STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 a follow-up survey on 05/03/19.	{C 000}		
{C 147}	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40; This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to assure 1 of 2 sampled staff (the Administrator) had a criminal background check upon hire. The findings are: Review of the Administrator's personnel record revealed: -He was hired on 07/01/04. -There was no documentation a criminal background check had been completed. Interview with the Administrator on 05/03/19 at 1:10pm revealed: -A criminal background check had been completed on himself when he started. -He knew criminal background checks were required for facility staff. -He was responsible for obtaining criminal background checks. -He was responsible for personnel records. -He realized his criminal background check was not in his employee file in January 2019. -He had contacted a bail bondsmen in February	{C 147}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 147}	Continued From page 1 2019 to complete the background check. Telephone interview with the bail bondsman on 05/03/19 at 1:12pm revealed: -The Administrator had called her about completing a background check. -She thought he called her two weeks ago about the background check. -She had not had time to complete the background check. -The Administrator called her today, 05/03/19 about the background check. -When she talked to her supervisor today, 05/03/19, he told her she could not do the requested background check. -She had not called the Administrator to tell him she could not complete the background check.	{C 147}		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure 1 of 3 sampled residents (Resident #3) a diabetic resident who had a referral for an endocrinologist and podiatrist as ordered by the primary care provider (PCP). The findings are: Review of Resident #3's current FL-2 dated	C 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 246	Continued From page 2 11/28/18 revealed diagnoses included type 2 diabetes, anemia, bipolar, hypertension, kidney failure, hyperlipidemia, chronic obstructive pulmonary disease (COPD), major depressive disorder, essential hypertension, cardiovascular disease, and schizoaffective disorder. 1. Review of an appointment card for Resident #3 dated 04/17/19 revealed Resident #3 had an appointment with an endocrinologist at 1:30pm. Telephone interview with a representative at the endocrinologist office on 05/03/19 at 11:54am revealed: -Resident #3 had an appointment scheduled for 01/10/19 at 9:30am; it was documented he was a "no-show." -Resident #3 had an appointment scheduled for 04/17/19 at 1:30pm; the appointment was canceled by facility staff. -Resident #3 was referred to the endocrinologist by his Primary Care Provider (PCP). Telephone interview with a physician who was familiar with Resident #3 on 05/03/19 at 11:55am revealed: -Resident #3 was diabetic and was referred to the endocrinologist because his diabetes was not controlled on his current regimen. -He was concerned Resident #3 did not see the endocrinologist. Interview with the Administrator on 05/03/19 at 1:00pm revealed: -Resident #3 was scheduled to go the endocrinologist because his A1C was high. (An A1C test is a blood test that reflects your average blood glucose levels over the past 3 months. An A1C level below 5.7 percent is considered normal).	C 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 246	Continued From page 3 -The PCP had changed Resident #3's diabetic medication several times. -Resident #3 ate things he was not supposed to eat and that was why Resident #3's A1C was high. -Resident #3 refused to go to the endocrinologist on 01/10/19 and on 04/17/19. -He had documented Resident #3 refused to go to the appointment on 04/17/19. Interview with Resident #3 on 05/03/19 at 2:03pm revealed: -He went to the doctor all the time. -He had never refused to go to the doctor. -His regular doctor managed his diabetes. -He had not seen a specialist for his diabetes. Review of a handwritten note signed by the Administrator and dated 05/17/19 revealed "Resident #3 did not feel like going to his appointment today at an endocrinologist office and will be rescheduled." Telephone interview with Resident #3's PCP on 05/03/19 at 1:56pm revealed: -She was very concerned Resident #3 did not go to the endocrinologist. -She had referred Resident #3 to the endocrinologist because she was concerned Resident #3's A1C had increased. -Resident #3 was on both an injection and oral diabetic medication and his A1C had increased; she wanted to get input on managing Resident #3's diabetes from the endocrinologist. -Resident #3's A1C was 9.4 on 01/17/19 and 9.9 on 04/18/19. -When she had a resident whose diabetes was not being controlled she referred that resident to an endocrinologist. -She expected the facility staff to see to it that	C 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 246	Continued From page 4 Resident #3 went to the endocrinologist per her order. 2. Review of Primary Care Provider's (PCP) note dated 11/28/18 revealed an order for Resident #3 to see a podiatrist for diabetic foot care. Interview with the Administrator on 05/03/19 at 1:00pm revealed: -He did not make appointments for any specialist; the PCP's office staff had to make those appointments. -He had not received an appointment for Resident #3 to go to the podiatrist. -He had not followed up on the note from the PCP that Resident #3 needed to see a podiatrist. Telephone interview with Resident #3's PCP on 05/03/19 at 1:56pm revealed: -All diabetic residents need to see a podiatrist. -She expected Resident #3 to see a podiatrist when the referral was made. -Resident #3 needed to be scheduled to see a podiatrist. Interview with Resident #3 on 05/03/19 at 2:30pm revealed: -He had not been to a podiatrist. -His toenails did not need cutting. -He did not want to take his shoes off. -He did not recall