STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUAKER MEADOWS FAMILY CARE	125 CAMELLIA GARDEN 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 and follow-up survey on 10/14/25.	C 000		
C 078	10A NCAC 13G .0315 (a)(5) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) A family care home shall: (5) be maintained in an uncluttered, clean, and orderly manner, free of all obstructions and hazards; Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations and interviews, the facility failed to maintain a hazard-free environment related to two unsecured oxygen tanks in an unlocked laundry room. The findings are: Observation of the laundry room on 10/14/25 at 9:19am revealed: -The door was not locked. -There were two approximately 36-inch tall unsecured, empty oxygen tanks sitting upright on the floor next to the dryer and in front of the water heater tank.	C 078		

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C 078	Continued From page 1 -There was not an oxygen stand or crate to stabilize the oxygen tanks. -The laundry room was next to the kitchen/dining room. Observation of the Office Manager's office on 10/14/25 at 9:29am revealed there was a large oxygen storage rack in the corner of the office. Interview with the Office Manager on 10/14/25 at 9:29am revealed: -Staff were instructed to put empty oxygen tanks in her office in the storage rack, on weekdays when the office was unlocked. -When the office was locked, staff put the empty oxygen tanks in the laundry room by the kitchen. -She was responsible for moving the empty oxygen tanks from the laundry room to the office when she came to work and unlocked the office door. -The oxygen tanks were still in the laundry room because she was off on 10/13/25 and she had not moved them yet. Interview with a personal care aide (PCA) on 10/14/25 at 9:32am revealed: -She put empty oxygen tanks in the rack in the office or in the laundry room if the office was locked. -The Office Manager was responsible for moving the oxygen tanks from the laundry room to the rack in the office. Interview with a representative with the durable medical equipment (DME) company on 10/14/25 at 2:49pm revealed: -Oxygen tanks should always be stored in a crate or rack regardless if they were empty or full. -All oxygen tanks should be treated as if they were full because there was residual oxygen in	C 078		

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C 078	Continued From page 2 empty tanks. -If an oxygen tank fell over it could become a projectile or the valve could be damaged and cause it to leak. Interview with the Administrator Assistant on 10/14/25 at 9:26am and 2:17pm revealed: -The oxygen tanks in the laundry room were empty and should be stored in the back office in a oxygen tank storage rack. -She did not know the staff were putting empty oxygen tanks in the laundry room when the office was locked. -She did not know why the staff did not ask her for a rack for the laundry room. -Oxygen tanks were supposed to be stored in a storage rack because they could explode if they fell over. -She did not know how dangerous an empty tank was but they probably had a small amount of oxygen in them and they might explode also. The facility failed to properly secure two oxygen tanks in a crate or steadying device to prevent them from being knocked. This failure put all residents at substantial risk for serious physical harm and constitutes a Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/14/25 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED NOVEMBER 13, 2025.	C 078		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care	C 249		

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C 249	Continued From page 3 (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure physician's orders were implement for 1 of 3 sampled residents (#2) related to scheduling an appointment with a pulmonologist.. The findings are: Review of Resident #2's current FL2 dated 05/08/25 revealed diagnoses included shortness of breath and community acquired pneumonia. Review of Resident #2's hospital discharge summary dated 04/25/25 revealed Resident #2 was admitted to the hospital on 04/23/25 for community acquired pneumonia and chronic obstructive pulmonary disease (COPD) exacerbation. Review of Resident #2's record revealed an order dated 05/22/25 for a referral to a pulmonologist related to a diagnosis of pleural effusion (an accumulation of excessive fluid around the lungs). Telephone interview with a representative from the local pulmonologist's office on 10/14/25 at 3:40pm revealed a referral for Resident #2 was never received.	C 249		

