STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079089	A. BUILDING: _____ B. WING _____	12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN # 2	157 GLENDALE DRIVE EDEN, NC 27288

(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 12/23/25.	C 000	In regards to10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan	12/24/25 and ongoing
C 120	10A NCAC 13G .0316 (f) Fire Safety and Emergency Preparedness Plan 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other emergency. Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The documentation shall include the date and time of the fire drill, the shift, the names of staff members present, and a short description of drill. 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 B VIOLATION Based on observations, interviews, and record reviews, the facility failed to provide documentation that 3 unannounced fire drill	C 120	The facility will insure that all staff adheres to disaster plan and drill procedures. Residents will continue to participate in drills no less than once a month. The administrator will conduct random audits of fire rehearsed log to insure adherence to facility policy. Policy Interpretation and implementation 1. Fire drills are required at least quarterly on each shift. 2. The purpose of the drill is to familiarize all personnel with emergency procedures and to practice the skills 3. The drills are to focus on specific- tasks not routinely performed but critical to the safe management and evacuation of residents, visitors and staff in the event of a real fire. 4. Drills are serious and not to l be taken lightly. Professionalism is expected, and required. 5. Both residents and staff should be included in drill exercises. All facility employees on the premises at the time of a fire drill are required to participate and expected to follow all instructions issued. 6. The emphasis of a drill is to place an emphasis on orderly and safe evacuation procedures	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Daphne G. Williamson — TITLE: Administrator/Owner — (X6) DATE: 1/29/26

Reviewed and Acknowledged
02/06/26
BB

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C 120	Continued From page 1 rehearsals were conducted quarterly on all shifts, resulting in one resident (#1) who did not respond to the fire drill and failed to evacuate the facility. The findings are: Review of the facility's current license effective 01/01/25 revealed the facility was licensed for 6 ambulatory residents. Observation of the facility on 12/23/25 at 8:30am revealed 4 residents resided in the facility. Review of facility documents on 12/23/25 revealed: -There was no documentation of fire drills available for review. -There was no fire safety inspection report available for review. Observation of the facility on 12/23/25 at 12:40pm revealed: -There were four female residents in their separate bedrooms. -A fire drill was conducted by the Supervisor in Charge (SIC) by pushing the smoke detector button. -There was a loud audible alarm that could be heard throughout the facility. -The alarm sounded for 1 minute and 40 seconds. -Three residents exited the facility. -Resident #1 remained in her bedroom. Review of Resident #1's current FL2 dated 03/20/25 revealed diagnoses included developmental disabilities, hyperlipidemia, osteoporosis, depression, hypertension, and hearing loss.	C 120	7. rather than on the. duration of an evacuation. 8. Visitors on the premises during a fire drill are required to evacuate the premises. Visitors must fo llow all instructions issued by staff members. 9. All procedures are expected to be carried out "'live" and not "simulated".A post drill critique, staff] discussion/debrief shall be conducted . The results of which will be documented on a standardized Fire Drill Report which shall include the following : o Date and Time of the drill o Date and Time of the drill o On which shift the drill was conducted o Staff Members present o Time for evacuation O. Residents must exit the facility independently. No physical assistance or verbal prompts may be used to aid the resident's evacuation. Any resident unable to perform the evacuation process due to physical or mental defect will be discharged. An audit of the facility produced 6 fire drill records completed at various times within the last month. Fire drill records were secured for over a year. The drills were placed in the home file for review when needed.	12/24/25

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C 120	Continued From page 2 Interview with Resident #1 on 12/23/25 at 1:05pm revealed: -She heard the fire alarm sound. -She did not exit the facility because she did not want her right hearing aid to fall onto the floor. -She knew she was to go outside in front of the facility if she heard the fire alarm. Interview with the SIC on 12/23/25 at 12:45pm revealed: -She conducted fire drill rehearsals often but did not know she was supposed to document them. -Resident #1 previously evacuated the facility during fire drill rehearsals. -Resident #1 wore hearing aids in both ears. -The right hearing aid was not working as intended due to a buildup of ear wax in Resident #1's right ear. -The ear wax build up was causing Resident #1's right hearing aid to fall out. -Resident #1 knew what to do during a fire drill. Telephone interview with the Administrator on 12/23/25 at 1:02pm revealed: -This was the first time Resident #1 did not exit the facility during a fire drill. -Resident #1 knew where to go when the fire alarm sounded. -She did know fire drill rehearsals were to be documented. -She was not able to produce any fire drill documentation. _____ The facility failed to provide documentation that 3 unannounced fire drill rehearsals were conducted quarterly on all shifts, resulting in one resident not responding to the fire drill and failing to evacuate the facility. This failure was detrimental to the health, safety, and welfare of the residents and	C 120		