who cut his toenails or when they were last cut. Telephone interview with an administrative assistant at the PCP's office on 05/03/19 at 2:47pm revealed: -A referral was made to a named podiatrist on 11/28/18; the referral was faxed to the podiatrist's office. -They did not follow-up to see if an appointment	C 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 246	Continued From page 5 was made or kept by the resident. -The facility staff had not requested an appointment until today 05/03/19. Telephone interview with a representative at the podiatrist's office on 05/03/19 at 3:00pm revealed: -Resident #3 did not have an appointment to see the podiatrist. -They received referrals by fax from Resident #3's PCP. -She did not see a referral for Resident #3 to see the podiatrist. The facility failed to assure referral and follow-up 1 of 3 sampled residents (#3) who missed two endocrinology appointments who had a history of diabetes and an elevated A1C; and did not follow-up with Resident #3's PCP related to a podiatry referral five months after the PCP had made the recommendation. The facility's failure was detrimental to the health and safety of the resident which constitutes a Type B Violation. The facility provided a plan of protection in accordance with G. S. 131D-34 on 05/03/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 2, 2019.	C 246		
{C 249}	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional;	{C 249}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 249}	Continued From page 6 and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure primary care provider orders were implemented for 2 of 3 sampled residents (#1 and #3) related to finger stick blood sugars (FSBS). The findings are: 1. Review of Resident #3's current FL-2 dated 11/28/18 revealed diagnoses included type 2 diabetes, anemia, bipolar, hypertension, kidney failure, hyperlipidemia, chronic obstructive pulmonary disease (COPD), major depressive disorder, essential hypertension, cardiovascular disease and schizoaffective disorder. Interview with Resident #3 on 05/03/19 at 10:30am revealed: -Staff had not taken his FSBS today, 05/03/19. -Staff took his FSBS sometimes; staff took his FSBS "about two weeks ago." Review of Resident #3's glucometer on 05/03/19 at 10:32am revealed: -There were no FSBS test strips available. -There were results date stamped for the month of March, no results for April, May and June. (The year was not part of the date stamp). -The date of last FSBS was recorded on 06/22 with a time stamp of 10:00pm with a result of 154 which was not documented as a result from	{C 249}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 249}	Continued From page 7 February-May 2019. -The readings in the glucometer did not match the documentation on the MARs for February 2019-May 2019. Review of Resident #3's February 2019 Medication Administration Records (MARs) revealed: -There was a computer-generated entry to check FSBS twice daily scheduled at 7:00am and 8:00pm. -Resident #3's FSBS were documented twice daily from 02/01/19-02/28/19; ranges were 100-286. Review of Resident #3's March 2019 MAR revealed: -There was a computer-generated entry to check FSBS twice daily scheduled at 7:00am and 8:00pm. -Resident #3's FSBS were documented twice daily from 03/01/19-03/31/19; ranges were 107-285. Review of Resident #3's April 2019 MAR revealed: -There was a computer-generated entry to check FSBS twice daily scheduled at 7:00am and 8:00pm. -Resident #3's FSBS were documented twice daily from 04/01/19-04/30/19; ranges were 103-256. Review of Resident #3's May 2019 MAR revealed: -There was a computer-generated entry to check FSBS twice daily scheduled at 7:00am and 8:00pm. -Resident #3's FSBS were documented twice daily from 05/01/19-05/03/19; ranges were	{C 249}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 249}	Continued From page 8 106-207. Interview with the Administrator/medication aide (MA) on 05/03/19 at 10:38am revealed: -He took Resident #3's FSBS twice daily. -He used the last test strip today, 05/03/19. -He did not know why the FSBS results in Resident #3's glucometer did not match the FSBS recorded in the MAR. -If the date was wrong, the readings must be wrong too. -He did not know where the June 2018 MARs were "right off hand." Telephone interview with the Pharmacist at the facility's contracted pharmacy on 05/03/19 at 10:59am revealed: -A box of 50 glucometer strips had been dispensed on 01/14/19. -There had been no other glucometer strips dispensed for Resident #3. Telephone interview with a physician who was familiar with Resident #3 on 05/03/19 at 11:55am revealed: -Resident #3 should have his FSBS checked daily. -If Resident #3's FSBS was not checked as ordered he would not be able to see if Resident #3's diabetes was being controlled. -He expected the facility staff to check Resident #3's FSBS as ordered. Telephone interview with Resident #3's Primary Care Provider (PCP) on 05/03/19 at 1:56pm revealed: -She wanted Resident #3's FSBS checked twice daily. -She used the FSBS results to determine if Resident #3's diabetes was being managed.	{C 249}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 249}	Continued From page 9 -The FSBS were important so she could see if Resident #3 was having "any dumps" because of over-medicating; Resident #3 was taking oral diabetes medication in addition to insulin. -She was concerned that Resident #3's A1C had increased though his FSBS did not support this. (An A1C test is a blood test that reflects your average blood glucose levels over the past 3 months. An A1C level below 5.7 percent is considered normal). -Resident #3's A1C was 9.4 on 01/17/19 and 9.9 on 04/18/19. -She could not see how Resident #3's diabetes was being managed if she did not have accurate information. -She was very concerned Resident #3's FSBS were not being checked daily as ordered because she could not effectively manage his diabetes. Second interview with the Administrator on 05/03/19 at 1:00pm revealed: -Resident #3's FSBS was checked twice daily. -Resident #3 never refused to check his FSBS. -He could not explain how he was able to check Resident #3's FSBS twice daily when the pharmacy had dispensed 50 glucometer strips on 01/14/19 and no additional strips had been ordered. -He thought he may have purchased glucometer strips over-the-counter. -He did not know glucometer strips could only be purchased through the pharmacy with a physician' s order. 