

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/06/2025
NAME OF PROVIDER OR SUPPLIER MILDRED'S FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES ROAD YANCEYVILLE, NC 27379			
(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 11/06/25.	{C 000}			
{C 069}	10A NCAC 13G .0312 (g) Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance and Exits (g) In facilities with at least one resident who is determined by a physician or is otherwise observed by staff to be disoriented or exhibiting wandering behavior, all outside entrance/exit doors shall have a continuously sounding device that is activated when the door is opened. The sound shall be audible throughout the facility. If a central system of remote sounding devices is provided, the control panel for the system shall be powered by the facility's electrical system, and be located in an area accessible to staff. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 exit doors that were accessible to 2 of 3 sampled residents (#1 and #3) for a resident who was constantly disoriented (#1) and a resident who was intermittently disoriented (#3), had working alarms that were of sufficient volume and continuously sounding when the door was opened and could be heard by staff when activated and responded to for the safety of the residents.	{C 069}			

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

[Signature]

[Signature]

(X6) DATE
12/12/25

STATE FORM

6699

T3IE12

If continuation sheet 1 of 33

Revised via telephone with the Administrator on 12/19/25.

Reveiwed and acknowledged with amendments

PD 12/19/25

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MILDRED'S FAMILY CARE

3592 MARSHALL GRAVES ROAD

YANCEYVILLE, NC 27379

(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	{C 000}		
	The Adult Care Licensure Section conducted a follow up survey on 11/06/25.			
{C 069}	10A NCAC 13G .0312 (g) Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance and Exits (g) In facilities with at least one resident who is determined by a physician or is otherwise observed by staff to be disoriented or exhibiting wandering behavior, all outside entrance/exit doors shall have a continuously sounding device that is activated when the door is opened. The sound shall be audible throughout the facility. If a central system of remote sounding devices is provided, the control panel for the system shall be powered by the facility's electrical system, and be located in an area accessible to staff. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 exit doors that were accessible to 2 of 3 sampled residents (#1 and #3) for a resident who was constantly disoriented (#1) and a resident who was intermittently disoriented (#3), had working alarms that were of sufficient volume and continuously sounding when the door was opened and could be heard by staff when activated and responded to for the safety of	{C 069}	The facility has working door alarms that sound off continuously when doors are open. There are alarms on both screen doors and also on both facility entry doors. We also have backup alarms in case one is not working properly. Alarms will be monitored daily .	11/10/2025

the residents.

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM 6899 T3IE12 If continuation sheet 1 of 33

PRINTED: 11/24/2025
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{C 069}	Continued From page 1 The findings are: Observation of the entrance/exit doors to the facility on 11/06/25 at 8:15am revealed: -There were two entrances to the facility, a front entrance that led into a hallway and a side entrance that led into the kitchen. -There was a storm door and a wooden door at each entrance. -There was an alarm for the storm doors that was mounted on the door jamb, and a contact mechanism on the door. -The alarm for the storm door could be turned on and off with a switch. -There was a large red alarm with a keyhole on the wooden exit doors. -The storm door to the side entrance was closed and the wooden door was open; the alarm on the storm door did not sound when the door was opened. -The storm door and the wooden door to the front entrance were closed and did not alarm when opened. -Residents, staff and a visitor were observed entering and exiting through both entrances and the alarms did not sound. Second observation of the entrance/exit doors to the facility on 11/06/25 at 1:20pm revealed: -The alarm on the storm door at the side entrance did not sound because the storm door was not completely closing and the contact mechanism was not connecting to the alarm. -The Supervisor-in-Charge (SIC) pulled the storm door into a closed position to connect the mechanism on the door with the alarm on the door jamb. -The SIC then opened the storm door and an audible alarm chimed, the door only chimed	{C 069}		
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Division of Health Service Regulation

STATE FORM 6899 T3IE12 If continuation sheet 2 of 33

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MILDRED'S FAMILY CARE

YANCEYVILLE, NC 27379

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{C 069}	Continued From page 2 once. -The storm door at the side entrance did not have a continuous sounding alarm. -The storm door at the front entrance had an alarm and a contact mechanism but did not sound when the door was opened. -The SIC turned a switch on the alarm to the on position and the door alarm sounded when she opened the door. -The alarm was a loud screeching sound that did not stop when the SIC closed the door. -The SIC turned the alarm off at the front entrance storm door. -The SIC used a key to activate the red door alarm on the wooden door. -A loud, audible sound could be heard throughout the facility when the door was opened. -The alarm had to be turned off with the key. Interview with a resident on 11/06/25 at 8:40am revealed: -The storm doors had alarms on them. -Sometimes he heard them and sometimes he did not. -The alarms on the storm doors had a switch to turn them off. -The residents turned off the alarms and so did the staff because they made noise all day. -None of the residents had ever wandered off or tried to walk anywhere. Interview with the SIC on 11/06/25 at 1:20pm revealed: -The alarms on the wooden door were set at night when the doors were closed. -The SIC had a key to turn off the alarm when it sounded; there was no other way to turn off the alarm on the wooden door. -The storm door on the front entrance had an alarm on it that sounded when the door was	{C 069}		

