Division of Health Service Re	gulation				FQ	RM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/C	IA.	(X2) MULTIF	LE CONSTRUCTION	Town have	E SURVEY
MAD PEAR OF CORRECTION	IDENTIFICATION NUMBER	3 R:		à:		PLETED
	FCL017022		B. WING		, a	1/20/2018
NAME OF PROVIDER OR SUPPLIER		STREET A	ODRESS, CITY, S	TATE ZIP CODE		HEULEUIO
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D & H FAMILY CARE HOME		9	NC 27305	JAD		
(X4) ID SUMMARY	STATEMENT OF DEFICIENCIES	Andread a Balling and American	l ID	PROVIDER'S PLAN OF CORRI	ECTION	(X5)
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C 000 Initial Comments			C 000			The state of the s
The Adult Care Lice annual survey on S	onsure Section conducted eptember 20, 2018.	en	ļ			i
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C 074! 10A NCAC 13G .03 Furnishings	15(a)(1) Housekeeping a	ıd	C 074			
10A NCAC 13G .03	15 Housekeeping And					
Furnishings						i
(a) Each family care (1) have walls collin	e nome shall:					
coverings kept clear						:
	y to new and existing hom	es.	1			İ
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This Rule is not mel	t at avidanced him					ļ
Based on observation	ons and interviews, the fac	ility	}			1
failed to assure the	walls, ceilings and floors	ere ere				i
kept clean and in go	od repair in the living room	٦,	}	1		
kitchen, bathroom, a	nd resident bedroom door	s.				
The findings are:	A	•	:			r !
Observation of the ki	itchen on 09/20/18 at 9:45	em		With law as whenton	54x:0	1.01 -1.00
revealed:			!	Kitchen countertop	. v. i.j	10/25/18
-There was an area	approximately 8-feet by		:			İ
was missing, exposir	edge of the countertop th	at		should be in and co	mpleted	İ
-There was a crack in	n the linoleum flooring		1	pd 10/82118 -		ļ
approximately 8-inch	es in length; the lincleum			1 : 1011 1100	1	į
flooring was raised o	n each side of the hole.			Linoleum was orde	redon	10/05/18
A 1				10/17/18 for Kitchen	+100r.	
	athroom to the left of the			It should be in an	d Complete	4
revealed:	e on 09/20/18 at 9:57am			ph 10/22/18.		
There was a hole in	the linoleum flooring			Lingleum was order	madan	. اس و ر
	es by 4-inches exposing ti	ne er		Toli7/18 for bothroom	na flann	10/25/18
 wood flooring, 		-		It should be in and	CONDUCTION.	
-The caulking around	the bathtub was stained			EU 10/25/18		
sion of Health Service Regulation DRATORY, DIRECTOR'S OR PROVIDERA	P14551 IES SEGOTOTION -		***************************************	7	······································	
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Reviewed and accepted with addendums
10/22/18-Xathy thay
(addendums page #5, #8, #15)

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CUA SYATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A. BUILDING: B. WING FCL017022 09/20/2018 NAME OF PROVIDER OR SUPPLIER TREET ADDRESS, CITY, STATE, ZIP CODE 111 YARBOROUGH ROAD D& H FAMILY CARE HOME MILTON, NC 27305 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FUL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 074 Continued From page 1 C 074 Caulking has been removed 10/18/18 and replaced with new with black mildew. -There were two areas on the wall behind the kink cauk in bathroom#1. that had been patched, but had not been painted, Patches were painted on 10/17/18 in both room #1. 10/17/18 -The toilet paper holder had been installed with the opening turned to the outside of the fixture. prohibiting the holder to be inserted into the The toilet paper holder fixture that would hold the tollet paper in place. 10/18/18 has been installed correctly Observation of the living room ceiling on 09/20/18 at 10:00am revealed the ceiling had cracked All ceilings were repaired 10/19/18 plaster that extended from the hallway into the on 10/19/18. living room that was approximately 8-feet in length by 2-inches wide. Observation of the doors to the right of the fadility The doors that had holes 10/18/18 entrance on 09/20/18 at 10:01am revealed: -There were three doors that had holes patched: were repaired and painted. the patched areas had exposed holes and had not been sanded or painted. The doors were painted that were discolored. -The paint was worn away around the door handles and the edge of the doors exposing wood; the doors had multiple areas that were discolored. The bedroom doors were 10/18/18 Observation of the hallway to the left of the facility entrance on 09/20/18 at 10:33am revealed three painted. bedroom doors with worn paint, leaving the doors discolored. Interview with a Supervisor-in-charge (SIC) or 09/20/18 at 10:22am revealed: -He cleaned every day; he washed the doors at least once a week. -The maintenance person had patched the doors but had not finished the repairs; he could not recall when the doors had been patched. -He knew the toilet paper dispenser was installed incorrectly, and the spool could not be used to hold the tollet paper in place because the holder was turned in the wrong direction.