2. Review of Resident #1's current FL-2 dated 06/21/18 revealed: -The diagnoses included vascular dementia, type two diabetes, cerebrovascular accident old infarct, history of seizures, essential hypertension, hyperlipidemia, tobacco abuse and vitamin D3	{C 249}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 249}	Continued From page 10 deficiency. -There was an order for FSBS checked daily, before breakfast. Review of Resident #1's February 2019 Medication Administration Records (MARs) revealed: -There was a computer-generated entry to check FSBS daily before breakfast at 7:00am. -Resident #1's FSBS were documented daily from 02/01/19-02/28/19; ranges were 100 to 113. Review of Resident #1's March 2019 MARs revealed: -There was a computer-generated entry to check FSBS daily before breakfast at 7:00am. -Resident #1's FSBS were documented daily from 03/01/19-03/31/19; ranges were 101 to 120. Review of Resident #1's April 2019 MARs revealed: -There was a computer-generated entry to check FSBS daily before breakfast at 7:00am. -Resident #1's FSBS were documented daily from 04/01/19-04/30/19; ranges were 103 to 115. Review of Resident #1's May 2019 MARs revealed: -There was a computer-generated entry to check FSBS daily before breakfast at 7:00am. -Resident #1's FSBS were documented daily from 04/01/19-05/03/19; ranges were 107 to 110. Interview with Resident #1 on 05/03/19 at 12:45 pm revealed: -Staff had not taken his FSBS today, 05/03/19. -Staff took his FSBS once every three months; the last time staff took his FSBS "was sometime in February".	{C 249}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 249}	Continued From page 11 Review of Resident #1's glucometer on 05/03/19 at 10:58 am revealed: -There were no FSBS test strips available for Resident #1. -There was a FSBS recorded on 05/01 with a time stamp of 9:40 pm with a result of 107. -The MAR was documented on 05/01/19 there was a FSBS recorded as 107. -There was a FSBS recorded on 03/14, there was no time stamp and there was a result of 283. -The MAR was documented on 03/14/19; there was a FSBS recorded as 108. -There was a FSBS recorded on 02/07, there was no time stamp and there was a result of 320. -The MAR was documented on 02/07/19; there was a FSBS recorded as 105. -There was a FSBS recorded on 06/28, there was no time stamp and there was a result of 225. -There was no year included on the date recorded on the glucometer. -There were fifteen results without dates or time stamps with result ranges from 90 to 322; there was only one reading recorded in the glucometer that matched the MAR. Telephone interview with Resident #1's Physician on 05/03/19 at 11:30 am revealed: -Resident #1 was ordered to have his FSBS checked daily. -He expected the facility staff to check Resident #1's FSBS as ordered; Resident #1's FSBS was being monitored without parameters. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 05/03/19 at 11:50 am revealed: -A box of 50 glucometer strips had been dispensed in June 2018. -There had been no other glucometer strips dispensed for Resident #1 until today 05/03/19.	{C 249}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 249}	Continued From page 12 -The facility staff were responsible for ordering Resident #1's test strips from the pharmacy when needed. Interview with the Administrator/medication aide (MA) on 05/03/19 at 1:50 pm revealed: -He took Resident #1's FSBS every morning; Resident #1 never refused a FSBS and his FSBS results were always good. -He used Resident #1's last test strip that morning, 05/03/19. -He could not remember the last time he had ordered test strips for Resident #1 because Resident #1 had test strips with him when he was admitted to the facility, but could not remember how many test strips Resident #1 had. -He did not know he had to order Resident #1's test strips from the pharmacy; he thought he could "pick them up" over the counter. -He did not know why the glucometer results and the MARs for Resident #1 did not match, he was always careful when he documented results on the MAR. -He had never set the date or time on Resident #1's glucometer. -He never used Resident #1's glucometer for another resident's FSBS and he never shared residents' test strips. -He could not find the MARs for June 2018 and thought they were in storage, but he was not sure. The facility failed to complete FSBS checks as ordered for 2 of 2 diabetic residents sampled. The facility's failure to check FSBS placed the diabetic residents at risk for side effects of hyperglycemia and hypoglycemia. The facility's failure was detrimental to the health and satiety of the residents which constitutes a Type B Violation	{C 249}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 249}	Continued From page 13 The facility provided a plan of protection in accordance with G. S. 131D-34 on 05/03/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 2, 2019.	{C 249}		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 3 sampled residents (#1 and #3) related to physician's orders for Levemir and Incruse Ellipta (#3) and Stiolto (#1). The findings are: 1. Review of Resident #3's current FL-2 dated 11/28/18 revealed diagnoses included type 2 diabetes, anemia, bipolar, hypertension, kidney failure, hyperlipidemia, chronic obstructive pulmonary disease (COPD), major depressive	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 330	Continued From page 14	C 330		

