Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092219	A. BUILDING: _____ B. WING _____	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARY FAMILY CARE	545 FRONT RIDGE DRIVE CARY, NC 27519

(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 survey on 06/03/26.	C 000		
C 202	10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination, and Immunizations (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#1 and #3) were tested for tuberculosis (TB) disease in compliance with the control measures by the Commission for Public Health. The findings are: 1. Review of Resident #1's current FL-2 dated 02/19/25 revealed diagnosis included behaviors. Review of Resident #1's Resident Register revealed she was admitted to the facility on 02/20/25. Review of Resident #1's record revealed: -There was documentation that a tuberculosis	C 202	10A NCAC 13G .0702 Administrator or designee will complete monthly audits of all new admissions for three months. Any deficiencies identified will be corrected immediately and additional staff education will be provided as needed.	6/14/26

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mark Truesdell

TITLE: Administrator

(X6) DATE: July 20, 2026

Reviewed and Acknowledged 07/20/26 KC

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C 202	Continued From page 1	C 202		

(TB) test was administered on 02/17/25 but there were no results or read date.
-There were no other TB test for review.

Attempted telephone interview with the Assistant Administrator on 06/03/26 at 2:37pm and 3:00pm were unsuccessful.

Refer to interview with the Owner/Administrator on 06/03/26 at 2:38pm.

2. Review of Resident #3's current FL-2 dated 01/20/26 revealed diagnoses included Frontotemporal dementia, primary progressive aphasia, atrial fibrillation and sleep disturbances.

Review of Resident #3's Resident Register revealed she was admitted to the facility on 01/27/26.

Review of Resident #3's record revealed there was no documentation of a 1st or 2nd step tuberculosis (TB) tests.

Attempted telephone interview with the Assistant Administrator on 06/03/26 at 2:37pm and 3:00pm were unsuccessful.

Refer to interview with the Owner/Administrator on 06/03/26 at 2:38pm.

_____

Interview with the Owner/Administrator on 06/03/26 at 2:38pm revealed:
-The first step TB test was to be completed prior to admission, and the second step TB test was to be completed within 12 months of the first step.
-He was responsible for ensuring TB tests were completed and in the records.
-He last conducted chart audits Fall 2025.
-He was not aware Residents #1 and #3 did not

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C 202	Continued From page 2 have TB tests in their records. -He hired a new Administrator who was responsible for reviewing charts and making sure all documentation was in the records. -He did not know why the TB tests for Residents #1 and #3 were not in the records. -He did not check behind the new Administrator because she assured him everything was in the residents' records.	C 202		
C 203	10A NCAC 13G .0702 (b) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tubercluosis Test And Medical Examination And Immunizations (b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the home and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a resident's FL2 was updated annually for 1 of 3 sampled residents (#3).	C 203		

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C 203	Continued From page 3 The findings are: Review of Resident #1's current FL-2 dated 02/19/25 revealed diagnosis included behaviors. Review of Resident #1's Resident Register revealed she was admitted to the facility on 02/20/25. Review of Resident #1's record revealed there were no additional FL2 forms for review. Telephone interview with the Owner/Administrator on 06/03/26 at 2:28pm and 5:34pm revealed: -FL2s should be completed annually. -FL2s were completed and signed by the primary care provider (PCP). -It was important to complete the FL2 entirely. -He was responsible for ensuring FL2s were completed and in the records. -He last conducted chart audits Fall 2025. -He hired a new Administrator who was responsible for reviewing charts and making sure all documentation was in the records. -He was not aware Resident #1 did not have an updated FL2. -He did not check behind the new Administrator because she assured him everything was in the residents' records. Attempted telephone interview with the Assistant Administrator on 06/03/26 at 2:37pm and 3:00pm were unsuccessful.	C 203	The Administrator or designee will conduct monthly audits of all residents records for three consecutive months to ensure compliance with the annual FL2 requirements. Any deficiencies identified will be corrected immediately and additional staff education will be provided as needed.	6/14/2026
C 206	10A NCAC 13G .0702 (e) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And	C 206		

