Division of Ficulti oct vice regu	calif dervice regulation					
STATEMENT OF DEFICIENCIES	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION					
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED			
		A. BOILDING.				
	FCL017026	B. WING	07/27/2016			
NAME OF PROVIDER OR SUPPLIER	PLIER STREET ADDRESS, CITY, STATE, ZIP CODE					

## L & L FAMILY CARE

## 3023 CHANDLER MILL ROAD

L & L FAM	ILI GANE	PELHAM, NC 27311		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments	C 000		
	The Adult Care Licensure Section conducted Annual Survey on 7/27/16.	d an		
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support	C 254		
	10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, caplan and care provided, as required in Parag (a) of this Rule, is completed within the first a days of admission or within 30 days from the a resident develops the need for the task an least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosicurrent condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress or resident; and (4) documenting the activities in Subparagra (1) through (3) of this Paragraph.  This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure a License Health Professional Support (LHPS) Review	re graph 30 e date d at s or e e for the liphs		
	completed for two of two residents (#2 and # with diagnoses of Diabetes Mellitus and personare tasks of fingerstick blood sugar checks.	t4) sonal		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of	of Health Service Regu	lation				
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI	
AND LU.	7 OUNILOTION	IDENTIFICATION NOMBER.	A. BUILDING:		001111 ==	-120
FCL017026			B. WING		07/2	7/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	TE, ZIP CODE		
L & L FAN	IILY CARE		ANDLER MILL RO	DAD		
	T		, NC 27311			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	) BE	(X5) COMPLETE DATE
C 254	Continued From page	= 1	C 254			
	The findings are:					
	Review of the curr dated 3/22/16 include	rent FL-2 for Resident #2				
		etes Mellitus, Hypertension.				
	- Physician orders for	r Fingerstick Blood Sugar				ı
	(FSBS) checks were	to be obtained daily. edication included Metformin				i
	500mg daily.	dication included wettornin				
		2's record revealed an order				i
	dated 7/25/16 to discontinue the Metformin. (Used to control blood sugar) as her values on					ı
	FSBS had been low.	1 Sugai) as tiel values on				ı
	Interview on 6/27/16 a #2 revealed:	at 11:34 a.m. with Resident				l
		een feeling well but had				i
	- She had no had any	m with her FSBS being low. y low blood sugar				ı
	symptoms.					i
		her own FSBS checks daily. taken her off of her diabetic				i
		in) yesterday 7/25/16, and				i
	she was to recheck la	ab work to see how the				i
	FSBS range was with	nout the Metformin. any problems with her feet				i
	and there were no so					i
		ember the nurse coming to				i
	the facility to see her FSBS checks.	about her diabetes and				l
	Review of the FSBS r	results on Resident #2's				i
	•	did not show the FSBS				ı
		emoved the battery and				1
	replaced it and it still	did not show accurate FSBS				1

results.

- The glucose meter then began to work properly

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	(X3) DATE SURVEY COMPLETED		
	FCL017026	B. WING	07/27/2016		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					