Division of Health Service Regulation STATE FORM

Division	of Health Service Regu	lation				FOR	M APPROVED
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	off to fix it but had not	been able to get it loos	BIL		caulk in bathroom +	b] ,	!
197	-He had noticed the ca	sulking was stained; he	tod		Patches were painte	-) ("\0	red rates
ì	tried to clean it with ble	each, but the stain would	iệU i		1		10(11(18
	not come off.	See of the stone would	1		10/17/18 in bathroom#	1.	i i
	-He had noticed the de	maged linoleum; it was	j				
	supposed to be replac	ed, but the maintenance			The toilet paper hold	or	10 18/18
į	person had not finishe	d; he did not know when	į		• •		
ļ	the maintenance person	n was scheduled to ret	irn.		has been installed con	rectly.	,
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		all how long it had been	1		All ceilings were rep	beined	minute
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celling; part of it had been repaired, but there was still an area that needed to be fixed. -She knew the kitchen cabinets needed to be repaired; the maintenance person had measured the missing counter top but had never returned to replace the missing countertop. -She knew there was a split in the kitchen linoleum; she did not recall how long it had been split. -The home was showing a lot of age and things needed to be repaired; they had been in the facility since 1993. -She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18). -The landlord was sending out a maintenance	}							1
still an area that needed to be fixed. She knew the kitchen cabinets needed to be repaired; the maintenance person had measured the missing counter top but had never returned to replace the missing countertop. She knew there was a split in the kitchen linoleum; she did not recall how long it had been split. The home was showing a lot of age and things needed to be repaired; they had been in the facility since 1993. She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18). The landlord was sending out a maintenance	ļ							
-She knew the kitchen cabinets needed to be repaired; the maintenance person had measured the missing counter top but had never returned to replace the missing countertop. -She knew there was a split in the kitchen linoleum; she did not recall how long it had been split. -The home was showing a lot of age and things needed to be repaired; they had been in the facility since 1993. -She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18). -The landlord was sending out a maintenance				yes	<u>}</u>			1
repaired; the maintenance person had measured the missing counter top but had never returned to replace the missing countertopShe knew there was a split in the kitchen linoleum; she did not recall how long it had been splitThe home was showing a lot of age and things needed to be repaired; they had been in the facility since 1993She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18)The landlord was sending out a maintenance	}				1			ł
the missing counter top but had never returned to replace the missing countertop. -She knew there was a split in the kitchen linoleum; she did not recall how long it had been split. -The home was showing a lot of age and things needed to be repaired; they had been in the facility since 1993. -She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18). -The landlord was sending out a maintenance				ed				į
replace the missing countertopShe knew there was a split in the kitchen linoleum; she did not recall how long it had been splitThe horne was showing a lot of age and things needed to be repaired; they had been in the facility since 1993She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18)The landlord was sending out a maintenance								ì
linoleum; she did not recall how long it had been split. -The home was showing a lot of age and things needed to be repaired; they had been in the facility since 1993. -She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18). -The landlord was sending out a maintenance		The section of the se	2		i			ı
split. -The home was showing a lot of age and things needed to be repaired; they had been in the facility since 1993. -She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18). -The landlord was sending out a maintenance		-She knew there was	a split in the kitchen		1			
-The home was showing a lot of age and things needed to be repaired; they had been in the facility since 1993She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18)The landlord was sending out a maintenance			recall how long it had be	∍n	<u> </u>			:
needed to be repaired; they had been in the facility since 1993. -She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18). -The landlord was sending out a maintenance			فعالمة اسم دفر قم في استان	_	1			ì
facility since 1993, -She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18)The landlord was sending out a maintenance		E TONOGRAD NON REGISTRA OF THE TRACES, TON THE R		23				
-She had attempted to call the landlord multiple times, but he never returned her call until today (09/20/18)The landlord was sending out a maintenance			a, atoy had book in alo		i	i		ļ
times, but he never returned her call until today (09/20/18). -The landlord was sending out a maintenance			to call the landlord multipl	8	i			
-The landlord was sending out a maintenance	3					•	•	İ
						: 1.		ļ
norcos to work on repaire header in the normaline :				44		İ		i
			pairs needed in the home	me				
week of 09/24/18).	31	week or u9/24/18).						1
Telephone interview with the landlord on 09/29/18		Telephone interview	with the landlord on 09/20	/18				1
at 2:27pm revealed:					İ			1
-He was responsible for the building, including			for the building, including					
maintaining the facility.	1	maintaining the facili	ty.					
-He was sending out a maintenance person next				ext				
week (the week of 09/24/18).			9/24/18).		<u> </u>	<u> </u>		1

TUI211

Division	of Health Service Requ	ulation				FOR	M APPROVED
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C. IDENTIFICATION NUMBE	A	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	PUDUCY
	T T T T T T T T T T T T T T T T T T T	INEM ILICATION NOMBE	Ť	A. BUILDING:	description of the property of the second of		LETED
		FCL017022		B. WING			
NAME OF P	ROVIDER OR SUPPLIER	The state of the s	TOTOTAN			09/	20/2018
1			11	DRESS, CITY, ST B OROUGH RO			
D&HFAI	WILY CARE HOME		HILTON, N		AD		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		l ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INPORMATION		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(XS) COMPLETE
		M33444		100	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	JAIE	DATE
C 074	Continued From page	14		C 074		***************************************	
		ay area, but he tried to di	a				
	lot of the repairs.						1
	natch the doors; some	ing a maintenance personations for things that are	1				
	Wear and tear, the fac	ility would take care of it.					
	-He was not aware the	inoleum needed to be					
	repaired; he would ha						
:	maintenance person.	- f-Maria					
		s kitchen countertop nee ald have it looked at by th					
• •	maintenance person.	ins have a looked by b					·
		e plaster on the ceiling w	BS				
	cracking; he would ha	ve It looked at by the					!
1	maintenance person.	Administrator several tim					;
		ded to be done, includin					
	cutting trees back and	pressure washing; he	ı				
	could not recall any ot	her maintenance needs					
		r when he last talked to t	er				
	Administrator.						
C 112	10A NCAC 13G .0318	(a) Outside Premises		C 112			
	10A NCAC 13G .0318	Outside Premises					
		ds of new and existing					
:		ill be maintained in a cle	an	j			
	and safe condition.			<u>}</u>			
				! !			
	This Rule is not met a	s evidenced by:		! ;	The metal railing S	hould	10/31/18
	125	s and interviews the faci	ty	į	ine inerval	Ju¢r	
!		tside rear cement deck			be repaired by 1013	// 10	
!	metal railing was kept	in sate condition.			- 41 Md - 5 - 5-1 mlar	-isil(
٠	The findings are:			į .	Note vivide monthly (Outside premises to a everything is in good Order & Safe.	200	
!				į	a find	, UI	· .
	Observations of the re				Outside premises to	enster	۷
	09/20/18 at 10:29 am i -There was a black me				everything is in good	Word	<i>ร์ก</i> ร
	TOOLS THE R DICHER HIE	rea raining around the			Order & Rale.		/
division of Hea	ith Service Regulation			The second secon			

