water if it was served to her.	C 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl029013	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY'S HOUSE FAMILY CARE HOME	120 COTTON CROSS DRIVE LEXINGTON, NC 27292

(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 280	Continued From page 1 -Staff only served her tea at lunch on 10/07/25. -Staff did not serve her water with the lunch meal on 10/07/25. Interview with the Administrator on 10/07/25 at 5:25pm revealed: -She encouraged the residents to hydrate and drink water throughout the day. -She previously knew that residents must be served water with meals. -She thought she overlooked serving water to the residents with the lunch meal on 10/07/25 because the residents had drunk water throughout the day. -Either the Administrator or Supervisor-in-Charge (SIC) was responsible to serve water to the residents with each meal, whichever staff was on duty.	C 280		
C 362	10A NCAC 13G .1007 (b) Medication Disposition 10A NCAC 13G .1007 Medication Disposition (b) Medications, excluding controlled medications, that are expired, discontinued, prescribed for a deceased resident or deteriorated shall be stored separately from actively used medications until disposed of. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure expired medications were stored separately from actively used medications until disposed of for 1 of 3 residents (#1). The findings are:	C 362		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl029013	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY'S HOUSE FAMILY CARE HOME	120 COTTON CROSS DRIVE LEXINGTON, NC 27292

(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 362	Continued From page 2 Review of Resident #1's current FL-2 dated 09/18/25 revealed diagnoses included vascular dementia, atrial fibrillation and hypertension. Review of Resident #1's Resident Register revealed he was admitted to the facility on 07/13/23. a. Review of Resident #1's current FL-2 dated 09/18/25 revealed an order for apixaban 5mg tablet twice daily. Observation of Resident #1's medications on hand on 10/07/25 at 12:50pm revealed there was a bottle of apixaban 5mg labeled with a dispensed date of 07/01/24 and to discard medication after 07/01/25. Attempted telephone interview with Resident #1's pharmacy on 10/07/25 at 3:10pm was unsuccessful. Attempted telephone interview with Resident #1's primary care provider (PCP) on 10/07/25 at 3:12pm was unsuccessful. Interview with the Administrator on 10/07/25 at 5:25pm revealed she did not know Resident #1's apixaban medication bottle was labeled with an expiration date of 07/01/25. Based on observations, interviews, and record review, it was determined Resident #1 was not interviewable. Refer to the interview with the Administrator on 10/07/25 at 5:26pm. b. Review of Resident #1's current FL-2 dated 09/18/25 revealed an order for memantine 20mg	C 362		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl029013	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY'S HOUSE FAMILY CARE HOME	120 COTTON CROSS DRIVE LEXINGTON, NC 27292

(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 362	Continued From page 3 tablet daily. Observation of Resident #1's medications on hand on 10/07/25 at 12:50pm revealed there was a bottle of memantine 20mg labeled with a dispensed date of 02/03/23 and to discard medication after 02/03/24. Attempted telephone interview with Resident #1's pharmacy on 10/07/25 at 3:10pm was unsuccessful. Attempted telephone interview with Resident #1's primary care provider (PCP) on 10/07/25 at 3:12pm was unsuccessful. Interview with the Administrator on 10/07/25 at 5:25pm revealed she did not know Resident #1's memantine medication bottle was labeled with an expiration date of 02/03/24. Based on observations, interviews, and record review, it was determined Resident #1 was not interviewable. Refer to the interview with the Administrator on 10/07/25 at 5:26pm. _____ Interview with the Administrator on 10/07/25 at 5:26pm revealed: -The Supervisor-in-Charge (SIC) told her on 10/07/25 that the SIC had placed Resident #1's new medications into the old medication bottles. -The facility called the pharmacy and asked for new medications for Resident #1 when new medications were needed and the medications were mailed to the facility. -The SIC was responsible to ensure the residents' medications were not expired.	C 362		