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C 206	Continued From page 4 Medical Examination and Immunizations (e) The result of the medical examination required in Paragraph (b) of this Rule shall be documented on the North Carolina Medicaid Adult Care Home FL-2 form which is available at no cost on the Department's Medicaid website at https://medicaid.ncdhhs.gov/media/6549/open. The Adult Care Home FL-2 shall be signed and dated by the physician or physician extender completing the medical examination. The medical examination shall include the following: (1) resident's identification information, including the resident's name, date of birth, sex, admission date, county and Medicaid number, current facility and address, physician's name and address, a relative's name and address, current level of care, and recommended level of care; (2) resident's admitting diagnoses, including primary and secondary diagnoses and dates of onset; (3) resident's current medical information, including orientation, behaviors, personal care assistance needs, frequency of physician visits, ambulatory status, functional limitations, information related to activities and social needs, neurological status including orders for therapeutic diets; (4) special care factors, including physician orders for blood pressure, diabetic urine testing, physical therapy, range of motion exercises, a bowel and bladder program, a restorative feeding program, speech therapy, and restraints; (5) resident's medications, including the name, strength, dosage, frequency and route of administration of each medication; (6) results of x-rays or laboratory tests determined by the physician or physician extender to be necessary information related to the resident's care needs; and	C 206		

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C 206	Continued From page 5 (7) additional information as determined by the physician or physician extender to be necessary for the care of the resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled residents (#1 and #2) had diet orders documented on the residents' current FL2. The findings are: 1. Review of Resident #1's current FL-2 dated 02/19/25 revealed diagnosis included behaviors. Review of Resident #1's Resident Register revealed she was admitted to the facility on 02/20/25. Review of Resident #1's record revealed: -There was no documentation of Resident #1's diet order in the nutritional status section of the FL2. -There was no separate diet order in Resident #1's record. Attempted telephone interview with the Assistant Administrator on 06/03/26 at 2:37pm and 3:00pm were unsuccessful. Attempted telephone interview with Resident #1's PCP on 06/03/26 at 1:24pm was unsuccessful.	C 206	The Administrator or designee will conduct monthly audits of all residents records for three consecutive months to ensure current FL2 forms contain documented physician-ordered diets. Any discrepancies identified will be corrected immediately, and staff will receive additional education as needed.	6/17/26

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C 206	Continued From page 6 Refer to interview with the medication aide (MA) on 06/03/26 at 9:49am. Refer to interview with the Owner/Administrator on 06/03/26 at 2:38pm. 2. Review of Resident #2's current FL-2 dated 03/05/26 revealed diagnoses included dementia, hypertension, chronic kidney disease and compression fracture. Review of Resident #2's Resident Register revealed she was admitted to the facility on 12/13/20. Review of Resident #2's record revealed: -There was no documentation of Resident #2's diet order in the nutritional status section of the FL2. -There was no separate diet order in Resident #2's record. Telephone interview with Resident #2's hospice provider on 06/03/26 at 4:25pm revealed Resident #2 was on a regular diet. Attempted telephone interview with the Assistant Administrator on 06/03/26 at 2:37pm and 3:00pm were unsuccessful. Refer to interview with the medication aide (MA) on 06/03/26 at 9:49am. Refer to interview with the Owner/Administrator on 06/03/26 at 2:38pm. _____ Interview with the medication aide (MA) on 06/03/26 at 9:49am revealed: -None of the residents were on special diets. -The facility had not received any therapeutic diet	C 206		

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C 206	Continued From page 7 orders for any of the residents. Interview with the Owner/Administrator on 06/03/26 at 2:38pm revealed: -He was responsible for ensuring FL2s were completed entirely. -It was important to complete the FL2 entirely. -He last conducted chart audits Fall 2025. -The diet order in the nutritional status section of the FL2 for Resident's #1 and #2 should have been documented as a regular diet. -He was not aware Residents #1 and #2 did not have their diet listed on the FL2. -He hired a new Administrator who was responsible for reviewing charts and making sure all documentation was in the records. -He did not know why the FL2 did not have the nutritional status listed for Residents #1 and #2. -He thought the diet orders for Residents #1 and #2 were listed on the FL2; it was an oversight on his part.	C 206		
C 415	10A NCAC 13G .1201 (a) Resident Records 10A NCAC 13G .1201 Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Health Service Regulation and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and	C 415		