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C 120	Continued From page 3 constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/23/25 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED February 6, 2026.	C 120		
C 131	10A NCAC 13G .0403(a) Qualifications of Medication Staff 10A NCAC 13G .0403 QUALIFICATIONS OF MEDICATION STAFF (a) Family care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to provide documentation that 2 of 2 sampled staff (Staff A, Staff B) who administered medications had completed the state-approved 5-hour,10-hour, or 15-hour medication aide (MA) training courses, the Medication Administration (MA) Competency Validation Clinical Skills Checklist, and the Medication Aide (MA) test as required. The findings are:	C 131	10A NCAC 13G .0403(a) Qualifications of Medication Staff An audit of staff records was completed by the administrator. During this audit the state-approved 5-hour,10-hour, or 15-hour medication aide (MA) training courses, the Medication Administration (MA) Competency Validation Clinical Skills Checklist, and the Medication Aide (MA) test were located for staff members serving as Medication Aides. The administrator will ensure that all required training and documentation is completed on each Medication Aide upon hire and that this information is placed in the staff record for review. The administrator will routinely audit staff records to insure they are available for review.	12/24/25 and ongoing

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C 131	Continued From page 4 1. Review of Staff A's, Supervisor in Charge (SIC), personnel record on 12/23/25 revealed there was no personnel record available for review. Review of residents' medication administration records (MAR) for October 2025, November 2025 and December 2025 revealed Staff A had administered medications to the residents at the facility on multiple occasions. Interview with Staff A on 12/23/25 at 2:04pm revealed: -She had just started working back at the facility in early 2025. -She administered medications to the residents. -She knew she was required to complete the 5-hour, 10-hour, or 15-hour state approved MA training course and had completed it when hired. -She knew she was required to complete the MA Competency Validation Clinical Skills Checklist and had completed it when hired. -She knew she was required to complete the MA test and had passed it many years ago. Refer to telephone interview with the Administrator on 12/23/25 at 2:00pm. 2. Review of Staff B's, MA, personnel record on 12/23/25 revealed there was no personnel record available for review. Review of residents' medication administration records (MAR) for October 2025, November 2025 and December 2025 revealed Staff B had administered medications to the residents at the facility on multiple occasions. Refer to telephone interview with the Administrator on 12/23/25 at 2:00pm	C 131		

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C 131	Continued From page 5 Telephone interview with the Administrator on 12/23/25 at 2:00pm revealed: -All staff who administer medications had completed the 5-hour, 10-hour, or 15-hour state approved MA training course, the MA Competency Validation Clinical Skills Checklist, and the MA test. -She did not keep staff records in the facility because in the past she had a problem with "people stealing social security numbers". -She did not provide documentation of the completed items for staff who administer medications.	C 131		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or moving into a family care home, the administrator, all other staff, and any persons living in the family care home shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205, which is hereby incorporated by reference, including subsequent amendments. (b) There shall be documentation on file in the family care home that the administrator, all other staff, and any persons living in the family care home are free of tuberculosis disease. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 3 sampled residents	C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis An audit of resident records was completed Two -step TB test was found for resident 1, one step was found for resident 3 in her record however a two-step had been validated in previous surveys. As a result resident 3 will undergo a 2 step series again. One step was found on resident 2's FL-2 and she received a two-step. The administrator will insure that each resident secures a two -step tb test upon admission. The administrator will audit resident records quarterly to insure that TB documentation is present in the record. If documentation is lost, a resident will undergo the 2-step TB process again.	12/23/25 and ongoing