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C 249	Continued From page 4 Interview with the Administrator Assistant on 10/14/25 at 3:41pm revealed: -She was not sure how she missed scheduling a pulmonary appointment. -When the Primary Care Provider (PCP) was at the facility on 05/22/25 he gave her the order and she apparently filed the order in the resident's record before the appointment was scheduled. -She would have discovered the missed appointment when she completed her monthly chart reviews, but she had not completed chart reviews since before May 2025. Telephone interview with Resident #2's PCP's medical assistant on 10/14/25 at 3:52pm revealed: -Resident #2 was admitted to the hospital in April 2025 with pneumonia and COPD. -Resident #2 used an inhaler and the PCP ordered a referral to the local pulmonologist so a pulmonary function test (PFT) could be completed. -He wanted to see what Resident #2's PFT showed so he could see if the inhalers were working. -He was not aware the appointment was not scheduled originally and would still like the appointment to be scheduled.	C 249		
C 261	10A NCAC 13G .0904 (b)(1) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service (b) Food Preparation and Service in Family Care Homes: (1) Table service shall include a napkin and non-disposable place setting consisting of a knife, fork, spoon, plate, and beverage containers.	C 261		

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C 261	Continued From page 5	C 261		

This Rule is not met as evidenced by:
Based on observation and interviews the facility failed to ensure the table settings at mealtimes included a knife.

The findings are:

Observation of the lunch meal service on 10/14/25 at 12:07pm revealed:
-The meal consisted of a baked pork chop with approximately 1 tablespoon diced red bell pepper, potato chips, cooked apple cinnamon slices, two chocolate sandwich cookies and tea.
-The table setting did not include a knife.
-Two residents picked up the whole pork chop and ate it with their fingers.
-One resident used the side of his fork to cut his pork chop into pieces.

Interview with a resident on 10/14/25 at 12:18pm revealed it "would be helpful" if she had a knife to cut her pork chop.

Interview with another resident on 10/14/25 at 12:19pm revealed he did not need a knife.

Observation of the the same resident on 10/14/25 at 12:19pm revealed he asked the personal care aide (PCA) to cut his pork chop.

Interview with the PCA on 10/14/25 at 12:20pm revealed:
-For safety reasons, residents were not allowed to have knives at the table.
-The Administrator Assistant told her not to give residents a knife at mealtimes when she first became an employee four years ago.

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C 261	Continued From page 6 Interview with a medication aide (MA) on 10/14/25 at 2:59pm revealed: -She chopped everyone's food so there was no need for a resident to have a knife. -She was never told not to give a knife to a resident but generally she did not "due to safety". Interview with the Administrator Assistant on 10/14/25 at 2:29pm revealed: -For safety reasons no sharp objects were allowed at the facility. -Not giving the residents knives at meals had been a rule "since forever". -The food was cut up for each resident so there was no need to have a knife at the table. -It was in error if two residents received a whole pork chop at lunch. -The primary care provider (PCP) wrote a diet order for everyone resident to have a chopped diet so there was no need to have a knife at the table. Telephone interview with the facility' PCP 10/14/25 at 3:52pm revealed: -Knives were unsafe. -It was a risk for a resident to have a knife; "better not to have them".	C 261		
C 266	10A NCAC 13G .0904 (c)(3) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (3) Any substitutions made in the menu shall be of equal nutritional value, in order to maintain the daily dietary requirements in Subparagraph (d)(3) of this Rule, appropriate for therapeutic diets, and documented in records maintained in the kitchen	C 266		

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C 266	Continued From page 7 to indicate the foods actually served to residents. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to substitute items on the lunch menu with items that had equal nutritional value and did not document each item substituted and served to the residents. The findings are: Review of the facility's weekly menu revealed: -The menu was taped to the refrigerator. -The lunch menu for 10/14/25 was documented as breaded parmesan pork chop, sweet potato gratin, spiced Harvard beets, dinner roll and cherry chocolate cake. -The dinner menu for 10/14/25 was documented as fresh chicken pot pie, fruit cocktail, green salad with cranberries and a dinner roll. Observation of the lunch meal service on 10/14/25 at 12:07pm revealed: -Five residents sat at the dining room table for the meal. -The meal consisted of a baked pork chop with approximately 1 tablespoon diced red bell pepper, potato chips, cooked apple cinnamon slices, two chocolate sandwich cookies and tea. Interview with a medication aide (MA) on 10/14/25 at 4:55pm revealed: -She planned to serve roasted turkey breast, roasted root vegetables, mashed potatoes, cooked mixed vegetables and fruit for dinner.	C 266		