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{C 069}	Continued From page 3 opened but stopped when the storm door swung shut. -The storm door on the side entrance had a chime that only sounded one time. -The storm door on the side entrance did not sound because the door did not swing closed and latch, so the alarm was not activated. -The residents would also reach up and turn the alarm on the storm door off because they went in and out of the door all day to smoke. -She heard the side entrance alarm when she entered the facility that morning. -One of the residents must have turned off the alarm on the front entrance because the alarm did not sound when she opened the door. -The mechanism was not connecting to the alarm when the front door swung closed, so it did not stop like it was supposed to. -If the alarm was not turned off, she would hear it constantly all day. 1. Review of Resident #1's current FL2 dated 10/02/24 revealed: -Diagnoses included dementia, and schizophrenia. -The resident was constantly disoriented. Review of Resident #1's care plan dated 10/02/25 revealed he was sometimes disoriented, forgetful and needed reminders. Interview with the SIC on 11/06/25 at 1:20pm revealed: -Resident #1 would forget his name. -Resident #1 would not be able to give his current address; sometimes he could say where he lived. -Resident #1 never tried to leave the facility and never talked about leaving.	{C 069}			

-Resident #1 had never tried to walk away.

Division of Health Service Regulation

STATE FORM 6899 T3IE12 If continuation sheet 4 of 33

PRINTED: 11/24/2025
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{C 069}	Continued From page 4 Attempted telephone interview with Resident #1 guardian on 11/06/25 at 3:11pm was unsuccessful. Attempted telephone interview with Resident #1's primary care provider (PCP) on 11/06/25 at 3:09pm was unsuccessful. Based on observations, interviews and record reviews it was determined Resident #1 was not interviewable. Refer to the interview with the Administrator on 11/06/25 at 2:35pm. 2. Review of Resident #3's current FL2 dated 10/18/25 revealed: -Diagnoses included dementia, schizophrenia, and depression. -The resident was intermittently disoriented. Review of Resident #3's care plan dated 10/22/25 revealed he was oriented and his memory was adequate. Interview with Resident #3 on 11/06/25 at 8:59am revealed: -Sometimes he heard the doors alarms go off when he opened them. -He knew the doors were locked at night and there were big red alarms on them. -He saw the staff use a key to lock the alarms. -He had not tried to open the doors with the alarms. -He did not turn the alarms off on the storm doors. -He liked to go outside during the day. -He did not leave the facility, there was nowhere to go.	{C 069}		
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Division of Health Service Regulation

STATE FORM 6899 T3IE12 If continuation sheet 5 of 33

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{C 069}	Continued From page 5 Interview with the SIC on 11/06/25 at 1:20pm revealed: -Resident #3 was confused but not all the time. -He could not answer questions because sometimes he could not process the information. -Resident #3 only wanted to go outside and smoke or watch television, he never tried to walk anywhere or leave. Attempted telephone interview with Resident #3's PCP on 11/06/25 at 3:09pm was unsuccessful. Attempted telephone interview with Resident #3's listed contact person on 11/06/25 at 3:11pm was unsuccessful. Refer to the interview with the Administrator on 11/06/25 at 2:35pm. Interview with the Administrator on 11/06/25 at 2:35pm revealed: -The SIC told her that day that the front door alarm was broken. -She would hear the door alarms all the time because the residents went outside to smoke. -The wooden doors were kept open when the weather was nice like that day. -The staff turned on the alarms on the wooden doors at night when they closed them and locked them. -If an alarm sounded the staff were instructed to go to the door and see if a resident went outside. -If the staff did not see a resident, then they were supposed to check the residents in their beds. -She put the alarms on the storm doors because there were residents with a diagnosis of dementia. -The residents with dementia were forgetful, not really confused.	{C 069}		

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{C 069}	Continued From page 6 -The residents would remember something one minute and forget it the next. -None of the residents had ever tried to walk away or leave the facility. -She was aware the doors needed a continuous alarm. -The alarms she purchased for the storm doors sounded when the doors were opened and stomped when the door closed; she considered that a continuous alarm.	{C 069}			
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: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to ensure 2 of 3 sampled staff (Staff A and Staff B) who administered medications had completed the 5-hour, 10-hour, or 15-hour state approved medication aide training, the medication aide clinical skills checklist and had successfully passed the written examination. The findings are:	C 131			

Division of Health Service Regulation

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C 131	Continued From page 7 Observation of the facility on 11/06/25 at 8:15am revealed: -Staff A was the only staff at the facility. -A second facility staff arrived at 8:45am and identified herself as the Supervisor-in-Charge (SIC). Review of three residents' medication administration records (MAR) for October 2025 and November 2025 revealed only the Administrator and the SIC documented they administered medications. 1. Review of Staff A's personnel record revealed she did not have a personnel record for review. Interview with a resident on 11/06/25 at 8:40am revealed: -Staff A did his finger stick blood sugar checks (FSBS) every day; Staff A checked his FSBS that morning, 11/06/25. -Staff A gave him his medications that morning in a medication cup when he sat down at the table for breakfast. -Staff A watched him take his morning medications. -The SIC came in around 8:45am after the residents had taken their morning medications. -Sometimes the SIC administered his morning injection when she arrived at the facility. -Staff A administered his morning injection that morning, 11/06/25. -Staff A spent the night at the facility a couple of nights a week and administered his medications. Interview with second resident on 11/06/25 at 8:42am revealed: -Staff A did his FSBS checks every day and had checked them that morning.	C 131		
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Division of Health Service Regulation

