STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 September 15, 2026.	C 000		
C 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2.1(9), family care homes shall have a capacity of two to six residents. For the purposes of this Rule, "capacity" means the maximum number of residents permitted to live in a licensed family care home in accordance with the North Carolina Building Code and the evacuation capability of each resident. (b) The total number of residents shall not exceed the number shown on the license. The license shall indicate the facility's capacity for ambulatory and non-ambulatory individuals permitted to live in the facility. For the purposes of this Rule, "ambulatory" means the individual is able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency. "Non-ambulatory" means the individual is not able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency. (c) A request for an increase in capacity by adding rooms, remodeling, or without building modifications shall be made to the county department of social services and submitted to the Division of Health Service Regulation Construction Section and shall include two copies of blueprints or floor plans. One plan shall show the existing building with the current use of rooms, and the second plan showing the addition, remodeling, or change in use of spaces, and	C 007		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 007	Continued From page 1 showing the use of every room. If new construction, the second plan shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed facilities increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire facility shall meet all current fire safety regulations required by city ordinances or county building inspectors. (e) The licensee or the licensee's designee shall notify the Division of Health Service Regulation Adult Care Licensure Section if the evacuation capabilities of the residents changes and the facility no longer complies with the facility's licensed capacity as listed on the facility's license, or of the addition of any non-resident who will be living within the facility. (f) If there is a temporary change in the capacity of the facility due to a resident's short term illness or condition that renders the resident temporarily non-ambulatory, such as end of life condition, the licensee or the licensee's designee shall immediately notify the Division of Health Service Regulation Construction Section upon the knowledge of the change in the resident's ambulatory status. This Rule is not met as evidenced by: Based on observations, interviews, and record	C 007		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 007	Continued From page 2	C 007		

reviews, the facility failed to notify the Division of Health Service Regulation (DHSR) that the residents' evacuation capabilities were different from the facility's license for 3 of 3 sampled residents who did not exit the facility during a fire drill.

The findings are:

Review of the facility's current license effective 01/01/26 revealed the facility was licensed for 4 ambulatory residents.

Interview with a Supervisor-in-Charge (SIC) on 09/15/26 at 8:02am revealed the current facility census was four.

Review of the facility's Division of Health Service Regulation (DHSR) Construction Biennial Survey conducted 04/15/26 revealed:
-DHSR records indicated the home was first licensed on April 16, 2013, as a Family Care Home for three ambulatory residents.
-The facility had an increase in capacity on May 6, 2014, to four ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.)
-Based on this information the facility was required to maintain compliance with the following; the 2005 Rules for Family Care Homes applicable portions of the 2025 Rules 10A NCAC 13G for Family Care Homes , and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes.

Observation of a fire drill conducted on 09/15/26 between 2:45pm and 2:47pm revealed:
-There were 3 residents sitting in the front living room, the fourth resident was out of the facility at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 007	Continued From page 3	C 007		

an appointment.
-The Owner/Administrator sounded the alarm in a bedroom at 2:45pm creating a loud beeping sound.
-The fire alarm was audible throughout the entire facility.
-Upon hearing the fire alarm, the three residents remained seated in the living room and did not get up to evacuate the facility.
-The Owner/Administrator sounded the alarm in a bedroom at 2:45pm for a second time, creating a loud beeping sound.
-The 3 residents remained seated in the front living room and did not get up to evacuate the facility.
-The Owner/Administrator sounded the alarm in a bedroom at 2:46pm for a third time, creating a loud beeping sound.
-The 3 residents remained seated in the front living room and did not get up to evacuate the facility.

Observation of the facility on 09/15/26 at 2:47pm revealed:
-The Owner/Administrator entered the living room and asked the 3 residents why they did not exit the building when she sounded the fire alarm, and only one resident answered, "I thought you were just playing" and she did not know this was a real fire drill.
-The Owner/Administrator reminded the residents of the importance of exiting the facility when they heard the fire alarm.
-The Owner/Administrator prompted the residents to exit the facility, one resident exited the building leading a second resident down the ramp to the end of the driveway, a third resident exited the building using the steps then to the end of the driveway.
-All 3 of the residents evacuated the facility after

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 007	Continued From page 4 the Owner/Administrator instructed them to do so. Interview with the Owner/Administrator on 09/15/26 at 3:00pm revealed: -Two of the three residents present when the fire alarm sounded today should have known to exit the facility. -She knew the third resident would not have understood to exit the facility due to her diagnosis of dementia when the fire alarm sounded without instruction. -She understood that ambulatory status meant that a resident should be able to respond and exit the facility without prompting during a fire drill. [Refer to Tag 23 10A NCAC 13G .0302(c) Design and Construction]	C 007		
C 023	10A NCAC 13G .0302 (c) Design And Construction 10A NCAC 13G .0302 Design And Construction (c) A family care home shall not offer services for which the facility was not planned, constructed, equipped, or maintained. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure the residents'	C 023		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 023	Continued From page 5	C 023		

evacuation capabilities were in accordance with the evacuation capability listed on the facility's current license for 3 of 4 sampled residents (#1, #3, #4) who did not respond to a fire alarm.

