

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2025
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NAME OF PROVIDER OR SUPPLIER JEFFERSON FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 495 STALEY BOSWELL ROAD YANCEYVILLE, NC 27379
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C 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on May 8, 2025.	C 000	Corrective Action for Resident #2 • Immediately: The facility contacted the primary care provider (PCP) again on 05/08/25 to request an updated LHPS evaluation for Resident #2. • As of 05/12/25, a temporary LHPS task was created internally by nursing STAFF to ensure FSBS monitoring is reflected in documentation until the formal LHPS update is received. • Ongoing Documentation: Weekly FSBS values will continue to be documented in the MAR, with the SIC verifying Resident #2's self-checks and logging the results.	05/12/2025
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; (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	C 252		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

6899

LDCC11

If continuation sheet 1 of 4

Reviewed and acknowledged SW 05/23/25

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C 252	Continued From page 1 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; (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	C 252	Identification of Other Residents - Audit Initiated (05/09/25): An audit of all residents with PCP-managed LHPS evaluations was started to identify any other cases where LHPS tasks may be outdated or not aligned with current orders. - Expected Completion: 05/16/25. 3. Systemic Changes - Policy Review: The facility's policy on LHPS evaluations was reviewed and updated to clarify responsibilities for ensuring evaluations are current and consistent with physician orders. - Tracking System: A tracking log was implemented on 05/10/25 to monitor the status of LHPS evaluations, including due dates, submission dates to PCPs, and follow-ups. - Communication Protocol: A formal communication protocol with the PCP was established to include documented follow-ups every 5 business days until evaluations are received. 4. Staff Training - In-Service Conducted: All nursing staff and administrative personnel were in-serviced on 05/11/25 regarding: The importance of ensuring LHPS documentation reflects current physician orders. The new tracking log and follow-up protocol. Accurate documentation of self-administered FSBS checks. - Future Training: Quarterly refresher training will be held, beginning July 1, 2025. 5. Monitoring and Quality Assurance - Weekly Review: The Director of Nursing or designee will review the LHPS log weekly for completeness and compliance. - Monthly Audit: A random audit of 5 resident LHPS records and MARS will be conducted monthly for 3 months to ensure consistency between orders, evaluations, and documentation. - QA Committee: Results of these audits will be presented at the monthly Quality Assurance and Performance Improvement (QAPI) committee meetings. 6. Completion Date: Full compliance and systemic implementation will be achieved by: 05/26/25	5/26/2025

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C 252	Continued From page 2 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 for 1 of 3 sampled residents (#2) with LHPS task of fingerstick blood sugars (FSBS). The findings are: Review of Resident #2's admission FL2 dated 03/20/25 revealed: -Diagnoses included diabetes type 2, schizophrenia, and anxiety. -There was an order to check (FSBS) once a week. Review of Resident #2's record revealed: -There was an LHPS evaluation completed on 01/15/25 and there was no LHPS tasks listed for FSBS checks. -There was no current LHPS evaluation. Review of Resident #2's electronic medication administration record (eMAR) from 04/07/25 through 04/30/25 revealed: -There was an entry for FSBS checks once a week.	C 252			

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C 252	Continued From page 3 -There was documentation FSBS checks were completed once a week from 04/07/25 through 04/28/25. Review of Resident #2's eMAR from 05/01/25 through 05/08/25 revealed: -There was an entry for FSBS checks once a week. -There was documentation FSBS checks were completed once a week from 05/01/25 through 05/08/25. Interview with a Supervisor-in-Charge (SIC) on 05/08/25 at 11:13am revealed resident #2 checked his FSBS once each week himself and she documented the reading on the resident's eMAR. Interview with the Administrator on 05/08/25 at 12:42pm revealed: -She was responsible for ensuring LHPS evaluations were completed quarterly. -Resident #2 has an order for FSBS checks once each week. -Resident #2 checked his FSBS once each week and she reviewed the log weekly. -The resident's primary care provider (PCP) completed the LHPS evaluations quarterly, but has not updated Resident #2's LHPS. -She reached out to the PCP on 03/25/25 and on 04/01/25 and was waiting for the LHPS to be updated. Attempted telephone with the facility's PCP on 05/08/25 at 10:43am was unsuccessful.	C 252			