STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046021	A. BUILDING: _____ B. WING _____	R 12/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEPHENSON FAMILY CARE HOME	316 EAST RICHARD STREET AHOSKIE, NC 27910

(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 a follow-up survey on 12/13/23.	{C 000}		
{C 148}	10A NCAC 13G .0406 (a)(8) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure drug screening for the presence of controlled substances was completed upon hire and in the personnel file for 1 of 2 staff (Staff A). The findings are: Review of Staff A's personnel record revealed: -Staff A was hired in March 2022. -There was no documentation that a drug screening for controlled substances was conducted. Interview with Staff A on 12/13/23 at 1:00pm revealed: -She was hired in March 2022. -She worked as a personal care aide until she could take the medication aide examination. -She took a home-based drug screening test that was negative but did not maintain documentation of the results in her personnel record.	{C 148}		

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{C 148}	Continued From page 1 Interview with the Administrator at 12/13/23 at 1:30pm revealed: -Staff A had been employed at the facility for about two years. -A home-based kit was used to conduct a drug screening for controlled substances for Staff A but the results were not documented in the personnel record. -It was her responsibiliy to ensure drug screening for controlled substanced were done for staff and documentation placed in their personnel record.	{C 148}		
{C 201}	10A NCAC 13G .0701 (b) Admission Of Residents 10A NCAC 13G .0701 Admissions Of Residents (b) Exceptions. People are not to be admitted: (1) for treatment of mental illness, or alcohol or drug abuse; (2) for maternity care; (3) for professional nursing care under continuous medical supervision; (4) for lodging, when the personal assistance and supervision offered for the aged and disabled are not needed; or (5) who pose a direct threat to the health or safety of others. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 3 sampled residents (#3) was not admitted to the facility for the treatment of a mental illness evidenced by the resident only having a mental health diagnosis.	{C 201}		

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{C 201}	Continued From page 2 The findings are: Review of Resident #3's current FL-2 dated 08/31/22 revealed: -Diagnoses included major depressive disorder and autism spectrum disorder without intellectual impairment. -There was an order for Sertraline. (Sertraline is a medication used for depression). Review of Resident #3's Resident Register revealed an admission date of 03/26/21. Review of Resident #3's Care Plan dated 08/31/22 revealed: -The resident was independent with eating, toileting, ambulation, bathing, dressing and transfer. -The resident needed staff supervision for grooming. Observation of Resident #3 intermittently between 8:30am and 1:30pm on 12/13/23 revealed: -The resident was taking a nap in his bedroom. -He walked to the living room/kitchen area and ate lunch with the other residents. -He participated in the evacuation when a fire drill was conducted by walking outside and going to the gate on the side of the house where they were instructed to meet as part of the evaluation plan. Interview with the Administrator on 12/13/23 at 1:30pm revealed: -She became aware of the rule area that a resident with only a mental illness diagnosis could not be admitted to the facility on 10/04/23. -She was in the process of transferring the resident to another facility.	{C 201}		

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{C 201}	Continued From page 3 -She had not initiated the discharge process.	{C 201}		