STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092284	A. BUILDING: _____ B. WING _____	R 08/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE CHOICE FAMILY CARE HOME INC	7305 PERRY CREEK ROAD RALEIGH, NC 27616

(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 a follow up survey on August 5, 2026.	C 000		
C 078	10A NCAC 13G .0315 (a)(5) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) A family care home shall: (5) be maintained in an uncluttered, clean, and orderly manner, free of all obstructions and hazards; 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: Based on observations and interviews the facility failed to ensure the facility was free from hazards as evidenced by unsecured oxygen cylinders in resident's room. The findings are: Review of the facility's license revealed: -The facility was licensed as a Family Care Home effective 01/01/26 for a capacity of 6 residents. -The expiration date of the facility's license was 12/31/26. Review of the facility's census on 08/05/26 revealed the facility's census was 6 residents.	C 078	C078 The facility Administrator picked up the oxygen tank caddy from the DME company. This rule has been met on the 8/5/26.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Helen Adewumi — TITLE: Administrator — (X6) DATE: 8/28/26

Reviewed & Acknowledged SC 10/05/26

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C 078	Continued From page 1 Observation of a resident's room on 08/05/25 at 9:22am revealed: -There were four portable oxygen cylinders sitting upright on the floor next to a dresser. -There were three out of four portable oxygen cylinders with green tabs at the top of the cylinder. -All four portable oxygen cylinders were not secured in a rack, cart, or holder. Interview with the resident on 08/05/26 at 3:30pm revealed: -He was in the hospital in March 2026 and returned to the facility with oxygen. -He used the oxygen more at night. -He was unaware the portable oxygen cylinders should be secured. Interview with the facility's medical supply provider on 08/05/26 at 1:35pm revealed the facility could request a rack or holder for the portable oxygen cylinders. Interview with the medication aide (MA) on 08/05/26 at 9:30am revealed: -The medical supply provider delivered the resident's portable oxygen cylinders to the facility with no crate or holder. -He was not aware that the portable oxygen cylinders should be secured in a holder or crate. Interview with the Administrator on 08/05/26 at 3:35pm revealed: -She was not aware that portable oxygen cylinders should be secured in a holder or crate. -The green tabs on the oxygen cylinders meant the tank was full. -She was responsible for making sure all portable oxygen cylinders were in a holder or crate. -If the oxygen cylinders fell, they could hurt a	C 078		

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C 078	Continued From page 2 resident.	C 078		