STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032181	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVEWELL DURHAM AT HOPE VALLEY	3736 BENTLEY DR DURHAM, NC 27707

(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 09/23/26.	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 1 of 3 sampled residents (#2) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #2's current FL2 dated 04/15/26 revealed diagnoses included hypertension, bipolar disorder, anxiety disorder, and metabolic encephalopathy. Review of Resident #2's Resident Register revealed an admission date of 03/18/24.	C 202		

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C 202	Continued From page 1 Review of Resident #2's record revealed there was no other documentation of a TB skin test in his record. Interview with the Administrator on 09/23/26 at 12:02pm revealed: -She was responsible for ensuring Resident #2 had a TB skin test completed upon admission. -She was not aware the TB skin test had not been completed for Resident #2. -She completed chart audits every 6 months and her last chart audit was in April 2026. -She was not sure how she missed Resident #2's TB skin test. Attempted interview with Resident #2's primary care provider (PCP) on 09/23/26 at 9:51am was unsuccessful. Based on observations, interviews and record reviews it was determined Resident #2 was not interviewable.	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.	C 203		

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C 203	Continued From page 2 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure there was a medical examination completed annually for 1 of 3 sampled residents (#3). The findings are: Review of Resident #3's FL2 dated 04/14/25 revealed diagnoses included Alzheimer's disease. Review of Resident #3's record on 09/23/26 revealed there was no other FL2 for review. Interview with the Administrator on 09/23/26 at 12:02pm revealed: -She was responsible for ensuring Resident #3's FL2 was updated annually. -She was not aware Resident #3's FL2 had not been updated. Attempted interview with Resident #3's primary care provider (PCP) on 09/23/26 at 10:06am was unsuccessful.	C 203		
C 269	10A NCAC 13G .0904 (c)(6) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (6) Menus for all therapeutic diets shall be	C 269		

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C 269	Continued From page 3	C 269		

planned or reviewed by a licensed dietitian/nutritionist. The facility shall maintain verification of the licensed dietitian/nutritionist's approval of the therapeutic diets.

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to ensure therapeutic diet menus were planned and reviewed by a licensed dietitian/nutritionist for 2 of 2 sampled residents (#1 and #3) who had a physician's order for a puree diet.

The findings are:

Observation of the kitchen during the initial tour on 09/23/26 at 8:04am revealed there was no therapeutic diet menu for a pureed diet available for staff guidance.

1. Review of Resident #1's current FL-2 dated 08/05/26 revealed diagnoses included emphysematous pyelonephritis of right kidney and gross hematuria.

Review of Resident #1's diet order dated 03/23/26 revealed there was an order for a pureed diet.

Observation of the breakfast meal on 09/23/26 from 8:18am to 8:36am revealed:
-The meal consisted of French toast, bacon, fresh fruit, and 100% juice.
-Resident #1 was served pureed French toast, pureed sausage, an orange with the consistency

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of juice with lumps, juice, and water.
-She ate 100% of her meal.

Interview with the personal care aide (PCA) on 09/23/26 at 8:57am revealed Resident #1 ate all of her meals and had not coughed or choked while eating.

Attempted telephone interview with Resident #1's primary care provider (PCP) on 09/23/26 at 9:59pm was unsuccessful.

Based on observations, interviews, and record reviews, it was determined that Resident #1 was not interviewable.

Refer to the interview with the PCA on 09/23/26 at 8:57am.

Refer to the interview with the medication aide (MA) on 09/23/26 at 9:07am.

Refer to the interview with the House Manager on 09/23/26 at 9:11am.

Refer to the interview with the Administrator on 09/23/26 at 12:02pm.

2. Review of Resident #3's current FL2 dated 04/14/25 revealed:
-Diagnoses included Alzheimer's disease.
-There was an order for a pureed diet.

Observation of the lunch meal on 09/23/26 from 11:46am to 12:20pm revealed:
-The meal consisted of fried cod, mashed garlic potatoes, fresh asparagus, baked roll, 100% juice, and water.
-Resident #3 was served pureed cod, mashed potatoes, pureed asparagus, a pureed roll, juice,

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and water.
-She ate 60% of her meal.

Attempted interview with Resident #3's primary care provider (PCP) on 09/23/26 at 10:06am was unsuccessful.

Based on observations, interviews, and record reviews, it was determined that Resident #3 was not interviewable.

Refer to the interview with the personal care aide (PCA) on 09/23/26 at 8:57am.

Refer to the interview with the medication aide (MA) on 09/23/26 at 9:07am.

Refer to the interview with the House Manager on 09/23/26 at 9:11am.

Refer to the interview with the Administrator on 09/23/26 at 12:02pm.

_____

Interview with the PCA on 09/23/26 at 8:57am revealed:
-She learned how to prepare pureed diets at a previous facility.
-She had not been training at the facility on how to prepare a pureed diet.
-To puree meals, she placed the food in a blender and added water to smooth out the lumps.

Interview with the medication aide (MA) on 09/23/26 at 9:07am revealed:
-She had not seen a therapeutic diet menu for a pureed diet available for guidance.
-She used chicken broth to puree food.

Interview with the House Manager on 09/23/26 at 9:11am revealed there was a therapeutic diet

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C 269	Continued From page 6 menu in a binder, but it did not include a puree diet. Interview with the Administrator on 09/23/26 at 12:02pm revealed: -The House Manager was responsible for ensuring there was a therapeutic diet menu available for guidance. -Staff used the therapeutic diet extension menu in a binder to prepare pureed meals. -The facility did not have a registered dietician approved menu to prepare pureed meals. -She was concerned a resident would choke if the pureed consistency was not correct.	C 269		
C 283	10A NCAC 13G .0904 (e)(3) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Therapeutic Diets in Family Care Homes: (3) The facility shall maintain a current listing of residents with physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain an accurate and current listing of residents with physician ordered therapeutic diets for guidance of food service staff. The findings are: Observation of the kitchen during the initial tour	C 283		

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C 283	Continued From page 7 on 09/23/26 at 8:04am revealed there was no list of physician ordered therapeutic diets posted for staff to reference. Interview with the PCA on 09/23/26 at 8:57am revealed there was no diet list available for guidance. Interview with the medication aide (MA) on 09/23/26 at 9:07am revealed she had not seen a diet list in the facility. Interview with the House Manager on 09/23/26 at 9:11am revealed: -He was responsible for ensuring the diet list was available for guidance. -The diet list was posted on the wall but was removed during renovations in the facility. Interview with the Administrator on 09/23/26 at 12:02pm revealed: -She and the House Manager were responsible for ensuring the therapeutic diet list was available for guidance. -The diet list was posted on the refrigerator but was removed during renovations in the facility.	C 283		