disorder, essential hypertension, cardiovascular disease, and schizoaffective disorder.

a. Review of Resident #3's FL-2 dated 11/28/18 revealed an order for for Levemir 100U/ml inject 35 units once daily. (Levemir is a long-acting insulin used to control high blood sugar).

Review of Resident #3's February 2019 through May 2019 MARs revealed:
-There was a computer-generated entry for Levemir insulin inject 35 units daily scheduled at 8:00pm.
-There was documentation Levemir 35 units was administered at 8:00pm daily from 02/01/19 through 05/02/19.

Observation of Resident #3's medications on hand on 05/03/19 at 9:00am revealed:
-There was a plastic bag with a prescription label for Levemir insulin pen dispensed on 02/25/19.
-The bag contained one Levemir insulin pen.
-The Levemir insulin pen had dosages remaining in the pen.

Telephone interview with a Pharmacist at the facility pharmacy on 05/03/19 at 10:59am revealed:
-Two Levemir pens were dispensed on 01/14/19 for Resident #3.
-Two Levemir insulin pens were dispensed on 02/25/19 for Resident #3.
-Two Levemir insulin pens based on Resident #3's dosage of 35 units daily would last approximately 17 days.
-The computer documented two pens were billed to the insurance and dispensed; if four pens were dispensed, it would be an error.
-Four Levemir pens based on Resident #3's dosage of 35 units daily would last approximately

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 330	Continued From page 15 35 days. Interview with the Administrator on 05/03/19 at 9:51am revealed: -The pharmacy usually sent 2-4 Levemir pens each time it was dispensed. -He thought the pharmacy had dispensed four Levemir pens the last time the prescription was filled. -Resident #3 had 35 units of Levemir injected daily. Interview with Resident #3 on 05/03/19 at 10:30am revealed: -He did not take insulin for his diabetes. -He used to take insulin but had not had an insulin injection in 3-4 months. A second interview with the Administrator/medication aide (MA) on 05/03/19 at 1:00pm revealed: -He was the only MA who administered medications. -Resident #3 had not missed any Levemir injections. -He did not know why Resident #3's Levemir pen had doses remaining when it had not been filled since 02/25/19. Telephone interview with a physician who was familiar with Resident #3 on 05/03/19 at 11:06am revealed: -Resident #3 was diabetic and should receive his insulin injection every day. -If Resident #3 did not get his insulin injection as prescribed, his diabetes would not be controlled. -Resident #3 was started on oral diabetes medication in addition to his insulin to better manage his diabetes.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 330	Continued From page 16 Telephone interview with Resident #3's Primary Care Provider (PCP) on 05/03/19 at 1:56pm revealed: -Resident #3 had been prescribed Levemir insulin 35 units daily to control his diabetes. -It appeared Resident #3's diabetes was not being managed so she started him on oral diabetic medication on 02/05/19 and increased the dosage on 04/25/19. -Resident #3's A1C was 9.4 in January 2019 and had increased to 9.9 in April 2019. (An A1C test is a blood test that reflects your average blood glucose levels over the past 3 months. An A1C level below 5.7 percent is considered normal). -She was trying to manage Resident #3's diabetes. -She expected Resident #3's Levemir insulin to be injected daily as ordered. b. Review of Resident #3's FL-2 dated 11/28/18 revealed an order for Incruse Ellipta inhale contents once daily. (Incruse Ellipta is a bronchodilator used to treat COPD). Review of Resident #3's February 2019 through May 2019 MARs revealed: -There was a computer-generated entry for Incruse Ellipta inhaler inhale contents by mouth once daily for breathing. -There was documentation Incruse Ellipta inhaler was administered at 8:00am daily from 02/01/19 through 05/03/19. Observation of Resident #3's medications on hand on 05/03/19 at 9:00am revealed: -There was an Incruse Ellipta inhaler dispensed on 02/06/19. -The current count on the Incruse Ellipta inhaler was 23.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 330	Continued From page 17	C 330		