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C 140	Continued From page 6 (#1, #2, #3) had completed 2-step tuberculosis (TB) testing in compliance with the control measures for the Commission for Health Services. The findings are: 1. Review of Resident #1's current FL2 dated 03/20/25 revealed: -Diagnoses included developmental disabilities, hyperlipidemia, osteoporosis, depression, hypertension, and hearing loss. -Resident #1 was admitted to the facility on 09/09/2016. Review of Resident #1's record on 12/23/25 revealed: -A TB skin test was placed on 09/11/18 and read as a negative result on 09/13/18. -There was no documentation that Resident #1 had received a second TB skin test since admission to the facility. Refer to interview with Supervisor in Charge (SIC) on 12/23/25 at 2:06pm. Refer to telephone interview with the Administrator on 12/23/25 at 12:15pm. 2. Review of Resident #2's current FL2 dated 03/17/25 revealed: -Diagnoses included bizarre behavior, hypertension and chronic back pain. -Resident #2 was admitted to the facility in August of 2024. Review of Resident #2's record on 12/23/25 revealed there was no documentation available for review to show Resident #2 had received a 2-step TB skin test since admission to the facility.	C 140		

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C 140	Continued From page 7 Interview with Resident #2 on 12/23/25 1:15pm revealed: -She had a TB skin test since being admitted to the facility. -She could not remember when she had the TB skin test done. Telephone interview with the Administrator on 12/23/25 at 12:20pm revealed the guardian of Resident #2 took her to have a TB skin test completed and may not have provided the facility with the documentation. Attempted telephone interview with Resident #2's guardian on 12/23/25 at 12:23pm was unsuccessful. Refer to interview with SIC on 12/23/25 at 2:06pm. Refer to telephone interview with the Administrator on 12/23/25 at 12:15pm. 3. Review of Resident #3's current FL2 dated 03/14/25 revealed: -Diagnoses included drug induced Parkinson's disease, hyperlipidemia, schizophrenia and hypertension. -Resident #3 was admitted to the facility on 03/12/21. Review of Resident #3's record on 12/23/25 revealed: -A TB skin test was placed on 03/23/21 and read as a negative result on 03/25/21. -There was no documentation that Resident #3 had received a second TB skin test since admission to the facility.	C 140		

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C 140	Continued From page 8 Interview with Resident #3 on 12/23/25 1:17pm revealed she had a TB skin test when she first arrived at the facility and then another one later on. Refer to interview with SIC on 12/23/25 at 2:06pm. Refer to telephone interview with the Administrator on 12/23/25 at 12:15pm. _____ Interview with the SIC on 12/23/25 at 2:06pm revealed she did not handle anything regarding residents TB skin tests. Telephone interview with the Administrator on 10/23/25 at 12:15pm revealed: -She was aware all residents needed to have 2 steps of the TB skin test completed upon admission to the facility. -She was not sure why the TB skin test results were not available in the residents chart. -All TB skin test results should have been in the residents chart.	C 140		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.	C 330	10A NCAC 13G .1004(a) Medication Administration The facility audited residents MARs to ensure and medication present were correct with doctor's orders. The audit made sure orders were maintained and documented correctly on the residents MARS. Any new orders received directly from the physician will be forwarded to the contracted pharmacy to be included or discontinued on the MAR. The Medication Aide will review MAR each month to ensure that all medication listed matches physician orders. . The Medication Aide will inform the pharmacy of the an error and will then document the appropriate order onto the MAR and remove discontinued medication from supply. The Administrator or designee will review the MAR and medications monthly to ensure compliance.	12/23/25 and ongoing

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C 330	Continued From page 9	C 330		

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered by a licensed practitioner for 1 of 3 residents (# 3) related to a medication used to relieve pain and reduce inflammation.

The findings are:

Review of Resident #3's current FL2 dated 03/14/25 revealed diagnoses included degenerative osteoarthritis and drug induced Parkinson's disease.

Review of Resident #3's signed physicians orders dated 10/07/25 revealed there was an order for naproxen (a medication used to relieve pain and reduce inflammation) 250mg take 1 tablet every 12 hours as needed.

