Received via electronic mail on 09/04/2026

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
	FCL079033	A. BUILDING: _____ B. WING _____	08/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEVERLY RUCKER'S FAMILY CARE HOME #2	503 NE MARKET STREET REIDSVILLE, NC 27320

(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 08/13/26.	C 000		
C 273	10A NCAC 13G .0904(d)(3) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall be based on the U.S. Department of Agriculture Dietary Guidelines for Americans 2020-2025, which are hereby incorporated by reference, including subsequent amendments and editions. These guidelines can be found at https://dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf, at no cost. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that 8 ounces of milk or other equivalent dairy products were served three times daily to 4 of the 6 Assisted Living (AL) residents as recommended based on the U.S. Department of Agriculture Dietary Guidelines for Americans.. The findings are: Review of the facility's census revealed a census	C 273		

Reviewed and Acknowledged by S.A. on 09/08/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079033	A. BUILDING: _____ B. WING _____	08/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEVERLY RUCKER'S FAMILY CARE HOME #2	503 NE MARKET STREET REIDSVILLE, NC 27320

(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 273	Continued From page 1 of 6 residents. Review of the facility's daily menu for 08/13/26 revealed no milk or equivalent dairy products listed on the menu to be served on 08/13/26 for the lunch meal service. Observation of the kitchen on 08/13/26 at 9:00 am revealed there was 1 unopened gallon of whole milk and 1 opened quart of whole milk. Observation of the lunch meal service on 08/13/26 between 11:45am and 12:20pm revealed: -There were 6 residents present in the dining room. -There were 6 place settings prepared for residents with 2 cups at each place setting. -The beverages were pre-filled by the Supervisor-in-Charge (SIC). -Beverages included apple juice and water. -There were 2 residents who were provided with a nutritional shake supplement as ordered by a physician. -There were 4 residents who were not offered or served milk and there were no other dairy products offered or served to the 4 residents. Interview with a resident on 08/13/26 at 12:20pm revealed: -The dining tables were set with beverages pre-filled before she walked in for every meal. -Milk was not offered at every meal but she would not drink milk even if it was offered to her. Interview with a second resident on 08/13/26 at 12:22pm revealed: -The dining tables were set with beverages before he walked in for every meal. -The only time staff offered milk to him was	C 273	Administrater will assure that staff be aware that milk Should be offered. Administrater will make sure that staff member know that importance of offering milk. Administrater made staff aware that milk need to be offered even if residents do not want milk for that meal time.	8/14/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079033	A. BUILDING: _____ B. WING _____	08/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEVERLY RUCKER'S FAMILY CARE HOME #2	503 NE MARKET STREET REIDSVILLE, NC 27320

(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 273	Continued From page 2 during the breakfast meal for their cereal. Interview with a SIC on 08/13/26 at 12:25pm revealed: -She was not aware milk should have been offered with each meal to residents. -Milk was always available from the kitchen in the reach-in-refrigerator for all residents during every meal. -She was not aware milk was not served and was not offered during the lunch meal service on 08/13/26 for the residents. Interview with a second SIC on 08/13/26 at 12:28pm revealed: -She was aware milk should have been offered with each meal to residents but she had overlooked offering milk to the residents during the lunch meal service on 08/13/26. -Milk was always available from the kitchen in the reach-in-refrigerator for all residents during every meal. -She was aware milk was not served and was not offered during the lunch meal service on 08/13/26 for all the residents. Telephone interview with the Administrator on 08/13/26 at 1:40pm revealed: -He was aware milk or another equivalent dairy product should have been offered with each meal to residents. -He was not aware residents were not offered milk during the lunch meal on 08/13/26 and expected residents to be served beverages according to the regulation.	C 273		