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C 415	Continued From page 8 rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S. 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that all documentation in the residents' records were available and accessible in the facility for 3 of 3 sampled residents (#1, #2, #3). The findings are:	C 415		

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C 415	Continued From page 9 1. Review of Resident #1's current FL-2 dated 02/19/25 revealed diagnosis included behaviors. Review of Resident #1's Resident Register revealed she was admitted to the facility on 02/20/25. Review of Resident #1's record revealed there were no primary care provider (PCP) progress notes. Attempted telephone interview with Resident #1's PCP on 06/03/26 at 1:24pm was unsuccessful. Attempted telephone interview with the Assistant Administrator on 06/03/26 at 2:37pm and 3:00pm were unsuccessful. Refer to interview with the medication aide (MA) on 06/03/26 at 9:49am. Refer to interview with the Owner/Administrator on 06/03/26 at 2:38pm. 2. Review of Resident #2's current FL-2 dated 03/05/26 revealed diagnoses included dementia, hypertension, chronic kidney disease and compression fracture. Review of Resident #2's Resident Register revealed she was admitted to the facility on 12/13/20. Review of Resident #2's record revealed there were no primary care provider (PCP) progress notes. Telephone interview with a medical assistant at Resident #2's PCP office on 06/03/26 at 4:17pm revealed:	C 415	The Administrator or designee will conduct monthly audits of all residents records for three consecutive months to verify that required physician progress notes and medical records are complete, current, and readily available in the facility. Any deficiencies identified will be corrected immediately, with additional staff education provided as needed.	6/17/2026

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-Resident #2's last visit was on 03/05/26.
-There were no notes provided to the facility for Resident #2.
-All patient notes were available in the patient portal.
-She was unsure if the facility had access to the patient portal for Resident #2.

Telephone interview with Resident #2's hospice provider on 06/03/26 at 4:25pm revealed:
-Some facilities had a binder for hospice staff to use for documentation of coordination notes.
-Hospice staff provided a plan of care to the facility either in person or by email every other week.

Attempted telephone interview with the Assistant Administrator on 06/03/26 at 2:37pm and 3:00pm were unsuccessful.

Refer to interview with the medication aide (MA) on 06/03/26 at 9:49am.

Refer to interview with the Owner/Administrator on 06/03/26 at 2:38pm.

3. Review of Resident #3's current FL-2 dated 01/20/26 revealed diagnoses included Frontotemporal dementia, primary progressive aphasia, atrial fibrillation and sleep disturbances.

Review of Resident #3's Resident Register revealed she was admitted to the facility on 01/27/26.

Review of Resident #3's record revealed there were no primary care provider (PCP) progress notes.

Attempted telephone interview with Resident #1's

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C 415	Continued From page 11 PCP on 06/03/26 at 3:46pm was unsuccessful. Attempted telephone interview with the Assistant Administrator on 06/03/26 at 2:37pm and 3:00pm were unsuccessful. Refer to interview with the medication aide (MA) on 06/03/26 at 9:49am. Refer to interview with the Owner/Administrator on 06/03/26 at 2:38pm. _____ Interview with the medication aide (MA) on 06/03/26 at 9:49am revealed: -All resident PCP visits were done virtually. -There were no notes completed for virtual visits. -The staff member working the day of the virtual appointment sat in on the call with the resident. -She was not aware PCP notes were supposed to be in the resident record. Interview with the Owner/Administrator on 06/03/26 at 2:38pm revealed: -He was responsible for ensuring PCP notes were in the residents' records. -He last conducted chart audits Fall 2025. -He hired a new Administrator who was responsible for reviewing charts and making sure all documentation was in the records. -He was not aware there were no PCP notes in the residents' records. -He did not check behind the new Administrator because she assured him everything was in the residents' records and that's what he hired her for.	C 415		