The findings are:

Review of the facility's license with an effective date of 01/01/26 revealed the facility was licensed for a capacity of 4 ambulatory residents.

Interview with a Supervisor-in-Charge (SIC) on 09/15/26 at 8:02am revealed the current facility census was four.

Observation of the facility on 09/15/26 at 8:30am to 8:47am revealed there were four residents at the dining room table having breakfast.

1. Review of Resident #4's current FL-2 dated 06/22/26 revealed:
-Diagnoses included advanced dementia, emotional lability, hypertension, and hyperlipidemia.
-The resident was intermittently disoriented.
-Her recommended level of care was skilled nursing facility and domiciliary.

Review of Resident #4's Resident Register revealed:
-The resident was admitted to the facility on 06/25/26.
-She was forgetful and needed reminders.

Review of Resident #4's unsigned and undated care plan revealed:
-She was forgetful and needed reminders.
-She was sometimes disoriented.
-She was independent with eating, ambulation, and transferring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 023	Continued From page 6	C 023		

-She required supervision with toileting, bathing, and dressing.
-She required limited assistance with grooming and personal hygiene.

Interview with a SIC on 09/15/26 at 8:02am revealed Resident #4 required the most supervision due to memory impairment.

Interview with the Owner/Administrator on 09/15/26 at 1:30pm revealed Resident #4 was admitted to the facility in late June 2026 as a respite case.

Observation of a fire drill conducted on 09/15/26 from 2:45pm to 2:47pm revealed:
-Resident #4 was sitting in the front living room.
-The Owner/Administrator sounded the fire alarm in a bedroom at 2:45pm creating a loud beeping sound.
-The fire alarm was audible throughout the entire facility.
-Upon hearing the fire alarm, Resident #4 remained seated in the living room and did not get up to evacuate the facility.
-The Administrator sounded the alarm in a bedroom at 2:45pm for a second time, creating a loud beeping sound.
-The Resident #4 remained seated in the front living room and did not get up to evacuate the facility.
-The Administrator sounded the alarm in a bedroom at 2:46pm for a third time, creating a loud beeping sound.
-Resident #4 remained seated in the front living room and did not get up to evacuate the facility.

Interview with Resident #4 on 09/15/26 at 2:47pm revealed the resident responded "I have no idea" when asked by the surveyor what she should do

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 023	Continued From page 7 during a fire drill. Interview with the Owner/Administrator on 09/15/26 at 2:47pm revealed: -She entered the living room and asked the three residents why they did not exit the building when she sounded the fire alarm. -She reminded the residents of the importance of exiting the facility when they heard the fire alarm. -She prompted the residents to exit the facility, Resident #3 exited the building leading Resident #4 down the ramp to the end of the driveway. -Resident #4 did not evacuate the facility until the Owner/Administrator provided verbal instructions to exit the building, after the fire alarm sounded for 2 minutes. Second interview with Resident #4 on 09/15/26 at 2:50pm revealed: -She was not sure how long she had been at the facility. -She did not know what the fire alarm sound was or what she was supposed to do. Interview with the Owner/Administrator on 09/15/26 at 1:30pm revealed: -Resident #4 was admitted to the facility in that late part of June 2026 on an emergency basis for short-term respite care. -Adult Protective Services (APS) asked her to take Resident #4 on an emergent short-term basis and the county Department of Social Services (DSS) was Resident #4's guardian. -When she accepted Resident #4, it was her understanding Resident #4 would only be at the facility for one night. -She was asked to keep Resident #4 at the facility pending a hearing and the outcome of the hearing was a family member in another state was now Resident #4's guardian.	C 023		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 023	Continued From page 8	C 023		

-Resident #4's family member was working on finding placement for Resident #4 in her state.
-Resident #4 needed a higher level of care than the facility could provide due to Resident #4's dementia.
-Resident #4's new guardian had not secured new placement for Resident #4 yet.

Interview with the Owner/Administrator on 09/15/26 at 3:00pm revealed she knew Resident #4 would not have understood to exit the facility when the fire alarm sounded without instruction.

