



PRINTED: 09/14/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER
L & L FAMILY CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**3023 CHANDLER MILL ROAD
PELHAM, NC 27311**

(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 7/27/16.	C 000		
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current 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 of the resident; and (4) documenting the activities in Subparagraphs (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 Licensed Health Professional Support (LHPS) Review was completed for two of two residents (#2 and #4) with diagnoses of Diabetes Mellitus and personal care tasks of fingerstick blood sugar checks.	C 254	<p>Telephone addendum to Administration on 10/25/16 revealed:</p> <ul style="list-style-type: none"> • Administrator will: Secure a nurse for LHPS task reviewed on a quarterly basis. • All resident records will be reviewed for any of the 28 LHPS tasks that were current. • All physician notes will be reviewed for new orders of LHPS tasks. • Newly ordered tasks or developed tasks, the Administrator will ensure the nurse reviews the resident within 30 days & then quarterly. • A calendar will be used to ensure nurse visits are timely. <p>DOC 9/10/16. K Miller</p>	

Division of Health Service Regulation

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

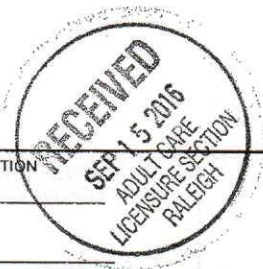
6889

10F11

If continuation sheet 1 of 7

Lucy Hairston 10-26-16

10/25/16 Reviewed & Accepted by Addendum Km.



PRINTED: 08/14/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER L & L FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3023 CHANDLER MILL ROAD PELHAM, NC 27311
---	--

(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 7/27/16.	C 000		
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current 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 of the resident; and (4) documenting the activities in Subparagraphs (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 Licensed Health Professional Support (LHPS) Review was completed for two of two residents (#2 and #4) with diagnoses of Diabetes Mellitus and personal care tasks of fingerstick blood sugar checks.	C 254	A Nurse has been contact.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
---	-------	-----------

9/16/16 T.C. Administrator - not accepted - K Miller
10/25/16 NO POC received as planned - T.C. Administrator - see addendum to
10/26/16 JG/MLA

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER L & L FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3023 CHANDLER MILL ROAD PELHAM, NC 27311
---	--

(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 254	<p>Continued From page 1</p> <p>The findings are:</p> <p>1. Review of the current FL-2 for Resident #2 dated 3/22/16 included:</p> <ul style="list-style-type: none"> - Diagnoses of Diabetes Mellitus, Hypertension. - Physician orders for Fingerstick Blood Sugar (FSBS) checks were to be obtained daily. - Diabetic control medication included Metformin 500mg daily. <p>Review of Resident #2's record revealed an order dated 7/25/16 to discontinue the Metformin. (Used to control blood sugar) as her values on FSBS had been low.</p> <p>Interview on 6/27/16 at 11:34 a.m. with Resident #2 revealed:</p> <ul style="list-style-type: none"> - The resident had been feeling well but had recently had a problem with her FSBS being low. - She had no had any low blood sugar symptoms. - The resident takes her own FSBS checks daily. - The physician had taken her off of her diabetic medication (Metformin) yesterday 7/25/16, and she was to recheck lab work to see how the FSBS range was without the Metformin. - She does not have any problems with her feet and there were no sores. - She could not remember the nurse coming to the facility to see her about her diabetes and FSBS checks. <p>Review of the FSBS results on Resident #2's glucose meter revealed:</p> <ul style="list-style-type: none"> - The glucose meter did not show the FSBS results. - The Administrator removed the battery and replaced it and it still did not show accurate FSBS results. - The glucose meter then began to work properly 	C 254	<p><i>B/S has been checked daily. Between 89+90</i></p> <p><i>NO NURSE came to facility for diabetes, but was checked at Doc. office #2</i></p> <p><i>A new battery has been replaced #2</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER L & L FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3023 CHANDLER MILL ROAD PELHAM, NC 27311
---	--

