STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL033006	A. BUILDING: _____ B. WING _____	R 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUR LOVING FAMILY CARE HOME I	730 MARIGOLD 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 07/01/26.	C 000		
C 247	10A NCAC 13G .0902(c) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (1) facility contacts with the resident's physician, physician service, other licensed health professional, including mental health professional, when illnesses or accidents occur and any other facility contacts with a physician or licensed health professional regarding resident care; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the implementation of physician's orders for 1 of 3 sampled residents (#1) with orders for blood pressure checks once weekly. The findings are: Review of Resident #1's current FL2 dated 09/09/25 revealed diagnoses included dementia, hypertension without heart failure and coronary artery disease. -There was an order to complete blood pressure (BP) checks weekly. Review of Resident #1's Resident Register dated revealed Resident #1 was admitted to the home on 08/07/17. Interview with Resident #1 on 07/01/26 at 8:15am revealed: -He had high blood pressure.	C 247		

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C 247	Continued From page 1 -His blood pressure was taken once a month. Review of Resident #1's vital signs log revealed: -There was documentation Resident #1's blood pressure was 134/80 in January 2026. (no date was documented.) -There was documentation Resident #1's blood pressure was 120/79 in February 2026. (no date was documented.) -There was documentation Resident #1's blood pressure was 130/70 in March 2026. (no date was documented.) -There was documentation Resident #1's blood pressure was 136/86 in April 2026. (no date was documented.) -There was documentation Resident #1's blood pressure was 106/70 in May 2026. (no date was documented.) -There was documentation Resident #1's blood pressure was 112/70 in June 2026. (no date was documented.) -There was no documentation of a blood pressure being taken for July 2026. Telephone interview with the nurse for Resident #1's primary care provider (PCP) on 07/01/26 at 3:15pm revealed: -Resident #1 had high blood pressure. -Blood pressures were ordered to be obtained weekly for monitoring of his blood pressure. -Blood pressure monitoring was important to evaluate the effectiveness of his blood pressure medications so the provider could adjust dosage if it was needed. Interview with the Assistant Administrator on 07/01/26 at 11:46am revealed: -There were no weekly blood pressures for Resident #1. -When Resident #1's FL-2 was updated, the staff	C 247		

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C 247	Continued From page 2 were to review the FL-2 and initiate the vital signs log for weekly blood pressures. -The log for weekly vital signs was different from the monthly vital signs log and they should have initiated the correct log and communicated to other staff that weekly vital signs needed to be obtained for Resident #1. Interview with the Administrator on 07/01/26 at 12:30pm revealed: -All residents' blood pressure was monitored monthly and documented on a vital signs log. -Weekly blood pressures should be placed on the MAR and discussed during hand-off. -The facility had a nurse that reviewed chars monthly for new and missed orders. -The order for Resident #1's weekly blood pressure was overlooked.	C 247		