Attempted telephone interview with Resident #4's primary care provider (PCP) on 09/15/26 at 3:23pm was unsuccessful.

Refer to interview with the Owner/Administrator on 09/15/26 at 3:00pm.

2. Review of Resident #1's current FL-2 dated 07/01/26 revealed diagnoses included type 2 diabetes, major depression, hypertension, and gout.

Review of Resident #1's Resident Register revealed an admission date of 07/03/26.

Review Resident #1's care plan dated 08/18/26 revealed:
-She was oriented.
-Her memory was adequate.
-Her vision was documented as limited (sees large objects) and she used glasses.
-She was independent with ambulation.
-She required supervision with eating, toileting, bathing, dressing, and grooming/personal hygiene, and transferring.

Observation of a fire drill conducted on 09/15/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 023	Continued From page 9	C 023		

from 2:45pm to 2:47pm revealed:
-Resident #1 was sitting in the front living room.
-The Owner/Administrator sounded the fire alarm in a bedroom at 2:45pm creating a loud beeping sound.
-The fire alarm was audible throughout the entire facility.
-Upon hearing the fire alarm, Resident #1 remained seated in the living room and did not get up to evacuate the facility.
-The Administrator sounded the alarm in a bedroom at 2:45pm for a second time, creating a loud beeping sound.
- Resident #1 remained seated in the front living room and did not get up to evacuate the facility.
-The Administrator sounded the alarm in a bedroom at 2:46pm for a third time, creating a loud beeping sound.
-Resident #1 remained seated in the front living room and did not get up to evacuate the facility.

Interview with Resident #1 on 09/15/26 at 2:47pm revealed she answered "go outside" when asked by the surveyor what she should do during a fire drill.

Interview with the Owner/Administrator on 09/15/26 at 2:47pm revealed:
-She entered the living room and asked the three residents why they did not exit the building when she sounded the fire alarm and Resident #1 answered "I thought you were just playing".
-She reminded the residents of the importance of exiting the facility when they heard the fire alarm.
-She prompted the residents to exit the facility, Resident #1 exited the building using the steps then went to the end of the driveway.
-Resident #1 did not evacuate the facility until the Owner/Administrator provided verbal instructions to exit the building, after the fire alarm sounded

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 023	Continued From page 10 for 2 minutes. Interview with Resident #1 on 09/15/26 at 2:49pm revealed: -She lived at the facility since July 2026 and had never had a fire drill. -Staff at the facility had told her that if she heard the fire alarm, she should exit the building. -She knew she should exit the building when she heard the fire alarm. -When she heard the fire alarm earlier, she did not think it was a "real" fire drill and that is why she did not exit. Interview with the Owner/Administrator on 09/15/26 at 3:00pm revealed: -Resident #1 was admitted to the facility a couple of months ago. -Resident #1 knew to exit the facility when the fire alarm sounded. -It frustrated her that Resident #1 ignored the fire alarm and did not exit the facility. Refer to interview with the Owner/Administrator on 09/15/26 at 3:00pm. 3. Review of Resident #3's current FL-2 dated 03/24/26 revealed diagnoses included hypercholesterolemia, anemia, hypertension, and schizophrenia. Review of Resident #3's Resident Register revealed; -She was admitted to the facility on 07/17/19. -She was sometimes disoriented. Review of Resident #3's care plan dated 02/24/26 revealed: -She had a history of wandering. -She was sometimes disoriented.	C 023		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 023	Continued From page 11	C 023		

-Her memory was adequate.
-She required supervision with toileting, and transferring.
-She required limited assistance with eating, ambulation, and dressing.
-She was totally dependent with bathing, and grooming/personal hygiene.

Observation of a fire drill conducted on 09/15/26 from 2:45pm to 2:47pm revealed:
-Resident #3 was sitting in the front living room.
-The Owner/Administrator sounded the fire alarm in a bedroom at 2:45pm creating a loud beeping sound.
-The fire alarm was audible throughout the entire facility.
-Upon hearing the fire alarm, Resident #3 remained seated in the living room and did not get up to evacuate the facility.
-The Administrator sounded the alarm in a bedroom at 2:45pm for a second time, creating a loud beeping sound.
-Resident #3 remained seated in the front living room and did not get up to evacuate the facility.
-The Administrator sounded the alarm in a bedroom at 2:46pm for a third time, creating a loud beeping sound.
-Resident #3 remained seated in the front living room and did not get up to evacuate the facility.

Interview with Resident #3 on 09/15/26 at 2:47pm revealed she answered "go outside" when asked by the surveyor what she should do during a fire drill.