TUI211

Division of Health Service Re	quiation	İ			PRINT	ED: 10/01/201
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERISHED ICA	CUA	NOS LUCE		FO	RM APPROVE
-2/4/2014	IDENTIFICATION NUM	ER:	(X2) MULTII	PLE CONSTRUCTION	(X3) DAT	E SURVEY
		3	A. BUILDING	3:		PLETED
	FCL017022	1				
NAME OF PROVIDER OR SUPPLIER	102011022		B. WING		1	
STATE OF THE STATE OF STATE OF STATE OF THE		STREETA	DDRESS, CITY, \$	TATE SID CASE	09	/20/2018
D& H FAMILY CARE HOME		1111 VAR	BOROUGH RO	AND THE CODE		
77		MILTON.	NC 27305	UAU		
(X4) ID SUMMARY S	STATEMENT OF DEFICIENCIES	Total Supplemental				
(CACH CERUEN	CY MIJOT DE DEIERERAN ALL.	L	PREFIX	PROVIDER'S PLAN OF CORRECT	TON	(X5)
I I	R LSC IDENTIFYING INFORMATION	N)	TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
C 112 C				DEFICIENCY)	PRIAIE	DATE
C 112 Continued From pag	j e 5		C 112]		
cement deck.			}	Administrator Called	l	10/5
	ing was broken at the lef		1	land land	•	10/31/18
corner of the cement	deck.			land lord on 9/20118	,	:
-The black metal rail	ing was attached to the b	بأجاد	İ	Landlord said the	black	r ·
façade of the house	with metal screws and th	I ICK	1	metal mailing	Charter	1
metal screws were ic	osened.	-	ł	in a full walling wall	اع بيء	
-The black metal raili	ng moved back and forth]	metal railing would repaired by 10/31/18		
with hand movement		i	}	7		[
-There were five chair	rs on the cement deck w	th		İ		: i
i their backs toward the	e loosened black metal		1			,
railing.			1			
totominus with a maid	and an Adlance		}			
i teksaled:	ent on 09/20/18 at 9:40 a	m	1			
i -The residents used to	ho soes sament due!		Ì		ļ	
sometimes.	ne real cement deck		1		[
-One of the residents	nicked up nute in Non		j j		į.	
backyard and used th	e cement deck to reach t	ha			j	<i>a</i>
backyard.	The second secon]		,	
			Ì			
Interview with another	resident on 09/20/18 at		}		3	
3:10 pm revealed:						
- The cement deck was	s used by some of the		; 1 i :		:	
· residents.]		ļ	
2017.	g has been loose since				:	
	used the cement deck to				}	
access the backyard to	o pick no oute				;	
-Other residents used	the coment deck to hang					
. clothes to dry.	as a summer ment to trail?					1
-The cement deck was	not used often, but she	į	I		;	
; did not recall the last t	ime she used the cemen				i	i
deck.		i	ĺ		į	j
har to the second		ļ	1		i	
	inistrator on 09/20/18 at		1 1		ž.	
10:20 am revealed:	ible fe				\$	į
outer structure of the f	oonsible for maintaining t	ne i			;	
	acılıry. 3 had been damaged for	1				
while, since 2017.	a waa naan dallisiisis jot	ti			i	
in of Health Service Regulation		<u>, </u>	<u>.</u>		1	