Telephone interview with a Pharmacist at the facility pharmacy on 05/03/19 at 10:59am revealed:
-An Incruse Ellipta inhaler was dispensed on 02/06/19 for Resident #3.
-An Incruse Ellipta inhaler was considered a bulk medication and would need to be reordered monthly by the facility staff.
-The count on the inhaler showed how many doses were left to be administered.
-If Resident #3 had used his Ellipta daily as prescribed, it would have run out of medication in early March 2019.

Interview with the Administrator/medication aide (MA) on 05/03/19 at 9:51am revealed:
-Resident #3 used his Incruse Ellipta inhaler every day.
-The pharmacy sent out the Incruse Ellipta inhaler every month.
-He did not know why the label on the box was for 02/06/19.
-He could not explain why the current count on the Incruse Ellipta inhaler was 23.

Interview with Resident #3 on 05/03/19 at 10:30am revealed:
-He did not use his inhaler every day.
-He used his inhaler approximately two times per week.
-He was not sure when he last used his inhaler; he had not used his inhaler this week, (week of 04/29/19).
-He thought he was breathing "just fine."

A second interview with the Administrator/MA on 05/03/19 at 1:00pm revealed:
-He was the only MA who administered medications.
-He could not think of a time when Resident #3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 330	Continued From page 18	C 330		

had refused his Incruse Ellipta inhaler.
-He did not know why the inhaler had doses remaining since it had not been filled since 02/06/19.

Telephone interview with a physician who was familiar with Resident #3 on 05/03/19 at 11:06am revealed:
-Resident #3 was prescribed the Ellipta inhaler because he had chronic obstructive pulmonary disease (COPD).
-Resident #3 needed to use his Ellipta inhaler every day.
-If Resident #3 did not use his Ellipta inhaler every day he was at risk for exacerbation of his COPD. (Exacerbation of COPD is a sudden worsening of COPD symptoms including shortness of breath, quantity and color of phlegm that typically lasts for several days).

Telephone interview with Resident #3's Primary Care Provider (PCP) on 05/03/19 at 1:56pm revealed:
-Resident #3 had been prescribed the Ellipta inhaler because he had chronic COPD.
-Resident #3 had a prolonged expiratory phase and was at risk of developing a barrel chest. (A barrel chest occurs because the lungs are chronically over inflated with air, so the rib cage stays partially expanded all the time.).
-Resident #3 needed the Ellipta inhaler daily to open his airway passages.
-Resident #3 needed to use his Ellipta inhaler daily; she was concerned Resident #3 had not used his Ellipta inhaler every day as prescribed.