Interview with the Owner/Administrator on 09/15/26 at 2:47pm revealed:
-She entered the living room and asked the three residents why they did not exit the building when she sounded the fire alarm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 023	Continued From page 12 -She reminded the residents of the importance of exiting the facility when they heard the fire alarm. -She prompted the residents to exit the facility, Resident #3 exited the building leading Resident #4 down the ramp to the end of the driveway. -Resident #3 did not evacuate the facility until the Owner/Administrator provided verbal instructions to exit the building, after the fire alarm sounded for 2 minutes. Interview with Resident #3 on 09/15/26 at 2:49pm revealed: -She had lived at the facility for many years. -Staff had instructed the residents in the past if they heard the fire alarm they were to leave the building and go to the end of the driveway. -She knew she was supposed to go outside with the other residents when she heard the fire alarm. -She was not sure why she did not leave the building earlier today when the fire alarm sounded. Interview with the Owner/Administrator on 09/15/26 at 3:00pm revealed: -Resident #3 had been with her for 20 years. -Resident #3 knew to exit the facility when the fire alarm sounded. -It frustrated her that Resident #3 ignored the fire alarm and did not exit the facility. Refer to interview with the Owner/Administrator on 09/15/26 at 3:00pm. _____ Interview with the Owner/Administrator on 09/15/26 at 3:00pm revealed: -Two of the three residents present when the fire alarm sounded today should have known to exit the facility. -She understood that ambulatory status meant that a resident should be able to respond and exit	C 023		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 023	Continued From page 13 the facility without prompting during a fire drill. _____ The facility failed to ensure the building was equipped and maintained in accordance with the facility's license capacity. Three residents (#1, #3, #4), required verbal prompting to evacuate the facility in case of an emergency such as a fire, including Resident #4, who had a diagnoses of dementia, was forgetful, needed reminders, and was sometimes disoriented. The facility's failure was detrimental to the residents' health, safety, and welfare and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/15/26 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 30, 2026.	C 023		
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 inspection reports were current in the facility and available for review.	C 034		

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	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

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C 034	Continued From page 14 The findings are: Review of the facility's license with an effective date of 01/01/26 revealed the facility was licensed for a capacity of 4 ambulatory residents. Interview with the Supervisor-in-Charge (SIC) on 09/15/26 at 8:05am revealed the current census at the facility was 4 residents. Observation of the facility on 09/15/26 at 8:30am to 8:47am revealed there were four residents at the dining room table having breakfast. Review of the facility's current Environmental Health Inspection report dated 08/05/25 revealed: -One demerit was documented for repair of linoleum flooring in a bedroom and a bathroom. -Two demerits were documented for dust on baseboards and walls. -One demerit was documented for peeling and chipped paint, holes in the wall around the television, and a settling crack in a bathroom. -Two demerits were documented for lighting in the laundry area closet. -Four demerits were documented for soap scum on bathroom showers and shower heads, a crack between the shower tub rim and the wall tiles in a bathroom, and the wall above the hall shower needed repair to prevent water from splashing behind the wall. -Four demerits were documented for no hand drying towels available in a bathroom. -Two demerits were documented for dust on all rooms' furniture pieces, and the windowsills, windowpanes and a fan in the living room needed cleaning. -Three demerits were documented for a leaking washing machine with water pooled underneath it, and the walls and floors around the laundry	C 034		

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C 034	Continued From page 15 machines needed cleaning. -Two demerits were documented for dust on top of the refrigerator, food spills on the interior refrigerator doors, and grime on the stove top around the burners. -There were 21 demerits. -The facility had a status code of an "A". -Classification was documented as "Approved" (40 or less demerits and no 6-point demerits). Interview with the Owner/Administrator on 09/15/26 at 8:41am revealed: -The last sanitation inspection report she had was dated 08/05/25. -She knew a sanitation inspection was required annually. -She called the county sanitation health inspector yesterday, on 09/14/26 to schedule the facility's annual sanitation inspection and had to leave a voice mail and received a voice mail on 09/14/26 from the county sanitation department stating the inspector was out in the field but her message had been forwarded and she would receive a call back to schedule her annual sanitation inspection. -She had not received a return call yet to schedule her sanitation inspection.	C 034		
C 120	10A NCAC 13G .0316 (f) Fire Safety and Emergency Preparedness Plan 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or	C 120		

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C 120	Continued From page 16 other emergency. Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The documentation shall include the date and time of the fire drill, the shift, the names of staff members present, and a short description of drill. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure that fire evacuation plans (fire drills) were rehearsed at least four times yearly resulting in 3 of 3 residents being unable to evacuate the facility without instruction during a fire drill. The findings are: Review of the facility's license with an effective date of 01/01/26 revealed the facility was licensed for a capacity of 4 ambulatory residents. Interview with a Supervisor-in-Charge (SIC) on 09/15/26 at 8:02am revealed the facility census was four. Review of the facility's Division of Health Service	C 120		