STATE FORM 6899 T3IE12 If continuation sheet 8 of 33

PRINTED: 11/24/2025
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YANCEYVILLE, NC 27379

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C 131	Continued From page 8 -Staff A spent the night at the facility; she was the main care giver at the facility. Interview with a third resident on 11/06/25 at 8:44am revealed: -Staff A administered his morning medications at the breakfast table that morning. -Staff A had administered his medications on previous days when she worked. -Staff A administered all the residents their medications when she worked. Interviews with Staff A on 11/06/25 at 8:15am and 9:05am revealed: -She began working at the facility sometime at the beginning of October 2025. -She was the only staff in the facility for breakfast and she stayed overnight; she would leave around 10:00am and return around 6:00pm. -Her shift began on Monday evening, 11/03/25, when she relieved Staff B. -Staff A administered an insulin injection to one resident once daily and a second resident twice daily. -The SIC came in the middle of the day after breakfast. -The SIC put the residents' medications in small cups the day before and she administered them to the residents in the mornings and in the evenings. -She did the residents' FSBS checks; she had done them that morning, 11/06/25. -There were two residents with FSBS checks twice daily scheduled in the morning and at night and a third resident with FSBS checks once daily scheduled in the morning. -She did not initial the MAR, she only documented the FSBS results on a log. -She passed the medication aide (MA) exam about 20 years ago and worked as a MA in a	C 131		

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C 131	Continued From page 9 facility for ten years. -She quit and had not worked as a MA in the last 10 years. -She had not had any training, retraining or been medication competency checked since she had begun to work at the facility. -She did not want to retake the medication training because she did not want to be responsible for administering medications; she was afraid of making a medication error. Interview with the SIC on 11/06/25 at 1:08pm revealed: -She usually arrived at the facility by 8:00am but that morning she overslept. -The Administrator was usually at the facility in the morning and would administer medication. -Staff A did the residents' FSBS checks, and she also gave injections that morning, 11/06/25. -She prepared the medications the night before and placed them in individual cups for administration in the morning. -The Administrator was not feeling well so Staff A administered the residents' medications. -She worked Monday through Friday. -She or the Administrator always signed the MAR even when another staff member administered the medication. -She thought Staff A had been a MA at some time in the past at another facility in the area. Interview with the Administrator on 11/06/25 at 2:10pm revealed: -She did not have personnel records for Staff A because she only used her when she needed help at the facility. -She was short-staffed and was trying Staff A out to see how they worked. -She was usually at the facility every day with the staff.	C 131			

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C 131	Continued From page 10 -She thought all Staff A needed was a cardiopulmonary resuscitation (CPR) certification. -She or the SIC spent the night at the facility. -Staff A did not spend the night, she did not know why anyone would say Staff A spent the night at the facility. -Staff A did not do FSBS checks or give injections. -She and the SIC were the only certified MAs in the facility. -She was not aware Staff A was administering medications to the residents, doing FSBS checks or injections. -Staff A had worked at another facility over 10 years ago as a MA. 2. Review of Staff B's personnel record revealed she did not have a personnel record for review. Interview with a resident on 11/06/25 at 8:40am revealed: -Staff B checked his (finger stick blood sugar) FSBS when Staff B worked. -Staff B stayed overnight when he worked. -Staff B gave him his insulin injections when he worked. -Staff B administered his morning medications when Staff B worked. Interview with second resident on 11/06/25 at 8:42am revealed: -Staff B checked his FSBS when Staff A or the Supervisor-in-Charge (SIC) were not at the facility. -Staff B would give him his medications in the mornings and the evenings when he worked. Interview with a third resident on 11/06/25 at 8:44am revealed: -Staff B administered his medications when he	C 131		
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STATE FORM 6899 T3IE12 If continuation sheet 11 of 33

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C 131	Continued From page 11 worked. -Staff B worked a couple days a week. -The SIC and the Administrator administered his medications too, but they were not always at the facility. Interview with the SIC on 11/06/25 at 1:08pm revealed: -The Administrator was usually at the facility in the morning, and she would administer medication. -She prepared the medications the night before and placed them in individual cups for administration in the morning. -She worked Monday through Friday. -Staff B only worked on the weekends. -The Administrator came to the facility on the weekends and administered medications. -Sometimes Staff B administered the residents' medications. -She or the Administrator always signed the MAR even when another staff member administered the medication. -She thought Staff B had all his MA credentials because he worked at another facility in the area during the week. Interview with the Administrator on 11/06/25 at 2:10pm revealed: -She did not have personnel records for Staff B because she only had him work when she needed help at the facility. -She was short-staffed and was trying Staff B out to see how he worked. -She was usually at the facility every day with the staff. -She thought all Staff B needed to work at the facility was CPR certification. -She or the SIC spent the night at the facility. -Staff B did not spend the night at the facility.	C 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/06/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MILDRED'S FAMILY CARE

