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If continuation sheet 1 of 7

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER: FCL081052		A BUILDING:		(03) DATE SURVEY COMPLETED C 10/10/2019	
	ROVIDER OR SUPPLIER MILY CARE HOME # 3	149 REI	ADDRESS, CITY, STATE D STREET	e, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN)	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted annual and follow-up survey on October 10, 2019.		C 000			
	10A NCAC 13G .090 (c) The facility shall following in the resid (3) written procedur a physician or other and (4) Implementation of	assure documentation of the	C 249	see Amendm	ent	23/2010
	reviews, the facility fa physician's orders for	ns, interviews, and record alled to implement a r 1 of 3 sampled residents I to monthly blood pressure				101
		#2's current FL2 dated agnoses included dementia, der, and vitamin D				
		nt #2's current FL2 dated a order for monthly blood				
		#2's physician order sheet sled an order for monthly				
	Review of Resident #	2's vitals sheets dated				

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Reviewed and Accepted Date: 10/28/19 CS

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10/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ISA'S FAMILY CARE HOME # 3 149 REID STREET FOREST CITY, NC 28043 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X8)	STATEMENT AND PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081052	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		CON	E SURVEY PLETED C
DATIO PREFIX TAG SUMMARY STRTEPENT OF DECIDENCE RECOLUMENT NUMBER STRTEPENT OF DECIDENCE AT THE RECOLUMENT OF DECIDENT FINAL INFORMATION) Decidence The Decident RECOLUMENT AND RECOLUMENT DECIDENCE AT THE APPROPRIATE DEFICIENCY Decident RECORD DECIDENCE DEFICIENCY C 249 Continued From page 1 C 249 C 249 DEFICIENCY DEFICIENCY D2/01/19 to 07/28/19 revealed: -Resident REC solution pressure and teast monthly as ordered from February to July 2019. -There were no blood pressure results documented after 07/28/19. C 249 DEFICIENCY Review of Resident #2's August 2019 to October 2019 Medication Administration Records (MARs) revealed there were no documented blood pressure results. Deservation of Resident #2's blood pressure on 10/10/19 at 1:05pm revealed it was 14/193. DESERVATION OF DESERVATION 10/10/19 at 12:22pm revealed from February to July 2019 at 2:05pm revealed here were blood pressures on the vitals sheet when they were taken. -He did not know why staff had not documented the blood pressure checks. Deservation of 11/19 at 11:34am revealed: -The residents needed to have their blood pressures checksat at least every month. -If was a "routine thing" for her to code blood pressures resulty" good to get the			STREET A 149 REIL	DDRESS, CITY, STATE	E, ZIP CODE	1	N10/2019
02/01/19 to 07/28/19 revealed; -Resident #2's blood pressure had been documented for 34 occurreces and at least monthly as ordered from February to July 2019, -The range of the blood pressures were 113/68 to 182/133. -There were no blood pressure results documented after 07/28/19. Review of Resident #2's August 2019 to October 2019 Medication Administration Records (MARs) revealed there were no documented blood pressure results. Observation of Resident #2's blood pressure on 10/10/19 at 1:05pm revealed it was 14/193. Interview with a medication aide on 10/10/19 at 2:05pm revealed he did not know Resident #2 had an order for blood pressure checks to be done monthly. Telephone interview with the Administrator on 10/10/19 at 2:22pm revealed: -It was the facility's policy to document blood pressures on the vitals sheet when they were faken. -He did not know why staff had not documented the blood pressure checks. Telephone interview with Resident #2's psychiatric provider on 10/11/19 at 11:34am revealed: -The residents needed to have their blood pressures checks at lasst every month. -It was a "routine thing" for her to order blood pressures checks at lasst every month. -It was a "routine thing" for her to order blood pressures checks at lasst every month.	PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES	ID PREFIX	(EACH CORRECTIVE ACTION 8 CROSS-REFERENCED TO THE A	HOULD BE	OCWPLETE
2:05pm revealed he did not know Resident #2 had an order for blood pressure checks to be done monthly. Telephone interview with the Administrator on 10/10/19 at 2:22pm revealed: -It was the facility's policy to document blood pressures on the vitals sheet when they were takenHe did not know why staff had not documented the blood pressure checks. Telephone interview with Resident #2's psychiatric provider on 10/11/19 at 11:34am revealed: -The residents needed to have their blood pressures checked at least every monthIt was a "routine thing" for her to order blood pressures monthlyThe facility staff was "usually" good to get the	C 249	02/01/19 to 07/28/19 revealed: -Resident #2's blood pressure had been documented for 34 occurrences and at least monthly as ordered from February to July 2019, -The range of the blood pressures were 113/68 to 182/133. -There were no blood pressure results docurrented after 07/28/19. Review of Resident #2's August 2019 to October 2019 Medication Administration Records (MARs) revealed there were no documented blood pressure results. Observation of Resident #2's blood pressure on		C 249			3/2019
		2:05pm revealed he of had an order for bloo- done monthly. Telephone interview v 10/10/19 at 2:22pm n -It was the facility's po pressures on the vital taken. -He did not know why the blood pressure ch Telephone interview v psychiatric provider o revealed: -The residents neede pressures checked at -It was a "routine thing pressures monthly.	d not know Resident #2 d pressure checks to be with the Administrator on evealed: blicy to document blood is sheet when they were r staff had not documented necks. with Resident #2's n 10/11/19 at 11:34am d to have their blood least every month. g" for her to order blood "usually" good to get the				101

