STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL033004	A. BUILDING: _____ B. WING _____	R 06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE HOME #2	1101 HILL STREET ROCKY MOUNT, NC 27801

(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 an annual and follow-up survey on June 04, 2026.	C 000		
C 034	10A NCAC 13G .0302 (n) Design and Construction 10A NCAC 13G .0302 Design and Construction (n) The facility shall maintain and have available for review current sanitation and fire safety inspection reports. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure sanitation and fire safety inspection reports were current and maintained in the facility available for review. The findings are: Review of the facility's current license effective 01/01/26 revealed: -The capacity was 5 ambulatory resident, -The license would expire on 12/31/26. Observation of the facility on 06/04/26 at 8:00am revealed there were 5 residents and two staff present. Interview with the Supervisor-in-Charge (SIC) on 06/04/26 at 8:01am revealed the current census at the facility was 5 residents. Review of the most recent provided Environmental Health Inspection of Residential Care Facility revealed:	C 034		

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C 034	Continued From page 1 -The inspection was dated 01/23/25. -There were 0 demerits -The facility had a status code of an "A". -Classification was documented as "Approved" (40 or less demerits and no 6-point demerits). Review of the facility's most recent provided Fire Inspection Safety Report revealed: -The date of inspection was documented as 08/27/24. -The facility did not utilize listed extension cords -There were working mounted fire extinguishers readily available in the residence. -There was a fire evacuation plan posted continually in a prominent place and was visible to all residents and guests. -The facility had a working telephone which functioned without electrical power and emergency numbers were posted within sight of the phone. -There were working smoke alarms in the residence that complied with houses licensed between 1976 and 06/30/99, electric smoke alarms shall be placed outside sleeping areas as required by code in effect at connection time. -There were no double key deadbolts installed on any egress doors. -There was no documentation yes or no if doors and windows in rooms used for sleeping opened properly with little effort. -The hallways, doorways, entrances, ramps, steps, and corridors were unobstructed, free of storage and accessible. -Address numbers were posted in a prominent exterior location and were visible and legible. -The fire alarm system and/or sprinkler system were maintained, tested, and inspected on an annual basis by qualified and approved service personnel. -The designated heat source was gas; there was	C 034		

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C 034	Continued From page 2	C 034		

no documented secondary heat source.
-There were no documented substandard components or hazards found which required additional inspection.
-The status was documented as approved.
-The Fire Inspection Safety Report was signed, and the inspection department was documented as Fire/Life Safety.

Interview with the Administrator/Owner on 06/04/26 at 12:57pm:
-The last sanitation inspection report she had was dated 01/23/25.
-She knew a Sanitation Inspection was required annually.
-The last fire inspection she had was dated 08/27/24.
-She knew a fire inspection was required annually.
-It was her responsibility to make sure the facility had annual fire and sanitation inspections.
-She did not have a process for keeping up with when the facility's annual fire and sanitation inspections were due, she just tried to remember to request them annually.
-She called the county sanitation health inspector yesterday, on 06/03/26 to schedule the facility's annual sanitation inspection and was told the inspector was not available until next week.
-She contacted the city fire department yesterday, on 06/03/26 and had to leave a message and had not received a phone call back.

Telephone interview with the Fire Marshall with the city fire department on 06/04/26 at 1:14pm revealed:
-Fire Inspections were to be done every 18 months.
-It was the facility's responsibility to contact the fire department to schedule their fire inspection.

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C 034	Continued From page 3 -Staff from the facility should contact the fire department to request a fire inspection and the fire inspection was then placed on a schedule to be done. -He was unable to tell if the facility had contacted the department to schedule their fire inspection. Attempted telephone interview with the Environmental Health Specialist with the local county health department on 06/04/26 at 1:07pm was unsuccessful.	C 034		
C 207	10A NCAC 13G .0702 (f) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination and Immunizations (f) If the information on the Adult Care Home FL-2 is not clear or is insufficient, or information provided to the facility related to the resident's condition or medications after the completion of the medical examination conflicts with the information provided on the Adult Care Home FL-2, the facility shall contact the physician or physician extender for clarification in order to determine if the facility can meet the individual's needs. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents' (#2) medication orders were complete to include the frequency of administration of all medications were documented on the resident's current FL2.	C 207		