2. Review of Resident #1's current FL2 dated 06/21/18 revealed diagnoses included vascular dementia, type two diabetes, cerebrovascular accident old infarct, history of seizures disorder,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 330	Continued From page 19 essential hypertension, hyperlipidemia, tobacco abuse and vitamin D3 deficiency. Review of Resident #1's subsequent physician's order dated 10/20/18 revealed an order for Stiolto Respimat 2.5/2.5 mcg inhale two puffs daily for breathing. [(Stiolto Respimat is a maintenance medication used to control chronic obstructive pulmonary disease (COPD)]. Review of Resident #1's February 2019 through May 2019 MARs revealed: -There was a computer-generated entry for Stiolto Respimat inhale two puffs by mouth once daily for breathing at 8:00 am. -There was documentation Stiolto Respimat inhaler was administered at 8:00 am daily from 02/01/19 through 05/03/19. Observation of Resident #1's medications on hand on 05/03/19 at 9:50 am revealed: -There was a Stiolto Respimat inhaler with a dispense date of 02/06/19. -The count indicator on the inhaler had a gauge that registered 60 puffs available. -Sixty of 60 puffs were available to be administered. Telephone interview with the Pharmacist for the facility's contracted pharmacy on 05/03/19 at 11:55 am revealed: -There was a Stiolto Respimat inhaler dispensed on 02/06/19 for Resident #1. -The inhaler contained enough medication to prime the inhaler once and then administer two puffs a day for thirty days. -If Resident #1 had used the inhaler daily as prescribed, it would have run out of medication in early March 2019. -The Stiolto Respimat inhaler would need to be	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 330	Continued From page 20 ordered by the facility staff when it was empty. Telephone interview with Resident #1's Physician on 05/03/19 at 11:30 am revealed; -Resident #1 had been diagnosed with COPD in October 2018 and was ordered the Stiolto Respimat inhaler to control his COPD. -The Physician expected all medication for Resident #1 to be administered as ordered; Resident #1 should have used his inhaler every day as ordered. - He was concerned Resident #1's condition could become exacerbated and worsen without the daily use of the inhaler. Interview with Resident #1 on 05/03/19 at 12:45 am revealed: -He had taken all his morning medication today, 05/03/19, and all his medication were pills; he did not use an inhaler. -He could not remember when he last used an inhaler because "it had been so long ago". -He did not have problems breathing and felt fine. Interview with the Administrator/medication aide (MA) on 05/03/19 at 2:00 pm revealed: -Resident #1 used his Stiolto Respimat inhaler every morning. -He always watched Resident #1 use the inhaler in the morning, but he never checked the count indicator gauge for how much medication remained in the inhaler. -He did not know the inhaler was full and that the counter indicated there were still sixty puffs available. -He could not remember the last time the inhaler had been dispensed; he thought the pharmacy automatically sent the inhaler. -He did not know why Resident #1 was ordered to use an inhaler; but he knew it was very important	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 330	Continued From page 21 for Resident #1 to use the inhaler every day as ordered. _____ The facility failed to ensure medications were administered for 2 of 3 sampled residents (#1 and #3) as ordered by the physician which resulted in insulin and an inhaler not being administered daily as ordered (#3) which could lead to hypoglycemia and/or hyperglycemia and two residents who had a history of COPD (#1 and #3) who did not receive their bronchodilator as ordered which could exacerbate the residents COPD. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G. S. 131D-34 on 05/03/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 2, 2019.	C 330		
{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	{C 342}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 342}	Continued From page 22	{C 342}		

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).

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to assure the medication administration records were accurate and complete for 2 of 3 residents sampled (#1 and #3), including insulin (#3), finger stick blood sugars (FSBS) (#1) and inhalers (#1 and #3).

The findings are:

1. Review of Resident #3's current FL-2 dated 11/28/18 revealed diagnoses included type 2 diabetes, anemia, bipolar, hypertension, kidney failure, hyperlipidemia, chronic obstructive pulmonary disease (COPD), major depressive disorder, essential hypertension, cardiovascular disease, and schizoaffective disorder.

a. Review of Resident #3's FL-2 dated 11/28/18 revealed an order for Levemir 100U/ml inject 35 units once daily. (Levemir is a long-acting insulin used to control high blood sugar).

Review of Resident #3's February 2019 through May 2019 MARs revealed:
-There was a computer-generated entry for Levemir insulin inject 35 units daily scheduled at 8:00pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 342}	Continued From page 23 -There was documentation Levemir 35 units was administered at 8:00pm daily from 02/01/19 through 05/02/19. Observation of Resident #3's medications on hand on 05/03/19 at 9:00am revealed: -There was a plastic bag with a prescription label for Levemir insulin pen dispensed on 02/25/19. -There was one Levemir insulin pen. -The Levemir insulin pen had dosages remaining in the pen. Interview with the Administrator on 05/03/19 at 9:51am revealed Resident #3 had 35 units of Levemir injected daily. Interview with Resident #3 on 05/03/19 at 10:30am revealed: -He did not take insulin for his diabetes. -He took insulin in the past but he had not had an insulin injection in 3-4 months. Telephone interview with a Pharmacist at the facility pharmacy on 05/03/19 at 10:59am revealed: -Two Levemir pens were dispensed on 01/14/19 and 02/25/19 for Resident #3. -Two Levemir insulin pens based on Resident #3's dosage of 35 units daily would last approximately 17 days. -The computer documented two pens were billed to the insurance and dispensed. A second interview with the Administrator/medication aide (MA) on 05/03/19 at 1:00pm revealed: -He documented on Resident #3's MAR when he administered the insulin injection. -Resident #3 had never refused his Levemir injection; Resident #3 had not missed any	{C 342}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 342}	Continued From page 24 Levemir injections. -He did not know why Resident #3's Levemir pen had doses remaining when it had not been filled since 02/25/19. -If he had documented on the MAR; he administered what he documented. Based on observations, interviews, and record reviews, Levemir could not have been administered daily as documented on Resident #3's MAR's according to the amount of Levemir dispensed from the pharmacy compared to the amount required for daily administration of 35 units. b. Review of Resident #3's February 2019-May 2019 Medication Administration Records (MARs) revealed: -There was a computer-generated entry to check FSBS twice daily scheduled at 7:00am and 8:00pm. -Resident #3's FSBS were documented twice daily from 02/01/19-05/03/19. Interview with Resident #3 on 05/03/19 at 10:30am revealed: -Staff had not taken his FSBS today, 05/03/19. -The staff took his FSBS sometimes; staff took his FSBS "about two weeks ago." Review of Resident #3's glucometer supplies on 05/03/19 at 9:00am revealed no FSBS test strips were available. Interview with the Administrator/medication aide (MA) on 05/03/19 at 10:38am revealed: -He took Resident #3's FSBS twice daily. -He used the last test strip today, 05/03/19. Telephone interview with the Pharmacist at the	{C 342}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 342}	Continued From page 25	{C 342}		