STATEMEN AND PLAN (FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLW IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY
	FCL081052		B. WING		C 10/10/2019	
	ROMDER OR SUPPLIER	149 REI	DORESS, CITY, STAT		1 10	10/2019
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	MARCAROLI .	10-10-0
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LEC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULO BE APPROPRIATE	(XS) COMPLETE DATE
C 249	Continued From pag	je 2	C 249			
	01/15/19 revealed a Review of Resident	nt #2's current FL2 dated n order for monthly weights. #2's physician order sheet				
	dated 08/27/19 revea weights.	aled an order for monthly	1-21			
	02/01/19 to 07/28/19	Review of Resident #2's vitals sheets dated 02/01/19 to 07/28/19 revealed:				0
	On 02/05/19, the documented weight was 170lbs.					I.
	170lbs.	On 03/04/19, the documented weight was 170lbs. On 04/22/19, the documented weight was				N
	170ibs.	cumented weight was				S
	-On 07/28/19, the documented weight was 165lbs.		1			ĩ
	-There were no weig 07/28/19.	hts documented after				0
	2019 Medication Adn	2's August 2019 to October ninistration Records (MARs) no documented weights.				
	Observation of Resid at 1:00pm revealed it	ent #2's weight on 10/10/19 t was 170lbs.	0.01			
	Interview with a medication aide on 10/10/19 at 2:05pm revealed he did not know Resident #2 had an order for weights to be done monthly.					
1.3	10/10/19 at 2:22pm n	with the Administrator on evealed:	best and			
	 It was the facility's point the vitals sheet when 	olicy to document weights on				

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If continuation sheet 3 of 7

	PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081052		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		COM	E SURVEY PLETED C
ANE OF P	ROVIDER OR SUPPLIER	STPEET	DDRESS, CITY, STAT		1 1	/10/2019
	MILY CARE HOME # 3		D STREET	re, ar code		
(15.5) S.S.			CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECIDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFix TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE E APPROPRIATE	(XS) COMPLET DATE
C 249	Continued From page 3 Telephone Interview with Resident #2's psychiatric provider on 10/11/19 at 11:34am revealed: -The resident's needed to have their weights checked at least every month. -It was a "routine thing" for her to order weights monthly. -The facility staff was "usually" good to get the weights at the first of the month.		C 249	2 52000 1		010
	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: Based on observations, interviews, and record reviews, the facility failed to ensure as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents (Resident #1) related to a		C 330	See Amendmi	ent	10-23-21
	medication for mood. The findings are: Review of Resident # 09/18/19 revealed: -Diagnoses included or retardation, dementia,	1's current FL2 dated depression, mental , and gout. for duloxetine (used to treat				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081052	02) MULTIPLE A. BUILDING: B. WING	CONSTRUCTION	COM	E SURVEY
	ROVIDER OR SUPPLIER	149 REI	DORESS, CITY, STAT	E, ZIP CODE	1 1	0/10/2019
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREPIX TAG	PROVIDER'S PLAN OF OU IEACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(XS) COMPLET DATE
	Review of Resident revealed there was a daily. Review of Resident i October 2019 Medic (MARs) revealed: -There was an entrie 60mg once daily sch -The duloxetine was administered daily fm Observation of Resid medications on 10/10 there was no duloxet administration. Interview with the Ov and 11:25am reveale -She had administere on 10/09/19, she re to his last dose of du pharmacy to get it ref -The pharmacy had t the medication on the -The pharmacy was a refills. -If the pharmacy was a refills. -If the pharmacy had a physician then the f to contact the physici Telephone interview v the facility's contracte 11:07am revealed:	#1's FL2 dated 01/15/19 an order for duloxetine 60mg #1's August 2019 through cation Administration Record as for duloxetine HCL DR reduled at 8:00am. documented as om 08/01/19 to 10/10/19. dent #1's available 0/19 at 10:32am revealed tine available for wher on 10/10/19 at 10:35am ed: ad Resident #1's medications valized Resident #1 was down loxetine and called the filled. cold her they would deliver a evening of 10/09/19. ot tell her at that time the aw prescription to refill the supposed to take care of trouble getting in touch with facility staff would help them	C 330			10-23-2010