Division of Health Service Re	gulation				PRINT	ED: 10/01/2018
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIED	di ia			FOR	M APPROVE
THE SURVEY (ION	IDENTIFICATION NUMB	ER:	(X2) MULTI	LE CONSTRUCTION	(NA) O A	
			A. QUILDIN	5:	(X3) DATE	SURVEY
	Mm	1	1		-2111	
	FCL017022		B, WING			
NAME OF PROVIDER OR SUPPLIER		CTOS==			09	20/2018
D & H FAMILY CARE HOME		AIRED!	Address. City, 5	TATE, ZIP CODE		
		7111 YA	RBOROUGH R	DAD		
(X4) ID SUMMARY S		MILTON	, NC 27305			
PREFIX (EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FUL		lD .	PPOVIDENCE DI ALLA		
TAG REGULATORY OR	LEC IDENTIFYING INFORMATIO	N)	PREFIX	PROVIDER'S PLAN OF CORR	MINA	(X5)
			TAG	! VACAS-METERENCED TO THE API	PROPRIATE	COMPLETE
C 112 Continued From pag	a 6		···	DEFICIENCY)		I
			C 112		I CANADA	<u> </u>
-The damage to the I	olack metal railing was	Í		I'me black meta	I railing	10/3/118
Applying DA S (IOIIA IOS	ided with an anniance we	ina	Ì	Should he remi	l hi]
Dark our in the Latitud		9		The black meta Should be repair	sa na	ĺ
-The damaged railing	was reported to the		ĺ	10/31/18.	j	
iandioin (Mice Deloie	09/20/18		}	1	ĺ	
-She had difficulty col	ntacting the landlord and		}	! !	!	1
L Augusian messsides C	ORCEMING Reeded renals		ŧ		!	
: "One altempted to ext	plain to the landlord the		ļ		ļ	f
need for the repairs b	oth inside and outside of	he	(Ş	
racility,	į		İ		ſ	ŀ
-one planned to call the	re landlord to request the		1		1	1
deck.	tal railing on the coment		1		1	i
: 496%					1]
Interview with the In-	N3		1 1		į	i
revealed:	llord on 09/20/18 at 2:25	om				i
	the Administrator of the		1 [í	- 1
facility on 09/20/18 cor	The Administrator of the bla		1		Į	1
metal railing.	Icoming rebaining the pla	CK	1		Į.	1
! -He did not recall being	Tontartad provinces		1		İ	- 1
about the black metal i	ailing but it was possible		į l	•	į	1
-He was told that the ra	siling was damaged by th	-	[1
hurricane.	and administration by II	9)		i	ı
-He had contacted a m	ainténance nerenn to		i		į	
repair the black metal r	alling next week, 09/24/1	R.	1		Ī	1
		•	; }		;	
C 341i 10A NCAC 13G .1004 ((i) Martination				j	l
Administration	(i) Madication		C 341		ļ	1
i			: I			
. 10A NCAC 13G .1004 t	Medication Administration	1	!		i	ı
, and the same and	And a supplication of the	ì	ĺ		i	ľ
(I) The recording of the	administration on the	ļ			,	
medication administration	on record shall he by the	j	[i
staff person who admini	sters the medication	1	1		j	1
 Immediately following at 	dministration of the		ļ		1	
medication to the reside	nt and observation of the				t	1
resident actually taking i	the medication and prior	;	i			
to the administration of a	another resident's	İ			!	
medication. Pre-chanting	g is prohibited,	,	İ		į.	I
n of Health Service Regulation					1	
a variation Service Regulation						

Division of Health Service Regu	letion				PRINTED: 10/01/201
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB	CLIA ER:	(X2) MULTIF	PLE CONSTRUCTION	FORM APPROVE
			A BUILDING	3:	(X3) DATE SURVEY COMPLETED
	FCL017022		B. WING		
NAME OF PROVIDER OR SUPPLIER		STREET AC	DORESS, CITY, S	TATE TIP OF THE	09/20/2016
D & H FAMILY CARE HOME		1111 YAR	BOROUGH RO	DAN	
(X4) ID . SIMMADV STA		MILTON, I	NC 27305		
	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FUL SCIDENTIFYING INFORMATIO	N)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF	4 mar (04)
C 341 Continued From page	7		C 341	DEFICIENCY)	- DATE
This Rule is not met as Based on observations, interviews, the facility far Medication Administratificaccurate to include the Aide (MA) who administ of 3 sampled residents of 3 sampled residents. The findings are: 1. Review of Resident # 09/11/18 revealed: -Diagnoses included schnon-insulin dependent dieficiency, hypoxemia at There was an order for Milligrams (mg) daily. (Loused to treat high blood) There was an order for Mailligrams (mg) daily. (Loused to treat high blood) There was an order for Mailligram (Mailligram). There was an order for Mailligram (Palipericanti-psychotic medication—There was an order for Gat bedtime (Gemfibrozili is cholesterol.). There was an order for Stwo puffs daily (Symbicont COPD.). There was an order for Look Health Service Regulation	record reviews, and filed to assure the on Records (MARs) we initials of the Medication for the medication f	3		The person that part out medication will be checked off the mar sheet each the mar sheet each the mar sheet each the mar sheet each they are complete of	on by the will

Division of Health Service Reg STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIED	CLIA	(Y2) 1111 mm		FO	ED: 10/01/ RM APPRO
	IDENTIFICATION NUMBER	ER;	(X2) MULTIPLE	CONSTRUCTION	I (va) nav	The state of the s
			A. BUILDING: _		COM	E BURVEY PLETED
	FCL017022		8, WING			
NAME OF PROVIDER OR SUPPLIER		······································		,	00	(mn ma.s.
		STREETAL	DRESS, CITY, STAT	E, ZIP CODE	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/20/2018
& H FAMILY CARE HOME		1111 YAR	BOROUGH ROAL	D		
(X4) ID SUMMARY OF		MILTON,	NC 27305	-		
PREFIX (EACH DEFICIENCE	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	- management	ID 1	SCA Property	·	
TAG REGULATORY OR L	SC IDENTIFYING INFORMATION	- 4}	PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION)	ALIMIUM AM	(X5)
		•	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	COMPLE
C 341 Continued From page	8	**************************************	1000	Orthold (1)	44	j
1	1		C 341			
eye drops are used to	ye at bedtime (Latanopro	et				i. E
*There was an order for	or Spiriva 18mcg inhale					
; 1-capsule daily (Spiriv	of Spiriva 18mcg inhale		1			i
bronchospasm causer	by COPD and reduce					ļ
flare-ups of serious syl	motome /		1			
Ī	1]		j	
Review of the July 201	8, August 2018 and		[
September 2018 Medic	cation Administration					
records (MAKS) for Re	BSident #1 revealed and					
only stan initials docum	lented when medications		1		ļ	
were administered were	e the Administrator.	i			1	
into a day,					!	
interview with Resident	7#1 on 09/20/18 at				1	
11:42am revealed her r	nedications were	į			Î	
Aides (MA); she could r	ferent named Medication	1				
Administrator last admin	nistered her medications,	į	1		i	
:	instered her medications,	· [1		ļ	
Refer to interview with a	MA on 09/20/18 at 3:30		į		!	
pm.		ļ	j		:	
		1	1		ļ	
Refer to interview with a	second MA on 09/20/18	į	ļ			
at 3:56 pm.		ł	1		į	
Refer to Intravious was a	- Add	į	ļ			
Refer to Interview with the 19/20/18 at 3:45 pm.	ne Administrator on	}			ļ	
		1				
		1			1	
2. Review of Resident #	2's current FL+2 dated	;	ļ			
06/28/18 revealed:	§.	į			1	
-Diagnoses included seis	zure disorder, mental	1	! (£	
retardation, malignant hy	perthermia, and colifia	Ì				
-There was an order for	multi-vitamin one tablet		ļ		(
daily (used to treat vitem	in deficiency),					
-There was an order for a three tablets daily (used	to treat collet-	}			ţ	
-There was an order for	isinonti 10 ma aas	ì	j		į	
tobiot dalla (annula ta ta a	Hannobur in tild obe	1	1		i	
tablet daily (used to treat	(BVDerrension)		1			

