STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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THE PATTERSON HOUSE FAMILY CARE HOME	3053 COUNTRY PINES STREET MORGANTON, NC 28655

(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 completed an annual survey on 10/08/25.	C 000		
C 202	10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination, and Immunizations (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) was tested upon admission for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #1's current FL2 dated 04/08/25 revealed: -Diagnoses included bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), obesity and chronic obstructive pulmonary disease. -Resident #1 was admitted on 05/16/24. -Resident #1 was ambulatory.	C 202		

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C 202	Continued From page 1 Interview with Resident #1 on 10/08/25 at 10:05am revealed: -She lived with a family member prior to admission to this facility. -She could not remember how long she had lived at this facility. -She could not remember if she had received a TB skin test in the past. Review of Resident #1's record revealed there was no TB test after 06/11/24 available for review. Interview with the Supervisor-in-Charge (SIC) on 10/08/25 at 10:25am revealed: -Resident #1 came from home. -The facility tried to do the TB skin test upon entry for each resident but did not know why the second step had not be completed on Resident #1. -The SIC did not have time to audit the charts but had hired a Quality Control staff member to do audits and assist with the charts.	C 202		
C 203	10A NCAC 13G .0702 (b) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tubercluosis Test And Medical Examination And Immunizations (b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the home and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident.	C 203		

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C 203	Continued From page 2	C 203		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#2) had a FL2 completed annually.

The findings are:

Review of Resident #2's current FL2 dated 06/03/24 revealed:
-Diagnoses included bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), diabetes type 2 and hypertension.
-Resident #2 was ambulatory.

Review of Resident #2's care plan dated 06/03/24 revealed:
-Resident #2 required limited assistance with eating.
-She required no assistance with grooming, ambulation, bathing, dressing and toileting.

Review of Resident #2's record revealed there was no FL2 after 06/03/24 available for review.

Interview with the Supervisor-in-Charge (SIC) on 10/08/25 at 10:25am revealed:
-He was responsible for ensuring FL2's were completed annually.
-He had just hired a Quality Control staff member, and she had the FL2 with her to update but was unable to get to the facility because of personal reasons.

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C 203	Continued From page 3 -He did not have time to audit the charts, but the Quality Control staff member would be auditing the charts next week with chart audits completed weekly after that.	C 203		
C 230	10A NCAC 13G .0801 (a) (b) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter. (b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following: (1) resident identification and demographic information; (2) current diagnoses; (3) current medications; (4) the resident's ability to self-administer medications;	C 230		

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C 230	Continued From page 4 (5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating; (6) mental health history; (7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background; (8) mood and behaviors; (9) nutritional status, including specialized diet or dietary needs; (10) skin integrity; (11) memory, orientation and cognition; (12) vision and hearing; (13) speech and communication; (14) assistive devices needed; and (15) a list of and contact information for health care providers or services used by the resident. The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf. at no cost. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#2 and #3) had care plans completed annually. The findings are: 1. Review of Resident #2's current FL2 dated 06/03/24 revealed: -Diagnoses included bipolar disorder (a disorder associated with episodes of mood swings ranging	C 230		

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C 230	Continued From page 5	C 230		

from depressive lows to manic highs), diabetes type 2 and hypertension.
-The resident was admitted to the facility on 11/02/22.

Review of Resident #2's resident register revealed she was admitted on 11/02/22.

Review of Resident #2's care plan dated 06/03/24 revealed:
-Resident #2 required limited assistance with eating.
-She required no assistance with grooming, ambulation, bathing, dressing and toileting.

Review of Resident #2's record revealed there was no care plan after 06/03/24 available for review.

Refer to the interview with the Supervisor-in-Charge (SIC) on 10/08/25 at 10:25am and 11:25am.

2. Review of Resident #3's current FL2 dated 06/03/24 revealed:
-Diagnoses included diabetes type 2, schizoaffective disorder, dementia and hypertension.
-The resident was admitted to the facility on 05/03/13.

Review of Resident #3's care plan dated 03/18/23 revealed:
-Resident #3 required limited assistance with ambulation, dressing, grooming and transferring.
-Resident #3 required extensive assistance with bathing.