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STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/DLIA IDENTIFICATION NUMBER: FCL081052		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			SURVEY LETED C 10/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	DORESS, CITY, STATE	- No coor	10	10/2013
			D STREET	, ZP-CODE		
LISA'S FA	MILY CARE HOME # 3		CITY, NC 28043			
(X4) ID	SUMMARY:	STATEMENT OF DEFICIENCIES		DDO AND IN AN AN AN		-
PREFIX	(EACH DEFICIE)	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE E APPROPRIATE	(XS) CCHAPLET DATE
C 330	Continued From pa	ge 5	C 330			
	refill the duloxetine. -The representative couple weeks ago" duloxetine, but the p anything back" from	had spoken with staff "a about getting a refill for the pharmacy had "never heard facility staff.				0
	prescribing practition Resident #1's presc accept faxes, so the	Id "normally" contact the ner for the facility however, ribing practitioner did not ry asked the facility staff to be prescribing practitioner for				2
	the refill.		NP DATE			N
4	-The facility was last was 30 tablets on 08	t dispense of duloxetine 60mg 3/09/19.				N
-	facility's pharmacy d revealed there was r	#1's medications listed on the elivery sheet dated 09/06/19 to duloxetine 60mg tablets	-			0
-	listed in the medicat resident.	ions delivered for the				1
- 1	revealed:	ent #1 on 10/10/19 at 1:50pm				
	day,	im medications two times a				12
-	duloxetine. -Facility staff put his	e had been getting the medications in a cup and "I				
-	take it."					
	2:05pm revealed:	Ication aide on 10/10/19 at d the morning medications	Contraction of the second			
	-He did not administe that morning.	er duloxetine to Resident #2			44	
	Resident #2 on 10/0/					
	Telephone interview	with Resident #1's			1. 10 March 10	

STATEMEN AND PLAN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER: FCL081052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		- all	LETED -
NAME OF P	ROVIDER OR SUPPLIER	STREET	VOORESS, CITY, STATE	ZIP CODE	1 10/	10/2019
JISA'S FA	MILY CARE HOME # 3	3 149 REI	D STREET CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES VCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(XII) COMPLETE DATE
C 330	revealed: -She had prescribed #1 for mood and pa knee. -The facility staff has new prescription for medication could be -Resident #1 could p	on 10/11/19 at 11:34am d the duloxetine for Resident in control in the resident's d called her on 10/10/19 for a the duloxetine so the	C 330			10-23-2019
on of Healt E FORM	th Service Regulation		Kato IMS	20	If continue	2

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If continuation sheet 7 of 7

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Amendment for provider plan of correction and

Planned action to resolve deficiency for Lisa's Family Care Home.

10A NCAC 13G .0902 Health Care

C 249

1) Monthly Blood Pressure and weights was not taking in time.

Management of facility as a part of improvements for providing better health care services Had a quality control meeting, and addressed with staff about importance to make documentation in time and record in vital sheet base on doctor order.

Administrator or appointed staff member will be coming on biweekly basis to check if vital signs were taking timely and recorded properly. Completed October 23, 2013

10A NCAC 13G .1004(a) Medication Administration

C 330

1) Facility fails to provide medication to the resident.

Management of facility as a part of improvements for providing better health care services and provide timely right medications for the residents had a meeting where procedure of handling ordering medications was established.

Administrator or appointed staff member will be coming and monitor on biweekly basis to check if all medication are in the facility and recorded properly.

Completed October 23, 2013

Administrator of Lisa's Family Care Home: Alex Dinovetskiy

Alex Dinoceffhicy

10-23-2019