3592 MARSHALL GRAVES ROAD

YANCEYVILLE, NC 27379

(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 131	Continued From page 12 -Staff B did not do FSBS checks or give injections. -She and the SIC were the only certified MAs in the facility. -She was not aware Staff B was administering medications to the residents, doing FSBS checks or injections. -Staff B worked at another facility in the area but she did not know if he was a MA. Attempted telephone interview with Staff B on 11/06/25 at 3:00pm was unsuccessful. The facility failed to ensure 2 of 3 sampled staff met the qualifications to administer medications to residents. Staff A and Staff B had not completed the 5, 10, or 15-hour medication aide training, completed the clinical skills validation or passed the medication aide written exam within 60 days of hire and administered medications to all residents in the facility including FSBS and insulin injections. The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/06/25 for this violation.	C 131	All hired staff records will be reviewed and all required paperwork made current for their particular position by Administrator and SIC. Any staff who does not have all required paperwork will not be allowed to work until completed. The owner and Administrator will be responsible for making sure all paperwork is completed before beginning work. All employee files will be reviewed twice a year to make sure they are still in compliance.	12/5/2025
C 140	CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 12, 2025. 10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or moving into a family	C 140		

	care home, the administrator, all other staff, and			
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Division of Health Service Regulation

STATE FORM 6899 T3IE12 If continuation sheet 13 of 33

PRINTED: 11/24/2025
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/06/2025
NAME OF PROVIDER OR SUPPLIER MILDRED'S FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES ROAD YANCEYVILLE, NC 27379		
(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 140	Continued From page 13 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 interviews, and record reviews, the facility failed to assure 2 of 3 sampled staff (Staff A and Staff B) were tested for tuberculosis (TB) in compliance with control measures adopted by the Commission for Public Health. The findings are: 1. Review of Staff A's personnel record on 11/06/25 revealed she did not have a record to review. Interview with Staff A on 11/06/25 at 8:15am revealed: -She had worked at the facility since the beginning of October 2025. -She did not know if there was a personnel record for her at the facility. -She had a TB test completed years ago for another job but she could not recall how long ago. Interview with the Administrator on 11/06/25 at 2:10pm revealed: -She did not have a personal records for Staff A because Staff A only worked she needed help at	C 140	All hired staff records will be reviewed and TB test will be made sure they are current for the staff by the Administrator and the SIC. Any staff who does not have all required paperwork will not be allowed to work until completed. The owner and the Administrator will be responsible for making sure all paperwork is completed before beginning work. All employee files will be reviewed twice a year to make sure they are still in compliance. Correction date 12/05/25 PD 12/19/25
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Division of Health Service Regulation

STATE FORM 6899 T3IE12 If continuation sheet 14 of 33

PRINTED: 11/24/2025
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

3592 MARSHALL GRAVES ROAD

MILDRED'S FAMILY CARE

YANCEYVILLE, NC 27379

(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 140	Continued From page 14 the facility. -She was short-staffed and was trying Staff A out to see how she worked. -She was responsible for hiring staff and ensuring their records were complete. -She was usually at the facility with Staff A when she worked. -Staff A did not have a TB test prior to working at the facility. -She knew Staff A should have had a TB test before she started working in the facility. 2. Review of Staff B's personnel record on 11/06/25 revealed he did not have a record to review. Interview with the Administrator on 11/06/25 at 2:10pm revealed: -She did not have a personal records for Staff B because Staff B only worked she needed help at the facility. -She was short-staffed and was trying Staff B out to see how he worked. -She was responsible for hiring staff and ensuring their records were complete. -She was usually at the facility with Staff B when he worked. -Staff B did not have a TB test prior to working at the facility. -She knew Staff B should have had a TB test before he started working in the facility.	C 140		
C 145	Attempted telephone interview with Staff B on 11/06/25 at 3:00pm was unsuccessful. 10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications	C 145		

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NAME OF PROVIDER OR SUPPLIER MILDRED'S FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES ROAD YANCEYVILLE, NC 27379		
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C 145	Continued From page 15 (a) Each staff person of a family care home shall: (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 2 of 3 sampled staff (Staff A and Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR). The findings are: 1. Review of Staff A's personnel record on 11/06/25 revealed she did not have a record to review. Interview with Staff A on 11/06/25 at 8:15am revealed: -She had worked at the facility since the beginning of October 2025. -She did not know if there was a personnel record for her at the facility. -She did not know what the HCPR was. Interview with the Administrator on 11/06/25 at 2:10pm revealed: -She did not have a personal records for Staff A because Staff A only worked she needed help at the facility. -She was short-staffed and was trying Staff A out to see how she worked. -She was responsible for hiring staff and ensuring their records were complete. -She was usually at the facility with Staff A when she worked.	C 145	All required staff records will be reviewed and all HCPR checks will be made current for the staff and prior to hire. Any staff who does not have the required HCPR check will not be allowed to work until completed. The Owner and the Administrator will be responsible for making sure all paperwork is complete and will review employee files twice a year to make sure they are still in compliance. Correction date 12/05/25 <i>PD</i> 12/19/25		