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C 266	Continued From page 8 -She did not plan to serve a roll because there were enough other starches. -She deviated from the planned menu based on what was available in the kitchen to cook. -She knew she needed to serve a protein, a grain, a vegetable and a fruit at each meal. -She did not document what she served at a meal if it was different from the planned menu. -There used to be a substitution book but no one documented in it any more. Review of the facility's meal substitution notebook revealed: -The book was on a shelf in the laundry room. -The last food substitution was documented in February 2025. Interview with the Administrator Assistant on 10/14/25 at 5:00pm revealed there used to be a notebook that staff documented what foods were substituted and she did not know why they were not using it anymore.	C 266		
C 311	10A NCAC 13G .0909 Residents' Rights 10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure 6 of 6 sampled residents were treated with dignity and respect as evidenced by each resident being ordered a chopped diet so they did not need to use a knife to cut their food.	C 311		

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C 311	Continued From page 9 The findings are: Interview with the Administrator Assistant on 10/14/25 at 8:30am revealed all residents were on a regular diet. Observation of the kitchen on 10/14/25 at 12:10pm revealed: -There was a regular menu taped to the front of the refrigerator. -Documentation of resident diets was not posted anywhere in the kitchen. 1. Review of Resident #1's current FL2 dated 08/01/25 revealed: -Diagnoses included schizoaffective disorder, intellectual disability and anxiety. -There was an order for a regular diet. Interview with the Administrator Assistant on 10/14/25 at 2:29pm revealed: -The diet order on Resident #1's 08/01/25 FL2 was completed by the hospital and was incorrect. -Resident #1 needed an all chopped diet. -She should have contacted the physician to get that order changed. Observation of the lunch meal service on 10/14/25 at 12:07pm revealed: -Resident #1 was served a whole pork chop. -No knife was offered at the meal so he used his fingers to pick up the pork chop and take a bite of it. -He asked the personal care aide (PCA) to cut his pork chop. -The PCA took Resident #1's plate to the kitchen and cut his pork chop and then returned it. Refer to interview with the PCA on 10/14/25 at 12:08pm, 12:20pm and 2:40pm.	C 311		

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C 311	Continued From page 10 Refer to interview with a medication aide (MA) on 10/14/25 at 2:59pm. Refer to interview with the Administrator Assistant on 10/14/25 at 2:29pm. Refer to telephone interview with the facility's PCP 10/14/25 at 3:52pm. 2. Review of Resident #2s current FL2 dated 05/08/25 revealed: -Diagnoses included Bi-polar disorder. -There was an order for a chopped diet. Observation of the lunch meal service on 10/14/25 at 12:07pm revealed Resident #2 was served a pork chop that was cut into large bite-sized pieces. Interview with Resident #2 on 10/14/25 at 12:30pm revealed his meat was cut for him because he lost his dentures. Refer to interview with the PCA on 10/14/25 at 12:08pm, 12:20pm and 2:40pm. Refer to interview with a medication aide (MA) on 10/14/25 at 2:59pm. Refer to interview with the Administrator Assistant on 10/14/25 at 2:29pm. Refer to telephone interview with the facility's PCP 10/14/25 at 3:52pm. 3. Review of Resident #3's current FL2 dated 11/07/24 revealed: -Diagnoses included schizoaffective disorder and Bi-polar disorder.	C 311		