(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 254	<p>Continued From page 2</p> <p>and showed FSBS checks from 7/20/16 - 7/22/16 ranged from 84 - 96.</p> <p>Interview on 7/27/16 at 3:40 p.m. with the Administrator revealed:</p> <ul style="list-style-type: none"> - 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. <p>Refer to interview on 7/27/16 at 3:40 p.m. with the Administrator.</p> <p>2. Review of the current FL-2 for Resident #4 dated 5/20/16 included:</p> <ul style="list-style-type: none"> - Diagnoses of Diabetes Mellitus, and Alzheimer's Disease. - Physician orders for Fingerstick Blood Sugar (FSBS) checks were to be obtained 3 times per week. <p>Review of the record for Resident #4 revealed:</p> <ul style="list-style-type: none"> - 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. <p>The resident was not able to be interviewed based on diagnosis.</p> <p>Refer to interview on 7/27/16 at 3:40 p.m. with the</p>	C 254	<p><i>The new battery is working fine</i></p> <p><i>A LHPS has been documented</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2016
NAME OF PROVIDER OR SUPPLIER L & L FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3023 CHANDLER MILL ROAD PELHAM, NC 27311		
(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 254	Continued From page 3 Adminsitrator. Interview on 7/27/16 at 3:40 p.m. with the Administrator revealed: - A nurse had not been 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 254		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to assure a readily retrievable record of controlled substances by documenting the receipt and administration of controlled substances in the residents' record for 2 of 2 sampled (Residents # 1 and #3) with medications prescribed for anxiety disorder and panic attacks. The findings are: 1. Review of the current FL-2 dated 12/07/16 for	C 367	<i>Controlled substance is being recorded</i> <i>10/31/16</i> <i>C 367. Telephone addendum to Administrator</i> <i>• Have pharmacy send control logs for each controlled substance administered in the facility.</i> <i>• The administrators will check 82 hrs for 1 month then monthly to ensure logs</i>	

are documented correctly + ✓ reconciliation of the administrations
Khulis
Doc 9/10/16.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER L & L FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3023 CHANDLER MILL ROAD PELHAM, NC 27311
---	--

(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 367	<p>Continued From page 4</p> <p>Resident #1 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of Anxiety and Dementia. - Admission date was 2/11/13. - Medication orders for Alprazolam 0.25mg at bedtime. (Used to treat anxiety.) <p>Review of Resident #1's medication on hand revealed:</p> <ul style="list-style-type: none"> - Alprazolam 0.25mg was available for administration. - The medication bubble card had medications left on the card. - There was no date written on the card to determine when the card of Alprazolam was started to be administered. <p>Review of the June 2016 and July 2016 medication administration records revealed Alprazolam 0.25mg was listed and was initialed as administered each evening at 8 p.m. for both months.</p> <p>Review of the Resident #1's Record revealed:</p> <ul style="list-style-type: none"> - There were controlled medication substance logs for January 2016 - April 2016 in the record. - The control substance logs for July 2016 and June 2016 were not found in the record. - The controlled substance logs were provided from the pharmacy and had a printed area with the name of the medication and dosage and how many tablets were dispensed (#30). - There was no signature documented out of the receipt of the controlled substance Alprazolam. - There was no documentation of the administration of the medication on any of the logs found in the record. <p>Interview on 7/27/16 at 1:30 p.m. with the Co-Administrator revealed:</p> <ul style="list-style-type: none"> - Both he and the Administrator had been 	C 367	<p><i>will sign control substances in the future</i></p>	
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2016
NAME OF PROVIDER OR SUPPLIER L & L FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3023 CHANDLER MILL ROAD PELHAM, NC 27311		
(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 367	Continued From page 5 administering the Alprazolam at bedtime for 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. It was not able to be detrimined if Resident #1's and Resident #3's prescribed controlled substances had been received, administered and easily reconciled. 2. Review of the current FL-2 dated 4/07/16 for Resident #3 revealed: - Diagnoses of Unspecified Psychosis, Hypertension and Gastro-Esophageal Reflux Disorder. - Admission date was 3/02/99. - 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	C 367	will do in the future	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER
L & L FAMILY CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**3023 CHANDLER MILL ROAD
PELHAM, NC 27311**

(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 367	<p>Continued From page 6</p> <p>8 p.m. for both months.</p> <p>Review of the Resident #3's Record revealed:</p> <ul style="list-style-type: none"> - There was not a current completed controlled substance log for Resident #3's Clonazepam 0.5mg medication. - There was no documentation of the administration of the medication on any of the logs found in the record. - The controlled substance logs had been provided from the pharmacy and had a printed area with the name of the medication and dosage and how many tablets were dispensed (#30). - There was no signature documented out of the receipt of the controlled substance Clonazepam. <p>Interview on 7/27 a.m. with the Co-Administrator at 1:30 a.m. revealed:</p> <ul style="list-style-type: none"> - Both he and the other Administrator administered the Clonazepam for Resident #3. - They 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 or other monitors who came to the facility never told them about the forms. - We have never completed those forms. <p>It was not able to be determined if Resident #1's and Resident #3's prescribed controlled substances had been received and administered as ordered based on the controlled substance logs not being completed.</p>	C 367	<p><i>The control logs will be signed in the future</i></p> <p><i>The mars was sign but not the controlled substance, but will be sign in the future</i></p>	