Review of Resident #3's record revealed there was no care plan after 03/18/23 available for

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C 230	Continued From page 6 review. Refer to the interview with the Supervisor-in-Charge (SIC) on 10/08/25 at 10:25am and 11:25am. _____ Interview with the Supervisor-in-Charge (SIC) on 10/08/25 at 10:25am revealed: -He was responsible for ensuring care plans were completed annually and if there was a significant change in the resident's condition. -He had just hired a Quality Control staff member, and she had the care plan with her to update but was unable to get to the facility because of personal reasons. -He did not have time to audit the charts, but the Quality Control staff member would be auditing the charts next week with chart audits completed weekly after that. Interview with the SIC on 10/08/25 at 11:25am revealed: -He was part owner of the facility and the Administrator was in name only. -An Administrator from the surrounding area would be taking over in January 2026.	C 230		
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; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication	C 342		

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C 342	Continued From page 7 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 the Medication Administration Records (MARs) were accurate for 1 of 3 residents (#3) related to inaccurate documentation of a medication to treat low vitamin D levels, a medication to decrease acid levels in the stomach, a medication to treat asthma and a topical cream to treat skin infections. The findings are: Review of Resident #3's current FL2 dated 05/28/25 revealed diagnoses included gastroesophageal reflux disease (GERD) and asthma. a. Review of Resident #3's current FL2 dated 05/28/25 revealed there was an order for vitamin D3 (a supplement to treat low vitamin D levels) 5,000 units two capsules weekly on Fridays. Review of Resident #3's August 2025 Medication Administration Record (MAR) revealed:	C 342		

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C 342	Continued From page 8 -There was an entry for vitamin D3 5,000 units two capsules weekly on Fridays. -Vitamin D3 5,000 units two capsules was documented administered daily at 8:00am from 08/01/25 to 08/31/25. Review of Resident #3's September 2025 MAR revealed: -There was an entry for vitamin D3 5,000 units two capsules weekly on Fridays. -Vitamin D3 5,000 units two capsules was documented administered daily at 8:00am from 09/01/25 to 09/29/25. Review of Resident #3's October 2025 MAR revealed: -There was an entry for vitamin D3 5,000 units two capsules weekly on Fridays. -Vitamin D3 5,000 units two capsules was documented administered daily at 8:00am from 10/01/25 to 10/08/25. Observation of medications on hand for Resident #3 on 10/08/25 at 11:15am revealed: -There was a box containing multi-dose medication packs with labels indicating the date and time the medications were to be administered to Resident #3. -Vitamin D3 5,000 units two capsules were included in the Friday 8:00am multi-dose medication packs for Resident #3. Telephone interview with a Pharmacist with the facility's contracted pharmacy on 10/08/25 at 12:10pm revealed: -Resident #3 had an order for vitamin D3 5,000 units two capsules on Fridays. -Resident #3's vitamin D3 5,000 units two capsules was only placed in the resident's Friday morning multi-dose medication packs.	C 342		

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C 342	Continued From page 9 Interview with Supervisor-in-Charge (SIC) on 10/08/25 at 11:15am revealed: -He was part owner of the facility. -He provided care for the residents 24 hours per day, 7 days a week. -He incorrectly documented he administered vitamin D3 5,000 units two capsules to Resident #3 daily. -He was not paying close attention to the MARs when he signed off Resident #3's medications. -He did not have time to audit the MARs but had hired a Quality Control staff member to do audits and assist with the charts. b. Review of Resident #3's current FL2 dated 05/28/25 revealed there was an order for antacid ES (extra strength) (a medication to decrease acid in the stomach) 750mg one tablet twice daily. Review of Resident #3's August 2025, September 2025 and October 2025 Medication Administration Records (MAR) revealed there was no entry for antacid ES 750mg one tablet twice daily. Observation of medications on hand for Resident #3 on 10/08/25 at 11:15am revealed there was a bottle containing antacid ES 750mg with a label indicating one tablet was to be administered twice daily to Resident #3. Telephone interview with a Pharmacist with the facility's contracted pharmacy on 10/08/25 at 12:10pm revealed: -Resident #3 had an order for antacid ES 750mg one tablet twice daily. -Resident #3's antacid ES 750mg one tablet twice daily was excluded from printing on the MAR.	C 342		