## 3023 CHANDLER MILL ROAD

		AM NO 27244		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	AM, NC 27311  ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 254	Continued From page 2 and showed FSBS checks from 7/20/16 - 7/22/16 ranged from 84 - 96.  Interview on 7/27/16 at 3:40 p.m. with the Administrator revealed: - The resident's physician had stopped her Metformin to see how her diabetic lab level and her FSBS checks were off of the Metformin They would get specific orders faxed to them from the physician's office today Resident #2 had been doing well with no episodes of low blood sugar with symptoms The resident took her own FSBS with her glucose meter and the physician would review her meter when she had a physician visit She would get another glucose meter for Resident #2 if a new battery did not fix the read out problems with the glucose meter.  Refer to interview on 7/27/16 at 3:40 p.m. with the Administrator.  2. Review of the current FL-2 for Resident #4 dated 5/20/16 included: - Diagnoses of Diabetes Mellitus, and Alzheimer's Disease Physician orders for Fingerstick Blood Sugar (FSBS) checks were to be obtained 3 times per week.  Review of the record for Resident #4 revealed: - There was no documentation of a LHPS Review by a nurse in the record FSBS results in the record for July 2016 were between 109 - 130's.  The resident was not able to be interviewed based on diagnosis.	C 254		DATE
	Refer to interview on 7/27/16 at 3:40 p.m. with the lth Service Regulation			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDING.			
		FCL017026	B. WING		07/27	7/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
L & L FAM	ILY CARE	3023 CHA PELHAM,	NDLER MILL R	OAD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	<u> </u>	COMPLETE DATE
C 254	Continued From page	e 3	C 254			
	Adminsitrator.					
	Interview on 7/27/16 and Administrator reveale					
	- A nurse had not be	en to the facility for a long				
	time to complete LHPS Reviews.  - No information was provided as to why the facility had not ensured the LHPS Reviews had					
been initiated and completed at least quarterly for residents with LHPS personal care tasks.  - She would ensure a nurse was secured as						
	soon as possible.					
C 367	10A NCAC 13G .1008	8(a) Controlled Substances	C 367			
		8 Controlled Substances				
	•	ne shall assure a readily controlled substances by				
	documenting the rece	eipt, administration and				
	•	ed substances. These trained with the resident's				
	record and in such ar	order that there can be				
	accurate reconciliatio	n.				
	This Rule is not met					
	review the facility fails	n, interview and record ed to assure a readily				
	retrievable record of	controlled substances by				
	_	eipt and administration of s in the residents' record for				
	2 of 2 sampled (Resid	dents # 1 and #3) with				
	medications prescribe panic attacks.	ed for anxiety disorder and				
	The findings are:					
	1. Review of the curr	rent FL-2 dated 12/07/16 for				

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Division of	<u>of Health Service Regu</u>	lation				
	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMIT LETED	
			B WING	B. WING		
		FCL017026	B. WING		07/27/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
L & L FAN	IILY CARE		IANDLER MILL R	OAD		
		PELHAN	M, NC 27311			
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE	
TAG	NEGOLATORI ORI	ESC IDENTIF THO INFORMATION)	TAG	DEFICIENCY)	NATE 57.12	
C 367	Continued From page	e 4	C 367			
	Resident #1 revealed					
	- Diagnoses of Anxiet	-				
	- Admission date was	s 2/11/13. for Alprazolam 0.25mg at				
	bedtime. (Used to tre					
	bodimo. (Good to tro	at an motific				
	Review of Resident #	1's medication on hand				
	revealed:					
	- Alprazolam 0.25mg administration.	was available for				
		oble card had medications				
	left on the card.	obic dara nad medications				
	- There was no date	written on the card to				
		card of Alprazolam was				
	started to be administ	tered.				
	Review of the June 2	016 and July 2016				
		ation records revealed				
		vas listed and was initialed evening at 8 p.m. for both				
	months.	revening at 6 p.m. for both				
	Review of the Reside	nt #1's Record revealed:				
		ed medication substance				
	, ,	6 - April 2016 in the record.				
	<ul> <li>The control substar</li> <li>June 2016 were not f</li> </ul>	nce logs for July 2016 and				
		stance logs were provided				
		nd had a printed area with				
	the name of the medi	cation and dosage and how				
	many tablets were dis					
	_	ature documented out of the				
	- There was no docu	ed substance Alprazolam. mentation of the				
		medication on any of the				
	logs found in the reco					
	Interview on 7/27/16					

Co-Administrator revealed:

- Both he and the Administrator had been

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X4) ID PROVIDER OR SUPPLIER  (X4) ID PELHAM, NC 27311  (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  (X5) MULTIPLE CONSTRUCTION  (X6) MULTIPLE CONSTRUCTION  (X7) MULTIPLE CONSTRUCTION  (X6) B. WING  (X7) MULTIPLE CONSTRUCTION  (X7) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X4) ID PROVIDER: SIDE SURVEY COMPLETED  (X4) ID SURVEY COMPLETED  (X4) ID SURVEY COMPLETED  (X4) ID SURVEY COMPLETED  (X5) DATE SURVEY COMPLETED  (X5) DATE SURVEY COMPLETED  (X5) DATE SURVEY COMPLETED  (X5) DATE SURVEY	Division (	of Health Service Regu	lation			FORM	1 APPROVED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3023 CHANDLER MILL ROAD PELHAM, NC 27311   (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  C 367  STREET ADDRESS, CITY, STATE, ZIP CODE  3023 CHANDLER MILL ROAD PELHAM, NC 27311  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COME COME COME COME COME COME COME COM	STATEMEN <sup>*</sup>	EMENT OF DEFICIENCIES  (X1) PROVIDER/SUPPLIER/CLIA  (X2) MULTIPLE CONSTRUCTION  (X2) MULTIPLE CONSTRUCTION  (X3) PROVIDER/SUPPLIER/CLIA					
L & L FAMILY CARE  3023 CHANDLER MILL ROAD PELHAM, NC 27311  (X4) ID PREFIX TAG  C 367  C 367  C 367  C 367  C 367  C 367  C 368 Administering the Alprazolam at bedtime for			FCL017026	B. WING		07/2	7/2016
PELHAM, NC 27311  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 367 Continued From page 5 administering the Alprazolam at bedtime for				, ,	,		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 367 Continued From page 5 administering the Alprazolam at bedtime for (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	L & L FAN	WILY CARE	PELHAM,	NC 27311			
administering the Alprazolam at bedtime for	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
Resident #1.  - He did not know the controlled substance logs were to be filled out to ensure an easily retrievable reconciliation of controlled substances.  - "I thought they were extra sheets."  - The pharmacist who came to the facility never told them about the forms.  - The were not controlled substance logs to documental receipt and administration have never completed those forms.	C 367	administering the Alpi Resident #1.  - He did not know the were to be filled out to retrievable reconciliat substances.  - "I thought they were - The pharmacist who told them about the for- - The were not control documental receipt an	razolam at bedtime for e controlled substance logs o ensure an easily cion of controlled e extra sheets." o came to the facility never orms. olled substance logs to nd administration have	C 367			

2. Review of the current FL-2 dated 4/07/16 for Resident #3 revealed:

substances had been received, administered and

and Resident #3's prescribed controlled

- Diagnoses of Unspecified Psychosis, Hypertension and Gastro-Esophageal Reflux Disorder.
- Admission date was 3/02/99.

easily reconciled.

- Medication orders for Clonazepam 0.5mg twice daily. (Used to treat anxiety.)

Review of Resident #1's medication on hand revealed:

- Clonazepam was available for administration.
- The medication bubble card had medications left on the card.
- There was no date written on the medication bubble card to determine when the card of Clonazepam was started to be administered.

Review of the June 2016 and July 2016 medication administration records revealed Clonazepam 0.5mg twice daily was listed and was initialed as administered each at 8 a.m. and

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	of Health Service Regu		(/(0)	CONCEDUCTION	(VO) DATE OUR! (E)
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
. =			A. BUILDING: _		
			D WING	B. WING	
		FCL017026	D. WING		07/27/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
LOLFAN	III V CADE	3023 CH	ANDLER MILL R	OAD	
L & L FAN	IILY CARE	PELHAM	, NC 27311		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(/
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
iAO		,	IAG	DEFICIENCY)	
C 367	Continued From page	. 6	C 367		
C 301			0 307		
	8 p.m. for both month	S.			
	Davious of the Decide	nt #2's Depart revealed:			
		nt #3's Record revealed: rrent completed controlled			
		sident #3's Clonazepam			
	0.5mg medication.				
	- There was no docu	mentation of the			
		medication on any of the			
	logs found in the record.				
	- The controlled subs	stance logs had been armacy and had a printed			
		f the medication and dosage			
		s were dispensed (#30).			
	_	ature documented out of the			
		ed substance Clonazepam.			
		. with the Co-Administrator			
	at 1:30 a.m. revealed				
	- Both he and the oth				
		nazepam for Resident #3. the controlled substance			
		out to ensure an easily			
	retrievable reconciliat	•			
	substances.				
	- "I thought they were				
		other monitors who came to			
		them about the forms.			
	- We have never con	ipietea tnose forms.			
	It was not able to be	determined if Resident #1's			
	and Resident #3's pre				
	•	received and administered			
		the controlled substance			
	logs not being comple	eted.			

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