PRINTED: 02/15/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: LASURE SECTION R"LEIGH FCL012045 02/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2015 SUNNYSIDE DRIVE **PERKINS FAMILY CARE** MORGANTON, NC 28655 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments 0.000The Adult Care Licensure Section conducted an annual survey on February 6, 2018. C 342 10A NCAC 13G .1004(j) Medication C 342 All Staff had a class Administration One Documentation and Accuracy of the MARS it was taught 10A NCAC 13G .1004 Medication Administration (i) The resident's medication administration record (MAR) shall be accurate and include the following: 2-22-18 (1) resident's name:

Reading of Accurand
the Documation onto, (5) reason or justification for the administration of medications or treatments as needed (PRN) and the same Treatment Sheet. documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of A MAR Review will be medications or treatments and the reason for the Done Monthly by the omission, including refusals; and (8) name or initials of the person administering owner, Admiaster, or by our consulting RN Leslie Austin 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). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure accurate documentation on the Medication Administration Record (MAR) for 1 of 3 sampled residents regarding (Resident #1) receiving Humulin R insulin a medication used for lowering levels of

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sugar less than 110.

sugar in the blood and a hold order for a blood

(2) name of the medication or treatment order: (3) strength and dosage or quantity of

(4) instructions for administering the medication

medication administered;

or treatment:

by a R.N. on 2-22-18,

Also we Changed the

3-2-18

STATE FORM

If continuation sheet 1 of 5

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at 4:30 pm FSBS 103).

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dates and times as well as other dates and time

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