Division of Health Service Regulation

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C 145	Continued From page 16 -She did not check to see if Staff A had any substantiated findings on the HCPR prior to working at the facility. -She knew she should have checked the HCPR for findings before Staff A started working in the facility. 2. Review of Staff B's personnel record on 11/06/25 revealed he did not have a record to review. Interview with the Administrator on 11/06/25 at 2:10pm revealed: -She did not have a personal records for Staff B because Staff B only worked she needed help at the facility. -She was short-staffed and was trying Staff B out to see how he worked. -She was responsible for hiring staff and ensuring their records were complete. -She was usually at the facility with Staff B when he worked. -She did not check to see if Staff B had any substantiated findings on the HCPR prior to working at the facility. -She knew she should have checked the HCPR for findings before Staff B started working in the facility. Attempted telephone interview with Staff B on 11/06/25 at 3:00pm was unsuccessful.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check completed	C 147		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER MILDRED'S FAMILY CARE				
STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES ROAD YANCEYVILLE, NC 27379				
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C 147	Continued From page 17 in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled staff (Staff A and Staff B) had a criminal background check completed upon hire. The findings are: 1. Review of Staff A's personnel record on 11/06/25 revealed she did not have a record to review. Interview with Staff A on 11/06/25 at 8:15am revealed: -She had worked at the facility since the beginning of October 2025. -She did not know if there was a personnel record for her at the facility. -She had not signed a consent for a criminal background check since she began working at the facility. Interview with the Administrator on 11/06/25 at 2:10pm revealed: -She did not have a personal records for Staff A because Staff A only worked she needed help at the facility. -She was short-staffed and was trying Staff A out to see how she worked. -She was responsible for hiring staff and ensuring their records were complete. -She was usually at the facility with Staff A when she worked. -She had not completed a criminal background check for Staff A; she knew Staff A should have had a criminal background check completed if she was working in the facility.	C 147	All hired staff records will be reviewed for criminal background checks and made current and prior to hire. Any staff who do not have criminal background checks will not be allowed to work until complete. The Owner and the Administrator will be responsible for making sure background checks are complete and review staff records twice a year. Correciton Date 12/05/25 <i>PD</i> 12/19/25
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/06/2025
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NAME OF PROVIDER OR SUPPLIER

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3592 MARSHALL GRAVES ROAD

MILDRED'S FAMILY CARE

YANCEYVILLE, NC 27379

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C 147	Continued From page 18 2. Review of Staff B's personnel record on 11/06/25 revealed he did not have a record to review. Interview with the Administrator on 11/06/25 at 2:10pm revealed: -She did not have a personal records for Staff B because Staff B only worked she needed help at the facility. -She was short-staffed and was trying Staff B out to see how he worked. -She was responsible for hiring staff and ensuring their records were complete. -She was usually at the facility with Staff B when he worked. -She had not completed a criminal background check for Staff B; she knew Staff B should have had a criminal background check completed if he was working in the facility. Attempted telephone interview with Staff B on 11/06/25 at 3:00pm was unsuccessful.	C 147		
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 interviews and record reviews, the	C 148	All hired staff records will be reviewed and drug screenings will be made current and completed prior to hire. Any staff who does not have all required paperwork will not be allowed to work until complete. The Owner and the Administrator will be responsible for employee files and will review them twice a year to make sure they are in compliance. Correction date 12/05/25 <i>PD</i> 12/19/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/06/2025
NAME OF PROVIDER OR SUPPLIER MILDRED'S FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES ROAD YANCEYVILLE, NC 27379		
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C 148	Continued From page 19 facility failed to ensure that 2 of 3 sampled staff (A and B) had an examination and screening for the presence of controlled substances completed upon hire. The findings are: 1. Review of Staff A's personnel record on 11/06/25 revealed she did not have a record to review. Interview with Staff A on 11/06/25 at 8:15am revealed: -She had worked at the facility since the beginning of October 2025. -She did not know if there was a personnel record for her at the facility. -She had not had a drug test since she began working at the facility. Interview with the Administrator on 11/06/25 at 2:10pm revealed: -She did not have a personal records for Staff A because Staff A only worked she needed help at the facility. -She was short-staffed and was trying Staff A out to see how she worked. -She was responsible for hiring staff and ensuring their records were complete. -She was usually at the facility with Staff A when she worked. -Staff A did not have a screening for controlled substances prior to working at the facility. -She knew Staff A should have been screened for controlled substances before she started working in the facility. 2. Review of Staff B's personnel record on 11/06/25 revealed he did not have a record to review.	C 148			

Division of Health Service Regulation

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C 148	Continued From page 20 Interview with the Administrator on 11/06/25 at 2:10pm revealed: -She did not have a personal records for Staff B because Staff B only worked she needed help at the facility. -She was short-staffed and was trying Staff B out to see how he worked. -She was responsible for hiring staff and ensuring their records were complete. -She was usually at the facility with Staff B when he worked. -Staff B did not have a screening for controlled substances prior to working at the facility. -She knew Staff B should have been screened for controlled substances before he started working in the facility. Attempted telephone interview with Staff B on 11/06/25 at 3:00pm was unsuccessful.	C 148		
C 174	10A NCAC 13G .0505(1)(2) Training On Care Of Diabetic Residents 10A NCAC 13G .0505 Training On Care Of Diabetic Residents A family care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action;	C 174		