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C 342	Continued From page 10 -She was unsure why Resident #3's antacid ES 750mg one tablet twice daily was not printed on the MAR. Interview with Supervisor-in-Charge (SIC) on 10/08/25 at 11:15am revealed: -He was part owner of the facility. -He provided care for the residents 24 hours per day, 7 days a week. -He administered antacid ES 750mg one tablet twice daily to Resident #3. -He did not realize antacid ES 750mg one tablet twice daily was not on Resident #3's MAR. -He was not paying close attention to the MARs when he signed off Resident #3's medications. -It was pharmacy's oversight antacid ES 750mg one tablet twice daily was not on the MAR but he was responsible to identify it and inform the pharmacy. -He did not have time to audit the MARs but had hired a Quality Control staff member to do audits and assist with the charts. c. Review of Resident #3's current FL2 dated 05/28/25 revealed there was an order for Trelegy Ellipta (a medication used to treat asthma) 200-62.5-25mcg inhale one puff daily. Review of Resident #3's August 2025, September 2025 and October 2025 Medication Administration Records (MAR) revealed there was no entry for Trelegy Ellipta 200-62.5-25mcg inhale one puff daily. Observation of medications on hand for Resident #3 on 10/08/25 at 11:15am revealed there was a Trelegy Ellipta 200-62.5-25mcg inhaler containing 16 remaining doses available for administration for Resident #3.	C 342		

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C 342	Continued From page 11 Telephone interview with a Pharmacist with the facility's contracted pharmacy on 10/08/25 at 12:10pm revealed: -Resident #3 had an order for Trelegy Ellipta 200-62.5-25mcg inhale one puff daily. -Resident #3's Trelegy Ellipta 200-62.5-25mcg inhale one puff daily was excluded from printing on the MAR. -She was unsure why Resident #3's Trelegy Ellipta 200-62.5-25mcg inhale one puff daily was not printed on the MAR. Interview with Supervisor-in-Charge (SIC) on 10/08/25 at 11:15am revealed: -He was part owner of the facility. -He provided care for the residents 24 hours per day, 7 days a week. -He administered Trelegy Ellipta 200-62.5-25mcg one puff daily to Resident #3. -He did not realize Trelegy Ellipta 200-62.5-25mcg inhale one puff daily was not on Resident #3's MAR. -He was not paying close attention to the MARs when he signed off Resident #3's medications. -It was pharmacy's oversight Trelegy Ellipta 200-62.5-25mcg inhale one puff daily was not on the MAR but he was responsible to identify it and inform the pharmacy. -He did not have time to audit the MARs but had hired a Quality Control staff member to do audits and assist with the charts. d. Review of Resident #3's current FL2 dated 05/28/25 revealed there was an order for nystatin (a medication used to treat fungal infections) 100,000 units apply to affected area three times daily. Review of Resident #3's August 2025, September 2025 and October 2025 Medication	C 342		

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C 342	Continued From page 12 Administration Records (MAR) revealed there was no entry for nystatin 100,000 units apply to affected area three times daily. Observation of medications on hand for Resident #3 on 10/08/25 at 11:15am revealed there was a tube containing nystatin 100,000 units with the label indicating to apply to affected area three times daily to Resident #3. Telephone interview with a Pharmacist with the facility's contracted pharmacy on 10/08/25 at 12:10pm revealed: -Resident #3 had an order for nystatin 100,000 units apply to affected area three times daily. -Resident #3's nystatin 100,000 units apply to affected area three times daily was excluded from printing on the MAR. -She was unsure why Resident #3's nystatin 100,000 units apply to affected area three times daily was not printed on the MAR. Interview with Supervisor-in-Charge (SIC) on 10/08/25 at 11:15am revealed: -He was part owner of the facility. -He provided care for the residents 24 hours per day, 7 days a week. -He administered nystatin 100,000 units three times daily to Resident #3. -He did not realize nystatin 100,000 units apply to affected area three times daily was not on Resident #3's MAR. -He was not paying close attention to the MARs when he signed off Resident #3's medications. -It was pharmacy's oversight nystatin 100,000 units apply to affected area three times daily was not on the MAR but he was responsible to identify it and inform the pharmacy. -He did not have time to audit the MARs but had hired a Quality Control staff member to do audits	C 342		

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C 342	Continued From page 13 and assist with the charts.	C 342		