

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 03/04/2026
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 March 4, 2026.	{C 000}		
{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 interviews and record reviews, the facility failed to ensure that 2 of 3 sampled staff (Staff B and Staff C) were tested for tuberculosis (TB) in compliance with control measures adopted by the Commission for Public Health. The findings are: 1. Review of Staff B's personnel record revealed: -He was hired as a cook, housekeeper, and relief supervisor on 11/02/25. -There was no documentation of a negative TB test since his hire date of 11/02/25. Telephone interview with Staff B on 03/04/26 at	{C 140}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

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{C 140}	Continued From page 1 9:07am revealed: -He had been working at the facility for about one year. -He had a TB test a year ago. -He thought there was a copy of the TB test on file. Interview with the Administrator on 03/04/26 at 10:27am revealed: -If Staff B's TB results were not in his staff record, it was because Staff B did not bring her a copy. -She did not know when Staff B had received his TB test. -She and the Co-Administrator were responsible for hiring staff and ensuring their records were complete. Telephone interview with the Co-Administrator on 03/04/26 at 11:08am revealed: -He thought Staff B had a negative TB test on file at the facility. -Staff B had a negative TB test on file at another facility, and he thought it was also on file at this facility. Refer to the telephone interview with the Co-Administrator on 03/04/26 at 11:08am. 2. Review of Staff C's personnel record revealed: -There was no signed job description. -There was no documentation of the hire date for Staff C. -There were 2 TB test results that were negative, both dated in 2018. -There was no other TB test on file. Interview with the Administrator on 03/04/26 at 10:27am revealed: -Staff C started working at the facility "toward the end of November 2025."	{C 140}		

Division of Health Service Regulation

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{C 140}	Continued From page 2 -Staff C had a 2-step negative TB test from another facility where he also worked. -She did not know he needed a negative TB test upon hire at this facility. Attempted telephone interview with Staff C on 03/04/26 at 10:55am was unsuccessful. Refer to the telephone interview with the Co-Administrator on 03/04/26 at 11:08am. Telephone interview with the Co-Administrator on 03/04/26 at 11:08am revealed that he did not know staff needed a negative TB test after being hired, even if they had a previous negative 2-step on file from another facility.	{C 140}		
{C 145}	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (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 1 of 1 sampled staff (Staff C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR). The findings are: Review of Staff C's personnel record revealed:	{C 145}		

Division of Health Service Regulation

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{C 145}	Continued From page 3 -There was no signed job description. -There was no documentation of the hire date for Staff C. -There was a HCPR dated 03/02/17 with no findings. -There was no documentation indicating a HCPR check had been completed since being hired at this facility. Interview with the Administrator on 03/04/26 at 10:27am revealed: -Staff C started working at the facility "toward the end of November 2025." -She thought she had completed an HCPR check on Staff C when he started working at the facility. -All of Staff C's personnel records had been misplaced, and she had been working on recreating the file. -She and the Co-Administrator were responsible for hiring staff and ensuring their records were complete. Telephone interview with the Co-Administrator on 03/04/26 at 11:08am revealed: -He was responsible for making sure the HCPR had been checked before Staff C had started working at the facility. -He thought Staff C's HCPR had been checked and was on file. -He had not audited Staff C's personnel record. Attempted telephone interview with Staff C on 03/04/26 at 10:55am was unsuccessful.	{C 145}			
{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	{C 148}			

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{C 148}	Continued From page 4 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 facility failed to ensure that 1 of 3 sampled staff (B) had an examination and screening for the presence of controlled substances completed upon hire. The findings are: Review of Staff B's personnel record revealed: -He was hired as a cook, housekeeper, and relief supervisor on 11/02/25. -There was documentation that a controlled substance screening was completed on 08/17/19. -There was no documentation that a controlled substance screening had been completed since his hire date of 11/02/25. Telephone interview with Staff B on 03/04/26 at 9:07am revealed: -He had been working at the facility for about one year. -He had a controlled substance screening at his previous facility. -He had not had a controlled substance screening completed at this facility. Interview with the Administrator on 03/04/26 at 10:27am revealed: -She usually checked the staff for controlled substances. -She did not know why she did not do a controlled	{C 148}			

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{C 148}	Continued From page 5 substance screening on Staff B; she must have forgotten. Telephone interview with the Co-Administrator on 03/04/26 at 11:08am revealed he thought the controlled substance screening completed at another facility "carried over" and could be used at this facility.	{C 148}		