(c) insulin storage; (d) mixing, measuring and injection techniques		
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Division of Health Service Regulation

STATE FORM 6899 T3IE12 If continuation sheet 21 of 33

PRINTED: 11/24/2025
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/06/2025	
NAME OF PROVIDER OR SUPPLIER MILDRED'S FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES ROAD YANCEYVILLE, NC 27379		
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C 174	Continued From page 21 for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; appropriate administration times; and (g) sliding scale insulin administration. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews and the facility failed to ensure 2 of 2 sampled staff (Staff A and Staff B) had completed training on the care of diabetic residents prior to administering insulin. The findings are: 1. Review of Staff A's personnel record on 11/06/25 revealed she did not have a record to review. Interview with a resident on 11/06/25 at 8:40am revealed: -He was diabetic and had an insulin injection scheduled every morning. -Staff A did his finger stick blood sugar checks (FSBS) and she administered his insulin injection that morning, 11/06/25. Interview with Staff A on 11/06/25 at 8:15am revealed: -She had worked at the facility since the beginning of October 2025. -She was the only staff in the facility for breakfast and she stayed overnight; she would leave around 10:00am and return around 6:00pm. -She administered an insulin injection to one resident once daily and a second resident twice	C 174	All hired staff records will be reviewed and all required paperwork made current for their particular position by the Administrator and the SIC. any staff who does not have all required paper work will not be allowed to work until completed. The Owner and the Administrator will be responsible for making sure all paperwork is completed before beginning work. All employee files will be reviewed twice a year to make sure they are still in compliance. Correction date 12/05/25 <i>PD</i> 12/19/25
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Division of Health Service Regulation

STATE FORM 6899 T3IE12 If continuation sheet 22 of 33

PRINTED: 11/24/2025
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/06/2025
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES ROAD	

(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 174	Continued From page 22 daily. -She did the residents' FSBS checks and insulin injections; she had done them that morning, 11/06/25. -She did not initial the medication administration record (MAR), she only documented the FSBS results on a log. -She had not had any training or retraining for medication since she had begun to work at the facility. Interview with the Administrator on 11/06/25 at 2:10pm revealed: -She did not have a personal records for Staff A because Staff A only worked she needed help at the facility. -She was short-staffed and was trying Staff A out to see how she worked. -She was responsible for hiring staff and ensuring their records were complete. -She was usually at the facility with Staff A when she worked. -She did not know if Staff A had completed training for care of diabetic residents. 2. Review of Staff B's personnel record on 11/06/25 revealed he did not have a record to review. Interview with a resident on 11/06/25 at 8:40am revealed: -He was diabetic and had a scheduled insulin injection twice daily. -Staff B checked his (finger stick blood sugar) FSBS when Staff B worked. -Staff B gave him his insulin injections when he worked. Interview with the Administrator on 11/06/25 at 2:10pm revealed:	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/06/2025
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C 174	Continued From page 23 -She did not have a personal records for Staff B because Staff B only worked she needed help at the facility. -She was short-staffed and was trying Staff B out to see how he worked. -She was usually at the facility with Staff B when he worked. -She was responsible for hiring staff and ensuring their records were complete. -She did not know if Staff B had completed training for care of diabetic residents. Attempted telephone interview with Staff B on 11/06/25 at 3:00pm was unsuccessful.	C 174			
C 311	10A NCAC 13G .0909 Residents' Rights 10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations and interviews, the facility failed to ensure each resident was treated with respect and dignity, as evidenced by the residents being told not to flush the toilets, going outside to urinate, walking in raw sewage, raw sewage in a resident's bedroom, and personal items in a closet that were contaminated with raw sewage due to a backed up septic tank. The findings are: Observations of the facility on 11/06/25 from 8:15am to 3:10pm revealed:	C 311			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/06/2025
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STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES ROAD YANCEYVILLE, NC 27379				
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C 311	Continued From page 24 -There were five residents residing in the facility. -There was water on the floor of a long hallway between the kitchen and a resident room. -There were three single resident rooms, a resident bathroom and the television room on the hallway; a fourth resident room was not located on the hallway. -There were wet towels stretched across the entrance to the kitchen and a resident room. -There was a resident in the bathroom with the door closed when the facility staff knocked on the door to the bathroom. -When the resident left the bathroom, the lid was down on the toilet, and the water was flowing over the bowl and down the sides to the floor. -There were pieces of fecal material and brownish water on the floor in the bathroom and the water was spreading into the hallway. -There was a resident room #3 next to the bathroom at the end of the hallway. -The water from the bathroom was spreading down the hallway and into resident room #3. -There was a raised transition strip on the floor at the threshold of resident room #3 and there was a wet towel inside the room. -The door to resident room #3 was open; there was a nightstand at the edge of the opened door and the bed next to the nightstand was positioned opposite the door. -There was a chair inside the room to the right of the door and then a closet beside the chair. -There was water on the floor in resident room #3; the water had spread past the nightstand and was a foot and a half away from the bed. -There was water under the chair and running under the closet door. -Resident room #2 was across the hall and to the right opposite the resident bathroom door. -There was a raised threshold to resident room #2 and water was not in resident room #2.	C 311		
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Division of Health Service Regulation