Division (of Health Service Regu	ilation					FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CI		(X2) MULTIPL	E CONSTRUCTION	(2	(3) DATE S	URVEY
AIID LAN	or double light	IDENTIFICATION NUMBE	*	A. BUILDING:			COMPLE	ETED
		FGL017022		B. WING			09/2	0/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS. CITY, ST	ATE, ZIP CODE			
n d Li Cal	AILY CARE HOME			OROUGH RO	700 COP 10 01 POPPOSE			
DARFAR	HILT CARE NOME		MILTON, N	C 27305				
(X4) ID		ATEMENT OF DEFICIENCIES		ID.	PROVIDER'S PLAN OF			(3K)
PREFIX TAG		Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIO		PREFIX	(EACH CORRECTIVE ACT			COMPLETE DATE
					DEFICIENC	Y)	į	
C 341	Continued From page	9		C 341			:	
	tablet in the morning	(used to treat the imitabil	tv				i	
1		ychosis, schizophrenia,		1]			
1 :	bipolar disorder).			į			ł	
		for clonazepam 0.5 mg d	ne	1			J	
	tablet twice daily (use	id to treat seizures) . for calcium carbonate 50	n	1			į	
		aily (used to treat calcium		İ				
	deficiency).	any (source trout solicion					l i	
		for oxcarbazepine 300 m	9				:	
		(used to treat selzures)	***				i	
		for exybutynin CL ER 10 (used to treat overactive	mg	Ì			İ	
]	bladder).	(į	{		ŀ	
		for sucralfate 1 gm one		\$!				
		y (used to treat acid ref	ux	i i				
	and gastritis).	or creon DR 36,000 unit						
		nes daily with meals and	•					e e
	CANADA DE ARRONDO ESTADO DE PROCESO DE DE CANADA	ack (used to treat protein	n				-	
] .	enzyme deficiency).						İ	
:		for trazodone 50 mg one ed to treat depression).		ļ			ļ	
		for risperidone 4 mg one		İ			}	
	tablet at bedtime.			!	į			
:		for anti-diarrheal 2 mg tw			<u>!</u>		ĺ	
	contract and a second contract of the	liarrhea and one tablet w wet movements (used to	ith	1			Į	
	treat diarrhea).	wat umpatuatus (msan to		î Î			İ	
:	name and the state of			1			ļ	
	Review of July 2018.			!				
		Rs for Resident #2 reveal	ed	1				
	the only staff initials d medications were adr						:	
,	Administrator.						Ì	
!	n				1			
		is, record reviews, and fringer record reviews, and fringer record reviews, and fringer records record	net	:	<u> </u>		i	
	interviews it was dete	muldi Vasideni 45 As	Ιή					
				ĺ			:	
	Refer to Interview with	n a MA on 09/20/18 at 🕸	30				i	

_	Division	of Health Service Requ	<u>Jation</u>					PRINTE	D: 10/01/2018
	SINIEWE	NT OF DEFICIENCIES V OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER	CLIA ER:	(X2) MULT	TIPLE CONSTRUCTION		FORI	M APPROVED
	*		FCL017022			NG:		COMPL	ETED
	NAME OF	PROVIDER OR SUPPLIER	100017022		B. WING			กดเว	0/2018
1				STREET A	address, City.	STATE, ZIP CODE			.U/&U Q
Ľ	u & H PA	MILY CARE HOME		1111 YA	RBORQUGH F	CAOS			
	(X4) ID	. SUMMARY STA	TEMENT OF DEFICIENCIES	A A SA CASSAGE SALES	, NC 27305				
	PREFIX TAG		MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIO	T.	PREFIX	CROSS-REFERENCEL	AN OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIA	re	(XE) COMPLETE DATE
	C 341	Continued From page	10	, , , , , , , , , , , , , , , , , , , ,	C 341	DEF	CIENCY)	 	
	!	pm.						i	
		Refer to Interview with at 3:56 pm.	a second MA on 09/20	118				: ! !	
	! 	Refer to interview with 9 09/20/18 at 3:45 pm.	the Administrator on						
		3. Review of Resident # 11/30/17 revealed:						 	
	į	 Diagnoses included so uterus, obesity, hyperte There was an order for daily (used to treat vitan 	nsion, and allergies. therems-M one tablet	nal ,	· ·				
	i I	 There was an order for daily (used to treat hype 	lisinopril 20 mg one ta artension),		PIL.				
	:	-There was an order for mg one tablet daily (use -There was an order for	ed to treat hypertension	١.	1			\$	j
	-	tablet daily (used to trea -There was an order for	t allergies) . calcium 600 + D3 one	ııe					
	: 1	lablet twice dally (used t vitamin D3 deficiency).			-				
	i i	There was an order for inhale one spray into each	fluticasone prop 50 mo ch nostril twice daily	g				!	
	1 ((used to treat allergies). There was an order for	,					j	
	l t	ablet at bedtime (used to	o freat schizophrenia).						
	t	There was an order for i	Duproten 600 mg ane needed (used to treat		Ì	<u> </u>		•	
		nflammation). There was an order for r	medrożyprogesterone		<u>;</u>			i	1
	; 1	50 mg inject intramuscu	larly one milliliter even		l i				
	, <u>-</u> .'	hree months (used to tre There was an order for a	sudogest 30 mg one	٠	Ì	İ		,	
	: ta	ablet daily (used to treat	seasonal allergles).] : !			
	; a	There was an order for it is directed to affected an	iyuroconisone 1% appl ea three times daily as	y į				ļ	
	ח	eeded (used to treat dea	rmatitis).						ŀ
pior	of Health	Sanira Bouletine						:	ŀ