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C 120	Continued From page 17 Regulation (DHSR) Construction Biennial Survey conducted 04/15/26 revealed: -DHSR records indicated the home was first licensed on April 16, 2013, as a Family Care Home for three ambulatory residents. -The facility had an increase in capacity on May 6, 2014, to four ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) -Based on this information the facility was required to maintain compliance with the following; the 2005 Rules for Family Care Homes applicable portions of the 2025 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes -At the time of the survey, it was observed that the facility was not performing 1st, 2nd and 3rd shift fire drills each quarter. Review of an Evacuation Plan and Fire Drill Report document framed and on the wall in the dining room revealed: -There were separate columns for the date, the hour of the drill, the evacuation time, staff present, and staff signature. -There was a column on the Evacuation Plan and Fire Drill Report to place a number from 1 to 9 for the description column. -The report had options listed at the bottom of what the fire drill rehearsal included. -Staff were to document options 1 to 9 to list as the description of the fire drill rehearsal which included; 1. Complete evacuation of the building, 2. Rehearsal of evacuation without leaving the building, 3. Local fire department present, 4. Operation of fire extinguishers reviewed, 5. Evacuation of semi/non-ambulatory residents rehearsed, 6. Orientation of new staff, 7.	C 120		

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C 120	Continued From page 18 Orientation of new residents, 8. Check for fire hazards listed on annual inspection form, and 9. Check fire detector. -There was a fire drill conducted on 07/05/26 at 7:00am with a description code of 2, rehearsal of evacuation without leaving the building, with an evacuation time of three minutes. -There was a fire drill conducted on 07/16/26 at 3:00pm with a description code of 2, rehearsal of evacuation without leaving the building, with an evacuation time of three minutes. -There was a fire drill conducted on 07/24/26 at 9:15pm with a description code of 2, rehearsal of evacuation without leaving the building, with an evacuation time of three minutes. -There was a fire drill conducted on 08/10/26 at 8:15am with a description code of 2, rehearsal of evacuation without leaving the building, with an evacuation time of three minutes. -There was a fire drill conducted on 08/19/26 at 4:30pm with a description code of 2, rehearsal of evacuation without leaving the building, with an evacuation time of three minutes. -There was a fire drill conducted on 08/24/26 at 10:30pm with a description code of 2, rehearsal of evacuation without leaving the building, with an evacuation time of three minutes. -There was a fire drill conducted on 09/02/26 at 8:30am with a description code of 2, rehearsal of evacuation without leaving the building, with an evacuation time of three minutes. Review of the facility's fire drill log binder revealed: -There was an undated entry at 8:00am, after breakfast the fire alarm was set off, and 4 residents were present and the note was not signed by staff. -There was a second undated entry at 5:30pm documented as Fire Drill Review.	C 120		

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	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

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C 120	Continued From page 19 -The residents had finished supper and were asked if they would like to discuss fire safety. -Four named residents agreed to participate in the discussion. -The residents were asked, "what do you do if you hear the sound of the alarm?" and everyone shouted, "go outside". -The residents were then asked, "what do you take with you?". -The residents gave all kinds of answers and were told "you only take yourself'" and that was the end of the discussion. -The undated 5:30pm entry was not signed by staff. Observation of a fire drill conducted on 09/15/26 between 2:45pm and 2:47pm revealed: -There were 3 residents sitting in the front living room, the fourth resident was out of the facility at an appointment. -The Owner/Administrator sounded the alarm in a bedroom at 2:45pm creating a loud beeping sound. -The fire alarm was audible throughout the entire facility. -Upon hearing the fire alarm, the three residents remained seated in the living room and did not get up to evacuate the facility. -The Owner/Administrator sounded the alarm in a bedroom at 2:45pm for a second time, creating a loud beeping sound. -The 3 residents remained seated in the front living room and did not get up to evacuate the facility. -The Owner/Administrator sounded the alarm in a bedroom at 2:46pm for a third time, creating a loud beeping sound. -The 3 residents remained seated in the front living room and did not get up to evacuate the facility.	C 120		