Telephone interview with a pharmacy technician from the facility's contracted pharmacy on 12/23/25 at 11:11am revealed there was an order for naproxen 250mg to be discontinued on 10/18/25.

Review of Resident #3's October 2025 medication administration record (MAR) revealed:
-There was an entry for naproxen 250mg take 1 tablet every 12 hours as needed scheduled for administration at 8:00am and 8:00pm.
-There was documentation naproxen 250mg was administered on 10/29/25 at 8:00pm, on 10/30/25 at 8:00am and 8:00pm, and on 10/31/25 at 8:00am.

Review of Resident #3's November 2025 MAR revealed:

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C 330	Continued From page 10	C 330		

-There was an entry for naproxen 250mg take 1 tablet every 12 hours as needed scheduled for administration at 8:00am and 8:00pm.
-There was no documentation naproxen 250mg was administered.

Review of Resident #3's December 2025 MAR from 12/01/25 to 12/23/25 revealed there was no entry for naproxen 250mg take 1 tablet every 12 hours as needed scheduled.

Observation of Resident #3's medications on hand on 12/23/25 at 10:10am revealed:
-There was a bubble pack with 26 tablets of naproxen 250mg available for administration and was last dispensed on 10/07/25.
-There was a second bubble pack with 30 tablets of naproxen 250mg available for administration and was last dispensed on 10/07/25.
-The order on both bubble pack labels was for naproxen 250mg take 1 tablet every 12 hours as needed.

Attempted telephone interview with Resident #3's primary care provider (PCP) on 12/23/25 at 11:32am was not successful.

Interview with the Supervisor in Charge (SIC) on 12/23/25 at 2:04pm revealed:
-She administered Resident #3's medications according to the MAR entries.
-When a residents physician changes a medication, the physician's office calls the facilities contracted pharmacy directly to update the order.
-She was responsible for verifying physician orders, updating the MAR, and adding any new order to the residents' chart.
-She did not know Resident #3's naproxen 250mg had been discontinued.

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C 330	Continued From page 11 -She could not say why she missed that Resident #3's naproxen 250mg had been discontinued. -When medications were discontinued, she would take the medication off the residents medication shelf and put the medication on the top shelf until the facilities contracted pharmacy was able to pick the discontinued medication up. Telephone interview with the Administrator on 12/23/25 at 12:10pm revealed: -The facility staff was responsible for ensuring orders were entered into or discontinued on the MAR correctly. -She was not aware Resident #3's naproxen 250mg had been discontinued. -She expected the facility staff to update the MAR correctly and for discontinued medications to be taken off the residents medication shelf and disposed of properly.	C 330		
C 443	10A NCAC 13G .1212 Record of Staff Qualifications 10A NCAC 13G .1212 RECORD OF STAFF QUALIFICATIONS A family care home shall maintain records of staff qulaifications required by the rules in Section .0400 of this Subchapter in the facility. When there is an approved cluster of licensed facilities, these records may be kept in one location among the clustered facilities.	C 443	10A NCAC 13G .1212 Record of Staff Qualifications The administrator will ensure that all required training and documentation is completed on each staff member upon hire and that this information is placed in the staff record for review. The administrator will routinely audit staff records to insure they are up to date and current with state requirements. The administrator will insure that staff records are available on sight for review	12/23/25 and ongoing

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C 443	Continued From page 12 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to maintain staff qualification records in the facility for 2 of 2 sampled staff (Staff A, Staff B). The findings are: 1. Review of Staff A's, Supervisor in Charge (SIC), personnel record revealed there was no personnel record available for review. Interview with Staff A on 12/23/25 at 2:06pm revealed she did not know where staff records were kept. Refer to telephone interview with the Administrator on 12/23/25 at 2:00pm 2. Review of Staff B's, Medication Aide, personnel record revealed there was no personnel record available for review. Refer to telephone interview with the Administrator on 12/23/25 at 2:00pm Telephone interview with the Administrator on 12/23/25 at 2:00pm revealed: -She kept staff records in her office at her personal residence. -She did not keep staff records in the facility because in the past she had a problem with "people stealing social security numbers". -She did understand the importance of keeping staff records in the facility, in a locked location. -She did not provide personnel or staff qualification records upon request.	C 443		