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C 207	Continued From page 4 The findings are: Review of Resident #2's current FL2 dated 04/30/26 revealed: -Diagnoses included paranoid schizophrenia, hypertension, chronic kidney disease, dementia, osteoporosis, constipation, hyperlipidemia, and weight loss. -There was an order for amlodipine (used to treat high blood pressure) 5mg, one tablet. -The amlodipine 5mg order did not indicate a frequency of administration. -There was an order for Farxiga (used to treat type 2 diabetes) 5mg, one tablet. -The Farxiga 5mg order did not indicate a frequency of administration. -There was an order for fluticasone (a nasal spray used to reduce nasal congestion, sneezing, and runny nose) 50mcg, 1 spray each nostril. -The fluticasone 50mcg order did not indicate a frequency of administration. -There was an order for levothyroxine (used to treat underactive thyroid) 50mcg, one tablet. -The levothyroxine 50mcg order did not indicate a frequency of administration. -There was an order for metoprolol (used to treat high blood pressure) 50mg, one tablet. -The metoprolol 50mg order did not indicate a frequency of administration. -There was an order for polyethylene glycol (used to treat constipation) 255-gram. -The polyethylene glycol 255-gram order did not indicate a frequency of administration, or administration dosage. -The was an order for vitamin b-6 (a supplement used to treat low vitamin b levels) 100, two tablets. -The vitamin b-6 100 order did not indicate a frequency of administration. -There was an order for vitamin d (a supplement	C 207		

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used to treat low vitamin levels) 1000units, one tablet.
-The order for vitamin d did not indicate a frequency of administration.
-There was an order for Eliquis (a blood thinner used to prevent and treat blood clots) 5mg, one tablet.
-The order for Eliquis 5mg did not indicate a frequency of administration.
-There was an order for Depakote (used to treat certain types of seizures, and to manage mixed episodes associated with bi-polar disorder) ER 500mg, one tablet.
-The order for Depakote ER 500mg did not indicate a frequency of administration.
-There was an order for haloperidol (an anti-psychotic medication) 10mg, one tablet.
-The order for haloperidol 10mg did not indicate a frequency of administration.
-There was an order for latanoprost (an eyedrop used to treat glaucoma) 0.005%, one drop each eye.
-The order for latanoprost 0.005% did not indicate a frequency of administration.
-There was an order for rosuvastatin (used to treat elevated cholesterol) 10mg, one tablet.
-The order for rosuvastatin 10mg did not indicate a frequency of administration.
-There was an order for Desyrel (an anti-depressant medication) 50mg, one tablet.
-The order for Desyrel 50mg did not indicate a frequency of administration.
-There was an order for Vraylar (an anti-psychotic medication) 3mg, one capsule.
-The order for Vraylar 3mg did not indicate a frequency for administration.
-There was an order for acetaminophen (used to treat mild to moderate pain and reduce fever) 325mg, one tablet as needed (PRN).
-The order for acetaminophen 325mg did indicate

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a frequency of administration or an indication for administration.
-The was an order for nitroglycerin (used to treat and prevent chest pain caused by heart disease) 0.4mg, under tongue PRN.
-The order for nitroglycerin 0.4mg did not indicate a frequency of administration or an indication for administration.

Review of Resident #2's signed physician's order sheet dated 04/30/26 revealed:
-There was an order for amlodipine besylate 5mg, take one tablet every day.
-There was an order for Farxiga 5mg, take one tablet in the morning.
-There was an order for fluticasone propionate 50mcg, one spray into each nostril daily.
-There was an order for levothyroxine 50mcg, take one tablet daily.
-There was an order for metoprolol succinate ER 50mg, take one tablet daily.
-There was an order for polyethylene glycol 255gram, mix one capful (17grams) in 8 ounces of liquid and drink every other day.
-There was an order for vitamin b-6 100, take two tablets daily.
-There was an order for vitamin d 1000units, take one tablet every day.
-There was an order for Eliquis 5mg, take one tablet two times a day.
-There was an order Depakote ER 500mg, take one tablet at bedtime.
-There was an order for haloperidol 10mg, take one tablet at bedtime.
-There was an order for latanoprost 0.005% eyedrops, instill one drop into both eyes at bedtime.
-There was an order for rosuvastatin 10mg, take one tablet at bedtime.
-There was an order for Desyrel 50mg, take one

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tablet nightly.
-There was an order for Vraylar 3mg, take one tablet at bedtime.
-There was an order acetaminophen 325mg, take one tablet every 8 hours as needed for pain or fever.
-There was an order for nitroglycerin 0.4mg, place one tablet under tongue every 5 minutes as needed for chest pain, maximum 3 doses in 15 minutes.

Interview with the Supervisor-in Charge (SIC) on 06/04/26 at 12:30pm revealed:
-FL2 forms were filled out by either the resident's primary care provider (PCP) or facility staff.
-She reviewed the residents' FL2 form to make sure the medication orders lined up with the resident's medication orders and the medication administration record (MAR).
-She had not noticed that Resident #2's FL2 did not include the frequency of administration for all of her medications.
-It was important to have the frequency of medication administration listed on the residents' FL2 to know how often and when to administer the medications.

Interview with the Administrator/Owner on 06/04/26 at 12:55pm revealed:
-Facility staff completed the residents' FL2 forms and the FL2s were sent to the residents' PCP for review and signature.
-She and facility staff reviewed the residents' FL2 forms for order or medication changes, such as medications being discontinued or medication dosage changes.
-She expected the residents' FL2 forms to include complete medication orders including the frequency of administration.