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C 120	Continued From page 20 Observation of the facility on 09/15/26 at 2:47pm revealed: -The Owner/Administrator entered the living room and asked the 3 residents why they did not exit the building when she sounded the fire alarm, and only one resident answered, "I thought you were just playing" and she did not know this was a real fire drill. -The Owner/Administrator reminded the residents of the importance of exiting the facility when they heard the fire alarm. -The Owner/Administrator prompted the residents to exit the facility, one resident exited the building leading a second resident down the ramp to the end of the driveway, a third resident exited the building using the steps then to the end of the driveway. -All three of the residents evacuated the facility after the Owner/Administrator instructed them to do so. Interview with a resident on 09/15/26 at 2:49pm revealed: -She lived at the facility since July 2026 and had never had a fire drill. -Staff at the facility had told her that if she heard the fire alarm, she should exit the building. -When she heard the fire alarm earlier, she did not think it was a "real" fire drill. Interview with a second resident on 09/15/26 at 2:49pm revealed: -She had lived at the facility for many years. -Staff had instructed the residents in the past if they heard the fire alarm they were to leave the building and go to the end of the driveway. -She could not remember having a fire drill when the alarm was sounded and they had to leave the building.	C 120		

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C 120	Continued From page 21 -She was not sure why she did not leave the building earlier when the fire alarm sounded. Interview with a third resident on 09/15/26 at 2:50pm revealed: -She was not sure how long she had been at the facility. -She did not know what the fire alarm sound was or what she was supposed to do. Interview with the Co-Administrator on 09/15/26 at 3:32pm revealed: -The "2" description code of rehearsal of evacuation without leaving the building on the Evacuation Plan and Fire Drill Report meant meetings were held with the residents to discuss fire safety and the need to exit the building when the fire alarm was sounded. -The fire safety meetings were held with the residents at least monthly on the first and second shifts. -The two newest residents at the facility may not be used to the fire alarms. -She thought complete evacuation of the building type fire drills were held monthly on the first and second shifts, but she could not remember exactly when the last complete evacuation of the building fire drill was held. -Complete evacuation of the building fire drills were not conducted on the third shift because the residents were asleep. Interview with the Owner/Administrator on 09/15/26 at 3:00pm revealed: -Staff had meetings with the residents at least once a month about fire safety on each shift. -Two of the three residents present when the fire alarm sounded today should have known to exit the facility. -She knew the third resident present when the fire	C 120		

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C 120	Continued From page 22 alarm sounded would not have understood to exit the facility without instruction. -She referenced the Evacuation Plan and Fire Drill report posted on the dining room wall about the performance of fire drills. -The "2" description code on the report meant staff educated the residents that they were to exit the facility when the fire alarm was set. -She thought reviewing the process of exiting the building when the fire alarm sounded counted as a fire drill for the facility. -Fire drills that required the residents to physically exit the building were held periodically but she did not have documentation of complete evacuation of the building fire drills. _____ The facility failed to ensure fire drills were conducted at least four times yearly on each shift. This resulted in 3 of 3 residents not responding and exiting the facility when the fire alarm sounded and all 3 residents required verbal instruction to evacuate the facility during the fire drill. The facility's failure was detrimental to the residents' health, safety, and welfare and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/15/26 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 30, 2026.	C 120		
C 207	10A NCAC 13G .0702 (f) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination and Immunizations	C 207		

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	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

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CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

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C 207	Continued From page 23 (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 resident (#2) medication orders were complete and accurate on the resident's current FL-2. The findings are: Review of Resident #2's current FL-2 dated 08/18/26 revealed diagnoses included asthma, hypertension, gastroesophageal reflux disease (GERD), obesity, and seasonal allergies. Review of Resident #2's record revealed that there was no signed physician review of Resident #2's medications completed within the past 6 months. a. Review of Resident #2's primary care provider's (PCP) after visit summary dated 08/27/25 revealed an order to start taking Ozempic 0.5mg weekly. Telephone interview with a pharmacist with the facility's contracted pharmacy on 09/15/26 at	C 207		

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C 207	Continued From page 24 3:50pm revealed an order was received for Resident #2's Ozempic, inject 0.5mg subcutaneously once a week for weight loss on 12/05/25. Review of Resident #2's current FL-2 dated 08/18/26 revealed there was no order for Ozempic (an injectable medication used to treat type 2 diabetes and for weight loss), inject 0.5mg subcutaneously once a week. Review of Resident #2's July 2026 electronic medication administration record (eMAR) revealed: -There was an entry for Ozempic 0.25mg-0.5mg pen, inject 0.5mg subcutaneously once a week for weight loss. -Ozempic 0.5mg was documented as administered at 8:00am on 07/01/26, 07/08/26, 07/15/26, 07/22/26, and 07/23/26. Review of Resident #2's August 2026 eMAR revealed: -There was an entry for Ozempic 0.25mg-0.5mg pen, inject 0.5mg subcutaneously once a week for weight loss. -Ozempic 0.5mg was documented as administered at 8:00am on 08/05/26, 08/12/26, 08/19/26, and 08/26/26. Review of Resident #2's September 2026 eMAR revealed: -There was an entry for Ozempic 0.25mg-0.5mg pen, inject 0.5mg subcutaneously once a week for weight loss. -Ozempic 0.5mg was documented as administered at 8:00am on 09/02/26 and 09/09/26. Interview with the Owner/Administrator on	C 207		