STATE FORM 6899 T31E12 If continuation sheet 25 of 33

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MILDRED'S FAMILY CARE

3592 MARSHALL GRAVES ROAD

YANCEYVILLE, NC 27379

(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 311	Continued From page 25 -There was a bathroom in resident room #2 with a toilet and a sink. -There was a brownish water and pieces of fecal material in the toilet and the water level was at the top edge of the bowl. -There was water and fecal material on the floor of the bathroom; the toilet was not running or overflowing. -The resident who resided in resident room #2 was sitting on the bed in his room. -Residents were walking through the water in the hallway and bathroom and into the television room, the kitchen, the front entrance to the facility and their rooms. -The personal care aide (PCA) was walking through the water in a pair of cloth slippers and walking into the kitchen, the office, the medication room and the staff living area. -The PCA walked through the kitchen and stepped out of her slippers at the entrance of the office; a large puddle of water pooled around her slippers. -A resident carried the mop bucket with the dirty water with ungloved hands and dumped the water at the edge of the yard. -A resident was observed walking behind a shed at the edge of the property and returned a short time later. Interviews with the resident who resided in resident room #2 on 11/06/25 at 8:30am and 10:00am revealed: -The toilet had backed up yesterday, 11/05/25 after breakfast. -He used the bathroom in his room yesterday and today. -There was water from the toilet on the floor; it happened after he flushed again that morning, 11/06/25. -He had been walking through the water on the	C 311		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/06/2025
NAME OF PROVIDER OR SUPPLIER MILDRED'S FAMILY CARE STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES ROAD YANCEYVILLE, NC 27379					
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C 311	Continued From page 26 floor all morning. -He tried not to think about what was in the water he was walking through. -The toilet backed up every now and then; the last time was about two months ago. -A company came to the facility every time there was an issue; it would take the company a day or two to come to the facility, and they usually fixed the problem in one day. -He had to use the bathroom in his room because he had no where else to go because the other toilet was backed up too. Interviews with the resident who resided in resident room #3 on 11/06/25 at 8:35am and 1:17pm revealed: -The toilet was backing up yesterday and they were told not to flush. -The toilet overflowed a little yesterday but not like it did today. -About every six months the facility had the septic tank pumped whenever the toilets backed up. -The toilets did the same thing the last time the septic tank had to be pumped; the water always went into his room. -The water had run into his room that morning. -He could not make his bed that morning and he was not able to use his room because of the water. -He walked through the water on the floor in the hallway and in his room. -He kept his shoes on all day. -His clothes on the floor of his closet got wet when the toilet overflowed. -He would tell the staff so they could wash his clothes; as long as they washed them he would be okay with it. -He had to go behind the shed and urinate because the staff were cleaning inside and he could not use the bathroom so he came outside.	C 311			

Division of Health Service Regulation

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C 311	Continued From page 27 -It was an inconvenience to have to go outside to use the bathroom but he did not know what else to do. Interview with a third resident on 11/06/25 at 8:38am revealed: -The toilets would back up and then go down a little. -They could still use the backed-up toilet when it went down a little if they did not flush. -If the residents did not wait for the water to go back down in the toilet and flushed it would come right back up and go over to the floor. -The toilet had backed up into the shower, the hallway and on the floor in the bathroom. -He walked through the hall and the bathroom and the water. -He had not thought about having to walk through the contaminated water on the floor. Interview with the inspector from the local department of health on 11/06/25 at 10:56am revealed: -The facility staff should mop the water off the floors, dump it and disinfect all surfaces with a bleach and water solution. -All the floors in the facility would need to be sanitized because the residents had walked through the contaminated water and across the floors including the resident rooms, the kitchen, the television room and the entryway, not just the bathrooms. -The mop bucket would need to be sanitized, and he recommended throwing out the mop head. -The residents' shoes would also need to be washed since they had walked through the contaminated water. -All contact surfaces should also be frequently sanitized today, 11/06/25, and frequently	C 311		

sanitized over the next two weeks.

Division of Health Service Regulation

STATE FORM 6899 T3IE12 If continuation sheet 28 of 33

PRINTED: 11/24/2025
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2025	
NAME OF PROVIDER OR SUPPLIER MILDRED'S FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES ROAD YANCEYVILLE, NC 27379		
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C 311	Continued From page 28 -He recommended encouraging frequent hand washing for the residents and staff for the next two weeks. -He would be worried about any illnesses that could be spread through fecal contamination including Norovirus, Escherichia coli infection (E.coli), or hepatitis. Interviews with the PCA on 11/06/25 at 8:15am and 9:05am revealed: -The toilet in the bathroom started running the day before, 11/05/25. -The residents and staff had to be careful and not flush. -The toilet was overflowing that morning, and she was trying to mop it up. -She was waiting for the Supervisor-in-Charge (SIC) to come in; the SIC would call the Administrator and let her know about the overflowing toilet. -Yesterday the toilet was bubbling, and she knew it would back up because it had happened before. -She left the facility at 10:00am and when she returned at 6:00pm the SIC told her the toilet was backing up and not to let the residents flush. -The toilets were not too bad until that morning when they would not stop overflowing. -The residents could still use the toilets as long as they did not flush them. -One of the residents had used the bathroom and flushed because they had a bowel movement; it caused the back up. -There was no where else for the residents to go to the bathroom. -The residents were walking in and out all day to smoke and walking through the water. -The residents had no choice but to walk through the water on the floor. -She could tell the residents to stay out of the water until she cleaned it up.	C 311		
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Division of Health Service Regulation