If continuation shoot 12 of 18

SIMIEMENT OF	ealth Service Regu					PRINT FO	ED: 10/01/201 RM APPROVE
AND PLAN OF CO	PRRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER	LIA R:	(X2) MULTIN	PLE CONSTRUCTION 9;	(X3) DAT	E SURVEY
		FGL017022		B. WING			
VAME OF PROVI	PER OR BUPPLIER		STREET ADD	DEAG AVE.		09	/20/2018
D& H FAMILY	CARE HOME		111 YARR	OROUGH R	TATE, ZIP CODE		
			ALTON, N	27305	OAD		
(X4) ID PREFIX TAG	COMMON DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEOED BY FUL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S) CROSS-REFERENCED TO THE AP	3010 D Am	(X6) COMPLETE DATE
C 341 Con	tinued From page	11		004	DEFICIENCY)		1
Rev Sep the c	ew of July 2018, A	ugust 2018, and s for Resident #3 reveal	o d {	C 341	The person that out medication wo off on the mars	sheet.	9/20/18
am n -The -The	evealed: steff administered	#3 on 09/20/18 at 9:40 medications to her. her medications to her			be checked off I mar sheet each	ou the	
pm. ! Refer	to interview with a	MA on 09/20/18 at 3:30	j				
at 3:5 Interv revea -Wher alway- sure if -She a did no at the admini Admini	lew with a MA on Cled: In the MA administers checked the MAF was the correct reflocumented administered medical initial the MAR befacility, officed the Administered the medical strator signed off the Administered the medical strator signed off the Administered the medical strator signed off the Administered the medical strator signed off the Administered the medical strator signed off the Administered the medical strator signed off the Administered the medical strator signed off the Administered the medical strator signed off the Administered the medical strator signed off the Administered the medical strator signed off the Administered the medical strator signed off the Administered the MAF before the	19/20/18 at 3:30pm Fred medications she R, she checked to make sident, dosage and time istering the medication ration on 09/20/18; she recause the MAR was not trator after she had tion and the he MAR, MAR for any	The second secon				
Intervie 3:56pm -He adi the faci "one-da -Before	itions they had adr w with a second N revealed: ninistered medical lity; he last admini- ly last week."	ninistered.					

TUI211

Division of Health Service Reg	(X1) PROMOCHIOUS			PRINTED: 10/01/2 FORM APPRO
AND PLAN OF CORRECTION	(X1) PROVIDENSUPPLIER IDENTIFICATION NUMBER	CUA	(X2) MULTIPLE CONSTRUCTION	- COMPLEKE
	THE PART OF A COMPA	ERC	A BUILDING:	(X3) DATE SURVEY
	1	1	- Postolino;	COMPLETED
	FCL017022	- 1	8. WING	
NAME OF PROVIDER OR SUPPLIER				
		STREET ADORE	SS, CITY, STATE, ZIP CODE	09/20/2018
D & H FAMILY CARE HOME		1111 YARBOR	ROUGH ROAD	
(X4) ID SUMMARY CT	1	MILTON, NO	27305	
			· · · · · · · · · · · · · · · · · · ·	
TAG : REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		PREFIX FACH CORRECT PLAN OF CO	RRECTION (XS)
	THE INCOMMAND	4) !	PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE	
C 341 Continued From Toxas		<u> </u>	DEFICIENCY	APPROPRIATE DATE
i an introduction bage			341	
sura he had the right	medication the right)	The person the	+ merce into
i resident, the fight time	and the right deanne	!	much and the	- Passes 4120118
. The did not look at the	MAR but used the	}	out medication	will
: Prescriptions from the	Dharmary for disastic. I	fan	Sign off on the	- MAR '
: Accommode the wed	ication	IOF	sheet.	1
, -He notified the Admin	Istrator when he had	- 1	Orice.	
Boministered all the re	aldente ' modinati		The medication	113:11 ha las. 1-
; one documented in the	MAR		Charketen	MIN ENC 19/20/18
-He had never docume	inted on the MAD. he had		I LIKELEG OFF PH	the MARI
been administering me	dications for 2-3 weeks	- !	Checked off by Sheet each tim	
		j	CC. 11/14	,c
Interview with the Adm	Inistrator on 09/20/18 at	Ť	Í	;
, 3.45 pm revealed:		í	i	1
-When another MA adn	ninisters the medication	1	į.	į.
me medications were p	reposed by her and she			i
gave the MA the medic	alion cup to give to the	- }		i
, resident,	t t	1	1	į
-The other MAs did not	administer medications	i		
they only administered	inhalers and performed	ſ	ľ	
ingereticks for the reali	ients."	,	1	1
i -Two people from other	facilities told her the MAI	s.]	1	;
who had not taken the r	nedication test, were not	1	1	1
allowed to administer m	Adications	:		i
checklet the modical	oleted the validation skirs		İ	
· hour or 10 hour training	alde training and the five	е ;	1	:
-She and the Supervisor	in Champ (SIC)	į	1	1
responsible for ensuring	the MADE WAS -	. !	ì	i
and medication administ	ration was seemed accurate	•	Į.	1
accurately,	was completed	į	f	
MAR audits were not do	The herauga sho sinna		:	
the MARs as the medica	lions was administered	ļ	i	
-She did sign the MARs	in place of the two sand	1		1
who administered the mi	edications and inheter	, i	1	i
i ina rasidents.	1	'	I	<u>I</u>
-She did know that she v	vas not supposed to ela-			!
the MARs if she did not a	administer the		1	
medication.			İ	•
	l	ź	1	ŧ
<u> </u>	ļ	;	1	
of Health Service Regulation			4	