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	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

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C 207	Continued From page 25 09/15/26 at 1:30pm revealed she should have caught that Resident #2's FL-2 did not include Ozempic. Refer to interview with the Owner/Administrator on 09/15/26 at 1:30pm. b. Review of Resident #2's current FL-2 dated 08/18/26 revealed an order for loratadine (an antihistamine used to treat seasonal allergy symptoms) 10mg, one daily. Telephone interview with a pharmacist with the facility's contracted pharmacy on 09/15/26 at 3:50pm revealed an order was received for Resident #2 for loratadine 10mg, take one daily as needed for allergies on 12/04/25. Review of Resident #2's July 2026 electronic medication administration record (eMAR) revealed: -There was an entry for loratadine 10mg, take one tablet every day as needed for allergies. -Loratadine 10mg was not documented as administered in July 2026. Review of Resident #2's August 2026 eMAR revealed: -There was an entry for loratadine 10mg, take one tablet every day as needed for allergies. -Loratadine 10mg was not documented as administered in August 2026. Review of Resident #2's September 2026 eMAR revealed: -There was an entry for loratadine 10mg, take one tablet every day as needed for allergies. -Loratadine 10mg was not documented as administered in September 2026.	C 207		

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C 207	Continued From page 26 Interview with the Owner/Administrator on 09/15/26 at 1:30pm revealed she had not noticed that Resident #2's loratadine order was written on the FL-2 as a scheduled medication instead of as needed. Refer to interview with the Owner/Administrator on 09/15/26 at 1:30pm. c. Review of Resident #2's current FL-2 dated 08/18/26 revealed an order for albuterol (an inhaler used to treat wheezing and shortness of breath associated with asthma), hydrofluroalkane (hfa) 90mcg inhaler, one puff as needed. Telephone interview with a pharmacist with the facility's contracted pharmacy on 09/15/26 at 3:50pm revealed: -An order was received for Resident #2 for albuterol hfa 90mcg to inhale up to 2 puffs every 6 hours as needed for wheezing on 12/04/25. -When the new order for Resident #2's albuterol was received on 12/04/25 for up to 2 puffs every 6 hours, the previous order for albuterol hfa 90mcg, inhale 1 puff every 4 hours as needed was discontinued. -He was not aware that both entries for albuterol remained on Resident #2's eMAR. Review of Resident #2's July 2026 electronic medication administration record (eMAR) revealed: -There was an entry for albuterol hfa 90mcg inhaler, inhale up to 2 puffs every 6 hours as needed for wheezing. -There was a second entry for albuterol hfa 90mcg inhaler, inhale one puff every 4 hours as needed for wheezing. -Albuterol was not documented as administered in July 2026.	C 207		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: _____ B. WING _____	R 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

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C 207	Continued From page 27 Review of Resident #2's August 2026 eMAR revealed: -There was an entry for albuterol hfa 90mcg inhaler, inhale up to 2 puffs every 6 hours as needed for wheezing. -There was a second entry for albuterol hfa 90mcg inhaler, inhale one puff every 4 hours as needed for wheezing. -Albuterol was not documented as administered in August 2026. Review of Resident #2's September 2026 eMAR revealed: -There was an entry for albuterol hfa 90mcg inhaler, inhale up to 2 puffs every 6 hours as needed for wheezing. -There was a second entry for albuterol hfa 90mcg inhaler, inhale one puff every 4 hours as needed for wheezing. -Albuterol was not documented as administered in September 2026. Interview with the Owner/Administrator on 09/15/26 at 1:30pm revealed she had not noticed the order for Resident #2's albuterol inhaler was incomplete on her FL-2. Refer to interview with the Owner/Administrator on 09/15/26 at 1:30pm. _____ Interview with the Owner/Administrator on 09/15/26 at 1:30pm revealed: -Facility staff completed the upper part of the residents' FL-2 forms. -The nurse at the residents' PCP's office completed the medication section of the residents' FL-2 forms. -She or the Supervisor-in-Charge (SIC) reviewed the residents' FL-2 forms after they were	C 207		