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C 311	Continued From page 11 -There was an order for a chopped diet. Observation of the lunch meal service on 10/14/25 at 12:07pm revealed Resident #3 was served a pork chop that was cut into large bite-sided pieces. Refer to interview with the PCA on 10/14/25 at 12:08pm, 12:20pm and 2:40pm. Refer to interview with a medication aide (MA) on 10/14/25 at 2:59pm. Refer to interview with the Administrator Assistant on 10/14/25 at 2:29pm. Refer to telephone interview with the facility's PCP 10/14/25 at 3:52pm. 4. Review of Resident #4's current FL2 dated 07/24/25 revealed: -Diagnoses included schizoaffective disorder. -There was an order for a chopped diet. Observation of the lunch meal service on 10/14/25 at 12:07pm revealed: -Resident #4 was served a whole pork chop. -No knife was offered at the meal so she used his fingers to pick up the pork chop and take a bite of it. Interview with Resident #4 on 10/14/25 at 12:18pm revealed it "would be helpful" if she had a knife to cut her pork chop. Refer to interview with the PCA on 10/14/25 at 12:08pm, 12:20pm and 2:40pm. Refer to interview with a medication aide (MA) on 10/14/25 at 2:59pm.	C 311		

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C 311	Continued From page 12 Refer to interview with the Administrator Assistant on 10/14/25 at 2:29pm. Refer to telephone interview with the facility's PCP 10/14/25 at 3:52pm. 5. Review of Resident #5's current FL2 dated 09/25/25 revealed: -Diagnoses included schizoaffective disorder. -There was an order for a chopped diet. Observation of the lunch meal service on 10/14/25 at 12:07pm revealed: -Resident #5 was served a whole pork chop. -No knife was offered at the meal so he used the side of his fork to cut the pork chop into bite-sized pieces. Refer to interview with the PCA on 10/14/25 at 12:08pm, 12:20pm and 2:40pm. Refer to interview with a medication aide (MA) on 10/14/25 at 2:59pm. Refer to interview with the Administrator Assistant on 10/14/25 at 2:29pm. Refer to telephone interview with the facility's PCP 10/14/25 at 3:52pm. 6. Review of Resident #6's current FL2 dated 06/12/25 revealed: -Diagnoses included Bi-polar disorder and anxiety. -There was an order for a chopped diet. Refer to interview with the PCA on 10/14/25 at 12:08pm, 12:20pm and 2:40pm.	C 311		

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C 311	Continued From page 13 Refer to interview with a medication aide (MA) on 10/14/25 at 2:59pm. Refer to interview with the Administrator Assistant on 10/14/25 at 2:29pm. Refer to telephone interview with the facility's PCP 10/14/25 at 3:52pm. _____ Interviews with the PCA on 10/14/25 at 12:08pm, 12:20pm and 2:40pm revealed: -There was not a list in the kitchen that documented the residents' diets. -She knew each residents' diet order because it was listed on their PCA flow sheet. -She did not have a menu to follow for residents receiving a chopped diet; she just chopped the meat. -For safety reasons residents were not allowed to have knives at the table. -The Administrator Assistant told her not to give residents a knife at mealtimes when she first became an employee four years ago. Interview with a medication aide (MA) on 10/14/25 at 2:59pm revealed: -She chopped everyones food so there was no need for a resident to have a knife at meals. -She was never told not to give a knife to a resident but generally she did not "because of safety". -All the residents that lived at the facility had anxiety and behavior issues so in general it was best for them not to have access to knives. Interview with the Administrator Assistant on 10/14/25 at 2:29pm revealed: -A listing of residents' diet orders for staff to reference was not necessary because all residents' meat was chopped automatically.	C 311		

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	FCL012048	A. BUILDING: _____ B. WING _____	R 10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUAKER MEADOWS FAMILY CARE	125 CAMELLIA GARDEN 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 311	Continued From page 14 -A chopped diet meant the meat was cut into pieces so a therapeutic menu was not necessary. -All residents had a diet order for chopped food for safety reasons because no sharp objects were allowed at the facility. -Not giving the residents knives at meals had been a rule "since forever". -The food was chopped for each resident so there was no need to have a knife at the table. -It was in error if two residents received a whole pork chop at lunch. -The primary care provider (PCP) wrote a diet order for everyone resident to have a chopped diet so there was no need to have a knife at the table. Telephone interview with the facility's PCP 10/14/25 at 3:52pm revealed: -Knives were unsafe. -It was a risk for a resident to have a knife; "better not to have them".	C 311		