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	FCL0011169	A. BUILDING: _____ B. WING _____	01/13/2026

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 01/13/26.	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 3 of 3 sampled residents (#1, #2, and #3) were tested upon admission for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services. The findings are: 1. Review of Resident #1's current FL-2 dated 01/09/25 revealed diagnoses included epilepsy and memory disorder. Review of Resident #1's Resident Register revealed there was an admission dated of 04/10/23. Review of Resident #1's record revealed there	C 202		

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C 202	Continued From page 1 were no TB test available for review. Telephone interview with Resident #1 on 01/13/26 at 10:29am revealed: -He thought he had a TB test, but he could not remember when it was administered. -He did not know if he had more than one TB test. Interview with the Administrator on 01/13/26 at 10:50am revealed: -She thought Resident #1 had his TB test at the Primary Care Provider's (PCP) office. -There should be a copy of the TB test in Resident #1's record. -She did not know why there were no records of TB test in Resident #1's record. Refer to the interview with the medication aide (MA) on 01/13/26 at 9:36am. Refer to the interview with the Administrator on 01/13/26 at 10:50am. 2. Review of Resident #2's current FL-2 dated 09/10/25 revealed diagnoses included hypertension, hyperlipidemia, diabetes mellitus II, and major depression. Review of Resident #2 Resident Register revealed there was an admission date of 08/15/24. Review of Resident #2's record revealed there was no 2nd step TB test available for review. Telephone interview with Resident #2 on 01/13/26 at 10:31am revealed she did not know if she had a TB test or not. Interview with the Administrator on 01/13/26 at	C 202		

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C 202	Continued From page 2 10:50am revealed: -Resident #2 had a TB test from 2017 in her record. -She moved to this facility from a sister facility. -The second TB test must have gotten lost in transfer. Refer to the interview with the medication aide (MA) on 01/13/26 at 9:36am. Refer to the interview with the Administrator on 01/13/26 at 10:50am. 3. Review of Resident #3's current FL-2 dated 02/05/25 revealed diagnoses included hypertension, bipolar disorder, and schizophrenia. Review of Resident #3 Resident Register revealed there was an admission date of 12/13/24. Review of Resident #3's record revealed there was no TB test available for review. Interview with the Administrator on 01/13/26 at 10:50am revealed: -She thought Resident #3 had his TB test at the Primary Care Provider (PCP) office. -There should be a copy of the TB test in Resident #3's record. -She did not know why there were no records of TB test in Resident #3's record. Attempted telephone interview with Resident #3 on 01/13/26 at 13:33am was unsuccessful. Refer to the interview with the medication aide (MA) on 01/13/26 at 9:36am. Refer to the interview with the Administrator on	C 202		

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C 202	Continued From page 3 01/13/26 at 10:50am. _____ Interview with the MA on 01/13/26 at 9:36am revealed she did not know who was responsible for seeing that the residents had their TB test. Interview with the Administrator on 01/13/26 at 10:50am revealed she was responsible for ensuring the TB test were done.	C 202		
C 252	10A NCAC 13G .0903(a) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (a) The facility shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan, and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, TED hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples;	C 252		

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C 252	Continued From page 4 (9) care of well-established colostomy or ileostomy. For the purpose of this Rule, "well-established colostomy or ileostomy" means having a healed surgical site without sutures or drainage; (10)care for pressure ulcers, up to and including a Stage II pressure ulcer, which is a superficial ulcer presenting as an abrasion, blister, or shallow crater; (11)inhalation medication by machine; (12)forcing and restricting fluids; (13)maintaining accurate intake and output data; (14)medication administration through a well-established gastrostomy feeding tube. For the purpose of this Rule, "well-established gastrostomy feeding tube" means having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established; (15)medication administration through subcutaneous injection in accordance with Rule .1004(q) except for anticoagulant medications; (16)oxygen administration and monitoring; (17)the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18)oral suctioning; (19)care of well-established tracheostomy, not to include endotracheal suctioning. For the purpose of this Rule, "well-established tracheostomy" means the stoma is well-healed and the airway is patent; (20)administering and monitoring of tube feedings through a well-established gastrostomy feeding tube in accordance with Subparagraph (a)(14) of this Rule; (21)the monitoring of continuous positive air pressure devices (CPAP and BIPAP); (22)application of prescribed heat therapy;	C 252		