If continuation sheet 14 of 16

STATEMEN	of Health Service Red T OF DEFICIENCIES	(X1) PROVIDER/BUPPUER/CLIA			FORM APP	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE C	OUSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
	***************************************	FCL017022	B. WING		1	
iame of d	PROVIDER OR BUFFLIER				09/20/201	
A H FA	MILY CARE HOME	9144A \$F	ADDRESS, CITY, STATE	. AP CODE		
		MilTo	Arborough Road V, NC 27305			
(X4) ID	SUMMARYS	TATEMENT OF OFFICIENCE	*, NC 2/303			
PREFIX TAG	. IMMOD MEDICIENS	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COR	RECTION P	
j		LOC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	PPROPRIATE COM	
C 342	Continued From page			DEFICIENCY)	1,0	
			C 342		:	
C 3421	10A NCAC 13G ,100	4(i) Medication	C 342		[
	Administration				i	
	10A NCAC 13G 100	T A A multi- st	}	1700-	i	
į	(i) The resident's me	Medication Administration dication administration			1	
. !	record (MAR) shall be	accurate and include the	i		į	
T .	IONOMIUB:	and around file			ĺ	
1	(1) resident's name;				į	
į	(2) name of the medic	ation or treatment order;				
8	(3) strength and dosa medication administer	OR OF AUghtity of	į į	į.	i	
. ((4) Instructions for act	ed; Inistering the medication			•	
; (or treatment;	imatering the medication			į	
; ((5) reason or justificati	on for the administration of				
()	Indications of fletilities	INIS AS DAMMED /DDAM AND	}	1	1	
[54	vocumenting too result	Ind effort on the wards			4	
: Y	a) ware and fills of 90	Ministration:	}		ţ 1	
	7) documentation of a	ny omission of			•	
1.0	mission, including refu	nts and the reason for the			ļ	
. (8	3) name or initials of the	ie person administering				
; it	ne medication or treatr	nent. If initials are used, a			}	
W-1	A Innin & Admingtell fo	Mose minale is to be			1	
a	ocumented and maint:	ained with the madional	1		į	
: a0	dministration record (N	MAR),	;		ŧ	
: : Ti	1/s Rule le not	mulal ()			J.	
8:	nis Rule is not met as ased on observations,	evidenced by:	1		1	
ini	terviews, the facility fa	record reviews and	[1 h.	person that pa	sses labour	
me	edications administrati	on records were accurate	lou	medication wi	1150es 19/2011	
, an	d complete for 1 of 3	sampled residents (#2)	ne	Topula mae	11 319n :	
**1	io was prescribed a de	IIIV multi-vitamin with		on the MAR she		
6 15 ₄ P.	ing available to samily	Sier and documentation	the	e medication wil	I be 1	
i of a	dministration by the facility staff,		ch	cked off byth	12 MARCE	
ł				area of og the	1V (141C.)	
· The	e findings are:	į	one	et each time.	. <u>I</u>	
	000	;	į		1	
Re	view of Resident #0'-	Cultiment El G	1		į.	
Re ¹	view of Resident #2's 28/18 revealed:	current FL-2 dated			:	
: -Di	view of Resident #2's 28/18 revealed: agnoses included selz ervice Regulation	•				

