PRINTED: 03/20/2020 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ´			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _				
	FCL009030 B. WING			03/12/2020			
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
TURNER'S FAMILY CARE HOME # 1  2105 NC 410 HWY  BLADENBORO, NC 28320							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	) BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	The Adult Care Licens annual survey on Mai	sure Section conducted an rch 12, 2020.					
C 246	10A NCAC 13G .0902	2(b) Health Care	C 246				
	• ,	2 Health Care assure referral and follow-up nd acute health care needs					
	reviews, the facility fa complete for 2 of 3 sa evidenced by not sch examination for a resi	ns, interviews and record illed to ensure referrals were ampled residents (#2, #3) as eduling a behavioral health ident with a history of not scheduling a chest x-ray					
	The findings are:						
	03/02/20 revealed dia major depressive disc	t #2's current FL-2 dated agnoses included primary order, secondary autism ive disability and Asperger's					
	(PCP) order dated 10	2's Primary Care Provider's /16/19 revealed to schedule behavioral health as soon as ession.					
	03/12/20 at 1:01pm re -She was responsible Resident #2.	to make appointments for dent #2 had a referral to be					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		1 ' '	(X3) DATE SURVEY COMPLETED	
				A. BOLDING.			
FCL009030			B. WING		03	03/12/2020	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ΓE, ZIP CODE			
TURNER'S	S FAMILY CARE HOME #	2105 NC 4 E1 BI ADENE	110 HWY 30RO, NC 2832	0			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
C 246	Continued From page 1		C 246				
	by behavioral healthAt the time the referr not have transportation appointment.	ral was made, the facility did on to take Resident #2 to her					
		vith the Administrator on was unsuccessful.					
	Attempted interview with the Primary Care Provider (PCP) on 03/12/20 at 12:33pm was unsuccessful.						
	Attempted interview with the Behavioral Health Provider on 03/12/20 at 12:38pm was unsuccessful.  Attempted interview with Resident #2 on 03/12/20 at 1:15pm was unsuccessful.  2. Review of Resident #3's FL-2 dated 05/16/19 revealed diagnoses included cerebrovascular disease, essential hypertension, nicotine dependence, anxiety and depression, schizophrenia, hyperlipidemia and gastroesophageal disease.						
	(PCP) order dated 12	3's Primary Care Provider's 2/02/19 revealed to schedule tain a chest x-ray due to a					
	revealed: -There was no docum obtain a chest x-ray h -There was no docum have a chest x-ray.	e3's record on 03/12/20 nentation an appointment to had been scheduled. nentation he had refused to					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		FCL009030	B. WING		03	/12/2020			
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2105 NC 410 HWY  BLADENBORO, NC 28320								
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE			
C 246	03/12/20 at 12:15pm -She did not know if F appointment to have -She was aware Resi the PCP to obtain a c -She was responsible Resident #3She thought Resider x-ray done.  Interview with a repre on 03/12/20 at 12:28g documentation Resid x-ray.  Attempted interview v 03/12/20 at 11:15am  Attempted interview v 12:33pm was unsucc	and 1:10pm revealed: Resident #3 attended an a chest x-ray. dent #3 had a referral from hest x-ray. to make appointments for at #3 refused to have a chest resentative at the PCP's office am revealed there was no ent #3 received a chest with the Administrator on was unsuccessful.  with the PCP on 03/12/20 at ressful.	C 246						

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