facility's contracted pharmacy on 05/03/19 at 10:59am revealed:
-A box of 50 glucometer strips had been dispensed on 01/14/19.
-There had been no other glucometer strips dispensed for Resident #3.

A second interview with the Administrator on 05/03/19 at 1:00pm revealed:
-He documented on Resident #3's MAR when he checked his FSBS.
-Resident #3's FSBS was checked twice daily.
-Resident #3 never refused to check his FSBS.
-He could not explain how he was able to check Resident #3's FSBS twice daily when the pharmacy had dispensed 50 glucometer strips on 01/14/19 and no additional strips had been ordered.

Based on observations, interviews, and record reviews, Resident #3's FSBS could not have been checked daily as documented on Resident #3's MAR's according to the amount of glucometer strips dispensed from the pharmacy compared to the amount required to check FSBS twice daily.

c. Review of Resident #3's physician order dated 11/28/18 revealed an order for Ellipta, inhale contents once daily. (Ellipta is a bronchodilator used to treat COPD).

Review of Resident #3's February 2019 through May 2019 Medication Administration Records (MAR) revealed:
-There was a computer-generated entry for Ellipta inhaler inhale contents by mouth once daily for breathing.
-There was documentation Ellipta inhaler was administered at 8:00am daily from 02/01/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 342}	Continued From page 26 through 05/03/19. Observation of Resident #3's medications on hand on 05/03/19 at 9:00am revealed: -There was an Ellipta inhaler dispensed on 02/06/19. -The dose count on the Ellipta inhaler was 23 indicating the number of remaining doses. Interview with the Administrator/medication aide (MA) on 05/03/19 at 9:51am revealed: -Resident #3 used his Ellipta inhaler every day. -The pharmacy sent out the Ellipta inhaler every month. -He did not know why the label on the box was for 02/06/19. -He could not explain why there were 23 remaining doses on the Ellipta inhaler. Interview with Resident #3 on 05/03/19 at 10:30am revealed: -He did not use his inhaler every day. -He used his inhaler approximately two times per week. -He was not sure when he last used his inhaler; he had not used his inhaler this week, (week of 04/29/19). Telephone interview with a Pharmacist at the facility pharmacy on 05/03/19 at 10:59am revealed: -An Incruse Ellipta inhaler was dispensed on 02/06/19 for Resident #3. -An Incruse Ellipta inhaler was considered a bulk medication and would need to be reordered monthly by the facility staff. -If Resident #3 had used his Ellipta daily as prescribed, it would have ran out of medication in early March 2019.	{C 342}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 342}	Continued From page 27 A second interview with the Administrator/MA on 05/03/19 at 1:00pm revealed: -He was the only MA who administered medications. -He documented on Resident #3's MAR when Resident #3 used his inhaler. -He did not know why the inhaler had doses remaining since it had not been filled since 02/06/19. Based on observations, interviews, and reviews, Resident #3's Ellipta inhaler could not have been administered daily as documented on Resident #3's MAR's according to the amount of Ellipta inhaler dispensed from the pharmacy compared to the amount required to administer this medication daily. 2. Review of Resident #1's current FL-2 dated 06/21/18 revealed diagnoses included vascular dementia, type 2 diabetes, cerebrovascular accident old infarct, a history of seizures, essential hypertension, hyperlipidemia, tobacco abuse and vitamin D3 deficiency. a. Review of subsequent physician's order date 06/21/18 revealed there was an order for FSBS checked daily, before breakfast. Review of Resident #1's February 2019-May 2019 Medication Administration Records (MARs) revealed: -There was a computer-generated entry to check FSBS daily before breakfast at 7:00am. -Resident #1's FSBS were documented daily from 02/01/19-05/03/19. Interview with Resident #1 on 05/03/19 at 12:45 pm revealed: -Staff had not taken his FSBS today, 05/03/19.	{C 342}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 342}	Continued From page 28 -Staff took his FSBS once every three months; the last time staff took his FSBS "was sometime in February". Review of Resident #1's glucometer supplies on 05/03/19 at 9:50am revealed FSBS test strips were not available. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 05/03/19 at 11:50 am revealed: -A box of 50 glucometer strips had been dispensed in June 2019. -There had been no other glucometer strips dispensed for Resident #1 until today 05/03/19. Interview with the Administrator/medication aide (MA) on 05/03/19 at 1:50 pm revealed: -He took Resident #1's FSBS every morning; Resident #1 never refused a FSBS. -He used Resident #1's last test strip that morning, 05/03/19. -He could not remember the last time he had ordered test strips for Resident #1 because Resident #1 had test strips with him when he was admitted to the facility, but could not remember how many test strips Resident #1 had. -He never shared test strips between residents. -He thought had "just picked up test strips" at the pharmacy whenever Resident #1 needed more; he did not know test strips were not over the counter items and that the pharmacist could only dispense test strips with a prescription. -He was always careful to accurately document on the MAR. -"The MAR was correct." Based on observations, interviews, and reviews, Resident #1's FSBS could not have been checked daily as documented on Resident #1's	{C 342}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 342}	Continued From page 29 MAR's according to the amount of glucometer strips dispensed from the pharmacy compared to the amount required to check FSBS daily. b. Review of Resident #1's physician's order dated 10/20/18 revealed an order for Stiolto Respimat 2.5/2.5 mcg inhale two puffs daily for breathing. [(Stiolto Respimat is a maintenance medication used to control chronic obstructive pulmonary disease (COPD)]. Review of Resident #1's February 2019 through May 2019 MARs revealed: -There was a computer-generated entry for Stiolto Respimat inhale two puffs by mouth once daily for breathing at 8:00 am. -There was documentation Stiolto Respimat inhaler was administered at 8:00 am daily from 02/01/19 through 05/03/19. Observation of Resident #1's medications on hand on 05/03/19 at 9:50 am revealed: -There was a Stiolto Respimat inhaler with a dispense date of 02/06/19. -The count indicator on the inhaler had a gauge that registered 60 puffs available. -Sixty of 60 puffs were available to be administered. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 05/03/19 at 11:55 am revealed: -There was a Stiolto Respimat inhaler dispensed on 02/06/19 for Resident #1. -The inhaler contained enough medication to prime the inhaler once and then administer two puffs a day for thirty days. -If Resident #1 had used the inhaler daily as prescribed, it would have run out of medication in early March 2019.	{C 342}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 342}	Continued From page 30 -The Stiolto Respimat inhaler would need to be ordered by the facility staff when it was empty. Interview with Resident #1 on 05/03/19 at 12:45 am revealed: -He had taken all his morning medication today, 05/03/19, and all his medication were pills; he did not use an inhaler. -He could not remember when he last used an inhaler because "it had been so long ago"; he never refused to use his inhaler when he did have one. Interview with the Administrator/medication aide (MA) on 05/03/19 at 2:00 pm revealed: -Resident #1 used his Stiolto Respimat inhaler every day; Resident #1 never refused to use his inhaler. -He always watched Resident #1 use the inhaler every morning, but he never checked the count indicator gauge for how much medication remained in the inhaler. -He did not know the inhaler was full and that the counter still indicated there were sixty puffs available. -He could not remember the last time the inhaler had been dispensed; he thought the pharmacy automatically sent the inhaler. -He was always careful to accurately document on the MAR. -"The MAR was correct." Based on observations, interviews, and reviews, Resident #1's Stiolto Respimat inhaler could not have been administered daily as documented on Resident #1's MAR's according to the amount of Stiolto Respimat inhaler dispensed from the pharmacy compared to the amount required to administer this medication daily.	{C 342}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 912}	Continued From page 31	{C 912}		
{C 912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to medication administration and health care. The findings are: 1. Based on observations, interviews, and record reviews, the facility failed to assure 1 of 3 sampled residents (Resident #3) a diabetic resident who had a referral for an endocrinologist and podiatrist as ordered by the primary care provider (PCP). [Refer to Tag C246 10A NCAC .0902(b) Health Care (Type B Violation)]. 2. Based on observations, interviews, and record reviews, the facility failed to assure primary care provider orders were implemented for 2 of 3 sampled residents (#1 and #3) related to finger stick blood sugars (FSBS). [Refer to Tag C249 10A NCAC .0902(c)(3)(4) Health Care (Type B Violation)]. 3. Based on observations, interviews, and record reviews, the facility failed to administer	{C 912}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 912}	Continued From page 32 medications as ordered for 2 of 3 sampled residents (#1 and #3) related to physician's orders for Levemir and Incruse Ellipta (#3) and Stiolto (#1). [Refer to Tag C330 10A NCAC .1004a Medication Administration (Type B Violation)].	{C 912}		