STATE FORM 6899 T3IE12 If continuation sheet 29 of 33

PRINTED: 11/24/2025
FORM APPROVED

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

3592 MARSHALL GRAVES ROAD

MILDRED'S FAMILY CARE

YANCEYVILLE, NC 27379

(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 311	Continued From page 29 -She had not been told what to do about the water on the floor; she was trying to clean it up. -She could wash their shoes after the septic tanks were pumped. Interviews with the SIC on 11/06/25 at 8:50am and 1:20pm revealed: -The septic tank was full and needed to be pumped. -The toilets were bubbling a little bit yesterday, 11/05/25. -She had called the septic company on 11/05/25 get them to pump the septic tank. -The septic company told her the first chance they could come out would be today, 11/06/25 to pump the septic tank. -She did not know what time they would be at the facility. -She told the residents not to flush the toilets until the tank could be pumped; they must have flushed them overnight. -When the residents flushed the toilets, they overflowed into the hallway. -The staff bathroom had not overflowed so the residents could use it if needed. -She did not know if the residents had been told they could use the staff bathroom. -The residents were all men and urinated outside all the time. -The PCA should not have allowed the residents to walk through the water in the hallway or using the bathroom once it overflowed. -She got the water off the floor the best she could and turned the water off at the toilet to stop it from overflowing. -She would finish cleaning and sanitizing everything after the tank was pumped. -The contaminated water had only gone about a foot or two into resident room #3 and did not go past the nightstand.	C 311		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/06/2025
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C 311	Continued From page 30 -She was not aware the water had gone into the closet in resident room #3 and gotten the resident's clothes wet; his clothes should not have been on the floor. -She would be sure to wash the resident's clothes. -She was not aware the toilet in resident room #2 had also overflowed; no one had told her. -She would clean and sanitize the bathroom in resident room #2. -She was not told about the overflowing toilets until she arrived at the facility that morning and saw the water on the floor. -She had never seen the toilet back up that badly with that much water. -When she got to the facility that morning, she told the residents to stay outside, in the television room or on the porch until the septic tank could be pumped. -She was concerned the residents were walking through the water because they could slip and fall and because the water was sewage with feces and germs. -She planned on washing all the residents' shoes and then clean and sanitize the floors again because everyone had walked through the water. Interview with the Administrator on 11/06/25 at 2:10pm revealed: -The toilets would begin to bubble when the septic tank needed to be pumped. -She was only made aware that the septic tank needed to be pumped yesterday, 11/05/25. -The SIC called her and let her know on 11/05/25, she then called a company to pump the septic tank. -The septic company told her they would be out today to pump the septic tanks. -She knew when the toilet started to bubble that the septic tank needed to be pumped within 24	C 311			

Division of Health Service Regulation

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C 311	Continued From page 31 hours. -She did not give staff or residents instructions about the toilets on 11/05/25; they would not follow instructions anyway. -The SIC called her early today, 11/06/25 and told her the toilets were backing up. -When the SIC called her this morning she told her to clean up and to tell the residents not to use the resident bathrooms until the septic tank could be pumped. -She told the SIC to let the residents use the bathroom in the office because it usually did not back up and could still be flushed. -She was not aware the toilet and resident room number #2 had backed up she thought it was only the bathroom in the hallway. -There was nothing they could do but clean up the water. -She was not aware it had overflowed into reside room #3. -The SIC told the residents not to walk through the water and they did anyway. -None of the residents had complained to her about the backed-up toilets, the water on the floor or having to walk through the water. -She was not aware the residents were going outside to urinate; they were men and they did that sometimes anyway. -She did not have any concerns about the residents walking through the water other than they could slip and fall and maybe get hurt. -She did not have any concerns about contamination on the resident shoes, and she had not thought about washing them. Attempted telephone interview with the facility's contracted primary care provider (PCP) on 11/06/25 at 3:09pm was unsuccessful. _____ The facility failed to ensure the residents were	C 311		
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Division of Health Service Regulation

STATE FORM ⁶⁸⁹⁹T3IE12 If continuation sheet 32 of 33

PRINTED: 11/24/2025
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2025
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C 311	Continued From page 32 treated with dignity and respect, related to residents being told not to flush toilets, having to go outside to urinate, walking through contaminated water in the facility, and a resident who could not go into his room and had his personal belongings contaminated when water overflowed from a toilet full of urine and fecal material because the septic system needed to be pumped. The facility's failure resulted in substantial risk for erious physical harm and neglect and constitutes Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/06/25 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED DECEMBER 6, 2025.	C 311	The facility septic system was pumped that morning while the monitor was on site. The Owner has contracted with a local septic company(Swan Septic) to pump the septic system every four months per their recommendation. Septic Company will monitor along with the Administrator to assure the system is always below overflow potential and pumps more often if needed to keep level low. In case of emergency the system facility will house clients in a local hotel until the problem is resolved.	12/01/2025