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C 252	Continued From page 5 (23)application and removal of prosthetic devices except as used in post-operative treatment for shaping of the extremity; (24)ambulation using assistive devices that requires physical assistance; (25)range of motion exercises; (26)any other prescribed physical or occupational therapy; (27)transferring semi-ambulatory or non-ambulatory residents; or (28)nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that Act in 21 NCAC 36. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed on 1 of 1 sampled residents (#2) including the identified tasks of injection of medications and fingerstick blood sugar (FSBS). The findings are: Review of Resident #2's current FL-2 dated 09/10/25 revealed: -Diagnosis included diabetes mellitus II. -There was an order for FSBS checks twice daily. -There was an order for Ozempic 0.5mg (used to improve blood sugar) weekly subcutaneous. Review of Resident #2's Resident Register revealed an admission date of 08/15/24.	C 252		

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C 252	Continued From page 6 Review of Resident #2's record revealed there was an unsigned LHPS assessment that did not record any LHPS task for Resident #2. Interview with Resident #2 on 01/13/26 at 8:23am revealed: -She was a diabetic. -The medication aide (MA) checked her FSBS readings twice daily and administered a injection once a week. Interview with the MA on 01/13/26 at 9:36am revealed: -The LHPS assessment was done by a nurse who visited the facility. -A nurse visited Resident #2 a couple of months ago, but she did not remember when. -She did not realize the LHPS assessment was not dated and did not have LHPS task listed on the LHPS assessment. Interview with the Administrator on 01/13/26 at 10:50am revealed: -LHPS assessments should be completed every 3 months on residents who had LHPS tasks. -The facility nurse was responsible for completing the LHPS assessments every three months. -Resident #2's LHPS task should have been addressed on the LHPS assessment and the assessment should have been dated. Attempted interview with the Registered Nurse on 01/13/26 at 9:45am was unsuccessful.	C 252		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or	C 375		

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C 375	Continued From page 7 registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a pharmaceutical review was completed at least quarterly for 1 of 3 sampled residents (#3). The findings are:	C 375		

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C 375	Continued From page 8 Review of Resident #3's current FL-2 dated 02/05/25 revealed diagnoses included hypertension, bipolar, and schizophrenia. Review of Resident #3's Resident Register revealed an admission dated of 12/13/24. Review of Resident #3's record revealed there was no pharmacy review available to review. Telephone interview with the Pharmacist from Resident #3's pharmacy on 01/13/26 at 10:00am revealed: -He reviewed Resident #3's record and medications every quarter when the record was brought to the pharmacy. -He did not go to the facility to review the record. -He did not know the last time he reviewed Resident #3's record. Telephone interview with the pharmacy technician on 01/13/26 at 10:07am revealed: -She would notify the facility when it was time to bring Resident #2's record and medications to the pharmacy for review. -She notified the facility on 03/26/25, 06/18/25, 09/19/25, and 12/12/25 to bring Resident #2's record and medications to the pharmacy for review. -Sometimes she had to leave a message and sometimes she spoke to a representative of the home. -The representative of the facility would tell her, the representative would have to call back and let her know when they would bring Resident #3's record and medications. -The pharmacy could not review the record and medications if the facility staff did not bring them to the pharmacy.	C 375		

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C 375	Continued From page 9 Interview with the medication aide (MA) on 01/13/26 at 9:36am revealed: -Resident #3 received his medications from a local pharmacy. -Resident #3 was the only resident who received his medication from the local pharmacy. -She had not seen a pharmacist visit the facility and review Resident #3's record and medications. Interview with the Administrator on 01/13/26 at 10:50am revealed: -Resident #3 used a different pharmacy than the other residents at the facility. -She did not realize the pharmacy did not come to the facility to review Resident #3's record and medications. -She had not received any calls from the pharmacy to bring Resident #3's record and medications to the pharmacy for the pharmacist to review.	C 375		