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	STRUCTION		
Time		IDENTIFICATION NUMBER:	A. BUILDING;		(X3) DATE SURVEY COMPLETED	
		FCL017022	B. WING			
name of p	ROVIDER OR GUPPLIER	STREET			09/20/2018	
D & H FAR	MILY CARE HOME		ADDRESS, CITY, STATE, 2 RBOROUGH ROAD	AF CODE		
	me, DARE HOME		NC 27305			
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	: (D)	Downtre newscar		
TAG	REGULATORY OR	DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO	INDOE SANTO	
***************************************	- Water and the second		7AG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	ROPRIATE DATE	
C 342	Continued From pag-	e 14	C 342		······································	
į			Ac Ac	aministrator had	been 19/20/1	
Ĩ	-There was an order	it hyperthermia, and colitis. for multi-vitamin (used to	O1	archagina das se	1102/1	
	treat vitamin deficiend	CVI one tablet 4-15.	j []	archasing the mi	スロリー	
(*)			, 01	tamins since 20	orle.	
į	Review of Resident #	2's July 2018, August 2018	A	new order was.	sent to	
	and September 2018	medication administration	4	e pharmacy by t	he	
i	TECORDS (MAR) reveal	ed:		The District		
į	daily, scheduled for 8	or multi-vitamin one tablet		urse Practitioner	2つ	
i ·	The initials of the Adr	ninistrator warn	41	20118.	ļ	
: 1	documented on the M	ARS indication daily) n.	(m	about While	
1	administration of the n	nulti-vitamin,	1 170	ministrator will	Creck 19/20/18	
!			10	make sure that	tall	
1)	Upservation of Reside	nt #2's medication on hand	M	edications have (urnonti	
į r	101 have any multi-vite	noon revealed the facility did imins for Resident #2		fills and orders		
٤	vailable for administra	ation.	! ! "	I THE WINE OF CHES 5	,	
,			Th	e person that pa	cos intolo	
: E	lased on observations	s, record reviews, and		P- PO SON Triad Pu	55e.5 9/20/18	
, н	iterviews, it was deter	mined Resident #2 was		+ medication wil	1 Sign	
, 11	ot interviewable.		1 101-	on the MARSIX	ect !	
· Ir	iterview with the facilit	ما در المسلم والط	! lan	theck each me	edication	
. o:	9/20/18 at 12:50 pm re	y's contract pharmacist on	iof	f by the MAR SI	hoet	
-7	he last order date for	Resident #2'e	Pa	th time.	The Sect	
: 111	iuiti-vitamin was 11/17	715.		, LIIIC.	i	
; - <u>T</u>	he FL-2 dated 06/28/	18 was not received.			Î	
7 *1	ne last dispense date	for Resident #2%		dministrator	will brished	
· [[]]	ulti-vitamin was 10/19	/16.				
me	edical provider on nor	sent to Resident #2's 26/16 and was denied by	l W	nedications in h	and monthly	
1 1115	at modical provider.			to ensure that		
: -TI	ne multi-vitamin was s	till placed on Resident		TO SEVIOUR IVELLO	we more and	
17741	a mining decause the	medication was not	Ì	are avrilable for	- administrati	
dis	continued.	Ì			Ancitation real and	
Inte	erview with the facility	70 Wandow 121				
Pra	schilloner (NP) on 09/2	> CONTRACT NURSE	j	na-man	:	
: 164	ealed:	İ	i		ī	
	e recalled ordering th	1		5		

If continuation shoot 16 of 16

STATEMENT OF DEI AND PLAN OF CORP NAME OF PROVIDER (X4) ID PREFIX TAG C 342 Contin	RECTION ROR SUPPLIER SUMMARY ST. (EACH DEFICIENC REGULATORY OR I	1111 MILTI MILTI ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ET ADDRESS. CITY, YARBOROUGH DN, NC 27305 ID PREFIX TAG	STATE 2	PROMDER'S PLAN OF CORRECTION	09/	SURVEY LETED 20/2018
(X4) ID : PREFIX TAG	SUMMARY ST. (EACH DEFICIENCE REGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OF L	STREI 1111 MILTI ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	YARBOROUGH DN, NC 27395 PREFIX TAG	ROAD	PROMDER'S PLAN OF CORRECTION	NJ.	20/2018
(X4) ID : PREFIX TAG	SUMMARY ST. (EACH DEFICIENCE REGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OR LEGULATORY OF L	1111 MILTI MILTI ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	YARBOROUGH DN, NC 27305 ID PREFIX TAG	ROAD	PROMDER'S PLAN OF CORRECTION	NJ.	20/2018
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENCE REGULATORY OR I Dued From page ent #2 in 2017. did not remembe	1111 MILTI MILTI ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	YARBOROUGH DN, NC 27305 ID PREFIX TAG	ROAD	PROMDER'S PLAN OF CORRECTION	N	
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENCE REGULATORY OR I Dued From page ent #2 in 2017. did not remembe	MILTI ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	DN, NC 27305		PROVIDER'S PLAN OF CORRECTIO	N	
PREFIX TAG	nued From page ent #2 in 2017.	Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO	N	
C 342 Contir	ent #2 in 2017. did not remembe	9 15	C 342	12	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	RIATE	COMPLETE DATE
-She comulti-viti-viti-viti-viti-viti-viti-viti-v	a was for streng vas contacted by sting a new present the prescrip mically for Resided not know the sed since 2016 when the Admin revealed; and thrown the ertamins away, defined the multi-vite as purchasing that #2, defined not have any resent for the multi-vite armacy was not intation that she amins for Resided date that she pident #2 was 08/armacy sent a not was 08/armacy sent a not armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not strength of the sident #2 was 08/armacy sent a not sident #2 was 08/armacy sent a not sident #2 was 08/armacy sent a not sident #2 was 08/armacy sent a not sident #2 was 08/armacy sent a not sident #2 was 08/armacy sent #2 was 08/armacy sent #4 was 08/armacy	y the facility on 09/20/18 ccription. tion to the pharmacy fent #2's multi-vitamins. medication had not been by the pharmacy. clinistrator on 09/20/18 at the last dose of 0/18 at 8:00 am. mpty container for the pharmacy had not amin since 2016. The multi-vitamins for receipts documenting the tamins for Resident #2. Table to provide any was purchasing ent #2. Sourchased multi-vitamins 20/18.		ENDO AFR	new order for the ulti-vitamins we not to the pharm of the pharm of the Nurse fract of 9/20/18. Iministrator will commake sure that edications have cufills and orders.	he as nacy itionen heck tall i	9/20/18
			i			:	1
of Health Service F	lagulation		1	-		į	1
FORM			8509	-			