STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		FCL012045	B. WING		02	/06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
PERKINS	FAMILY CARE		INNYSIDE DRIVE			
			NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI) CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	The Adult Care Licer annual survey on Fe	nsure Section conducted an bruary 6, 2018.				
C 342	10A NCAC 13G .100 Administration	04(j) Medication	C 342			
	10A NCAC 13G .1004 (j) Medication Administration  10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).					
	2/16/17 revealed: -Diagnoses included bipolar and hyperthy -An order for Humuli and to hold if finger s 110 (a medication us sugar in the blood).	#1's current FL 2 dated insulin dependent diabetes,				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING				
FCL012045		B. WING		02/06/2018		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
PERKINS	FAMILY CARE		INYSIDE DRIVE			
		MORGAN	ITON, NC 28655	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
C 342	Continued From page 1		C 342			
	hold if FSBS is < 110					
		R 12 units at dinner, and to				
	hold if FSBS is < 110.	40 units at bedtime, and to				
	hold if FSBS is < 110.					
	Review of Resident #	1's subsequent order dated				
	11/14/17 revealed:	To caboquom oraon aatou				
	-An order to D/C Humulin R 25 units every					
	morning, and to hold if FSBS is < 110.					
	-An order to continue Humulin R 10 units at lunch, and to hold if FSBS is < 110.					
	-An order to continue Humulin R 12 units at					
	dinner, and to hold if					
	-An order continue Lantus 40 units at bedtime,					
and to hold if FSBS is		s < 110.				
	<ul> <li>1. Review of Resident #1's December 2017 MAR revealed:</li> <li>-An entry for Humulin R 10 units at lunch, and to hold if FSBS is &lt; 110.</li> <li>-An entry for Humulin R 12 units at dinner, and to hold if FSBS is &lt; 110.</li> </ul>					
		ons the Humulin R was				
		nistered with FSBS < 110, S 92, 12/10 at 4:30 pm				
		30 pm FSBS 99 and 12/31				
	at 4:30 pm FSBS 103	•				
	Review of Resident #1's January 2018 MAR					
	revealed:					
	-An entry documented as Humulin R 10 units at					
	lunch, and to hold if FSBS is < 110.  -An entry documented as Humulin R 12 units at dinner, and to hold if FSBS is < 110.					
	-There were 4 entries					
administered with FSBS < 110, (1/2 at 4:30 pm FSBS 93, 1/10 at 4:30 pm FSBS 101, 1/11 at 4:30 pm FSBS 106, and 1/22 at 4:30 pm FSBS 86).		BS < 110, (1/2 at 4:30 pm				

Division of Health Service Regulation

STATE FORM 6899 YZ4111 If continuation sheet 2 of 5

DIVISION	of Health Service Regu	liation			T		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	A. BUILDING:				
FCL012045		B. WING		02/06/2018			
		1	1		1 OZIOSIZOTO		
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT	FE, ZIP CODE			
PERKINS	PERKINS FAMILY CARE  2015 SUNNYSIDE DRIVE						
		MORGA	NTON, NC 28655				
(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			
IAG	REGOLATORY OR	EGO IDENTII TING INI GRAVATION,	IAG	DEFICIENCY)	WAIL		
C 342	Continued From page	e 2	C 342				
	Review of Resident #	1's February 2018 MAR					
	revealed:	•					
	-An entry documente	d as Humulin R 10 units at					
	lunch, and to hold if F						
	· ·	d as Humulin R 12 units at					
	dinner, and to hold if	FSBS is < 110.					
	-There was 1 entry do	ocumented as administered					
	with FSBS < 110, (2/2	2 at 4:30 pm FSBS 103).					
	2. Review of Residen	it #1's December 2017 MAR					
	revealed:						
	· · · · · · · · · · · · · · · · · · ·	us 40 units at bedtime, and					
	to hold if FSBS is < 1						
	-There was 1 occasion						
		nistered with FSBS < 110,					
	(12/6 at 8:00 pm FSB	3S 104).					
		0040 144 D					
		1's January 2018 MAR					
	revealed:	d as Lantus 40 units at					
	bedtime, and to hold						
	i i	ocumented as administered					
	_	14 at 8:00 pm FSBS 91).					
		a. o. oo p obo o i j.					
	Review of Resident #	1's February 2018 MAR					
	revealed:	,					
		d as Lantus 40 units at					
	bedtime, and to hold						
	-There were no entrie	es documented as					
	administered with FS	BS < 110.					
Interview on 2/6/18 with a Medication Aide (MA)							
	at 11:20 am revealed						
	-She was hired as a I						
		esident #1 insulin only at					
		ne only worked 1st shift.					
		e order to hold the insulin for					
		eld the insulin for all FSBS <					
	110.						

Division of Health Service Regulation

-She always called the physician with a FSBS <

STATE FORM 6899 YZ4111 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		FCL012045	B. WING		02	2/06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PERKINS	FAMILY CARE	2015 SU	NNYSIDE DRIVE			
PERKINS	PAINIEI CARE	MORGA	NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 342	Continued From page 3  110 because most of the time it was because it was < 60 and required OJ and peanut butter and to get any new orders.  -She is was responsible for auditing the MARs for order accuracy after she received them from the pharmacy.  -She did not review the MARs for holes, or documentation errors.  Telephone interview on 2/6/18 with a second MA at 11:45 am revealed:  -She was hired as a live in Supervisor-in-Charge (SIC) 3/4/16.  -She was responsible for giving administering Resident #1 her insulin at 4:30 pm and at 8:00 pm.  -She was aware of the order to hold the insulin for a FSBS < 110.  -She notified the physician about FSBS < 60 because it required her to give OJ and peanut butter to get further orders.  Interview on 2/6/18 with Resident #1's physician		C 342			
	her of the insulin beir dates and times as w there was an issue w	t:  Id when the facility notified  In held for the mentioned  If leas other dates and time  If leas dent #1's FSBS.  If stable with her diabetes.				
	all of the MARs for ac -She expected the st document on the MA -The physician would	5 pm revealed: us responsible for checking ccuracy, holes and refusals. aff to follow the orders and R as such.				

Division of Health Service Regulation

STATE FORM YZ4111 If continuation sheet 4 of 5

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		FCL012045	B. WING		02	/06/2018		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
PERKINS	PERKINS FAMILY CARE 2015 SUNNYSIDE DRIVE MORGANTON, NC 28655							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
C 342	Continued From page the physician.	4	C 342					
1								

Division of Health Service Regulation

STATE FORM 6899 YZ4111 If continuation sheet 5 of 5