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C 207	Continued From page 28 completed and signed by the PCP. -She always reviewed a resident's FL-2 after it was reviewed by the SIC. -When the residents' FL-2 forms were reviewed, she looked for new medications and new orders. -She usually compared the residents' current FL-2 to their previous FL-2. -She did not compare the residents' FL-2 to their eMARs or physician orders.	C 207		
C 320	10A NCAC 13G .1002 (f) Medication Orders 10A NCAC 13G .1002 Medication Orders (f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner at least every six months This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure medication orders were signed every 6 months and maintained in the resident records for 2 of 3 sampled residents (#2, #3). The findings are: 1. Review of Resident #2's current FL-2 dated 08/18/26 revealed: -Diagnoses included asthma, hypertension, gastroesophageal reflux disease (GERD), obesity, and seasonal allergies. -There was an order for loratadine (an antihistamine used to treat seasonal allergy symptoms) 10mg, one daily. -There was an order for Lasix (a diuretic used to	C 320		

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C 320	Continued From page 29	C 320		

treat fluid retention) 40mg, one daily.
-There was an order for fluticasone (a nasal spray used to treat sneezing, itching, or runny nose) propionate 50mcg, 1 spray each nostril daily.
-There was an order for losartan potassium (used to treat high blood pressure) 10mg, one daily.
-There was an order for vitamin D3 (a supplement to treat vitamin D3 deficiency) 1000 IU, one daily.
-There was an order for vitamin B-12 (a supplement to treat vitamin B-12 deficiency and to support healthy nerve cells) 1000mcg, one daily.
-There was an order for Symbicort (a combination inhaler used to treat asthma and chronic obstructive pulmonary disease) 80-4.5mcg, twice daily.
-There was an order for Nystop (a topical antifungal powder used to treat fungal and yeast infections of the skin), 100,000 units/gram powder, twice daily.
-There was an order for Lipitor (used to lower unhealthy cholesterol levels) 40mg, one daily.
-There was an order for haloperidol (used to treat schizophrenia) 2mg, one daily.
-There was an order for acetaminophen (used to treat mild to moderate pain) 325mg, 2 tablets every six hours as needed.
-There was an order for amlodipine besylate (used to treat high blood pressure) 10mg, one daily.
-There was an order for albuterol (an inhaler used to treat wheezing and shortness of breath associated with asthma), hfa 90mcg inhaler, one puff as needed.

Review of Resident #2's record revealed:
-There was no signed physician review of Resident #2's medications completed within the past 6 months.

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C 320	Continued From page 30 -The previous FL2 was completed for Resident #2 on 10/08/25. Refer to interview with the Administrator on 09/15/26 at 5:38pm. 2. Review of Resident #3's FL-2 dated 03/24/26 revealed: -Diagnoses included hypercholesterolemia, anemia, hypertension, and schizophrenia. -There was an order for aripiprazole (used to treat schizophrenia) 5mg, one daily. -There was an order for famotidine (used to decrease stomach acid) 20mg, one daily. -There was an order for hydrochlorothiazide (a diuretic used to treat fluid build up and hypertension) 12.5mg, one daily. -There was an order for metoprolol tartrate (used to treat high blood pressure) 50mg, one two times daily. -There was an order for oyster shell calcium (used to treat low calcium levels) 500mg, take three times daily. -There was an order for potassium chloride (used to treat low potassium levels) er 20meq, one daily. -There was an order for zinc sulfate (used to prevent zinc deficiency and to support the immune system) 220mg, one daily. -There was an order for vitamin D (used to treat vitamin D deficiency and promotes calcium absorption in the gut) 1.25mg, one on Monday and Friday. -There was an order for aspirin (used to promote heart health) 81mg, one daily. -There was an order for niacin (a B vitamin that can help manage cholesterol) er 500mg, one at bedtime. -There was an order for pravastatin (used to lower unhealthy cholesterol levels) 40mg, one at	C 320		

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C 320	Continued From page 31 night. Review of Resident #3's record revealed there was no signed physician review of Resident #3's medications completed within 6 months prior to the current FL-2. Refer to interview with the Administrator on 09/15/26 at 5:38pm. _____ Interview with the Administrator on 09/15/26 at 5:38pm revealed: -The facility had a blank physician's order sheet that was sent with the residents to all their appointments. -A resident's primary care provider (PCP) was to document any new medication or treatment orders on the provided physician's order sheet. -A resident's PCP was to document any medication or treatment discontinue orders on the provided physician's order sheet. -The facility used the individual written order sheets to reconcile the residents' medications. -The facility did not provide a list of the residents' medications and treatment orders for the PCP to review and sign every 6 months. -She was not aware that all current treatment and medication orders for the residents were to be reviewed and signed by the residents' PCP every six months.	C 320		