Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		FCL081052	B. WING			C 10/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE	-	
LISA'S FA	MILY CARE HOME # 3		STREET CITY, NC 28043	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
		sure Section conducted survey on October 10, 2019.				
C 249	10A NCAC 13G .0902	2(c)(3)(4) Health Care	C 249			
	following in the reside (3) written procedure a physician or other liand (4) implementation of	ssure documentation of the				
	reviews, the facility fa physician's orders for	s, interviews, and record				
	The findings are:					
	Review of Resident #. 01/15/19 revealed dia schizoaffective disord deficiency.	gnoses included dementia,				
		t #2's current FL2 dated order for monthly blood				
		2's physician order sheet led an order for monthly				
	Review of Resident #	2's vitals sheets dated				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			1		C	
		FCL081052	B. WING		10/10/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
		149 REID		,		
LISA'S FA	MILY CARE HOME # 3		CITY, NC 28043	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
C 249	Continued From page	: 1	C 249			
	02/01/19 to 07/28/19 -Resident #2's blood documented for 34 or monthly as ordered fr -The range of the blood 182/133There were no blood documented after 07/ Review of Resident #2019 Medication Admrevealed there were repressure results. Observation of Resident 10/10/19 at 1:05pm resident interview with a medical control of the cont	revealed: pressure had been courrences and at least om February to July 2019. od pressures were 113/68 to pressure results 28/19. 2's August 2019 to October prinistration Records (MARs)				
	had an order for blood done monthly.	d pressure checks to be				
	10/10/19 at 2:22pm re- lt was the facility's po pressures on the vital taken.	olicy to document blood s sheet when they were staff had not documented				
	revealed: -The residents neede pressures checked at -It was a "routine thin pressures monthly.	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				

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STATE FORM 6899 IM9I11 If continuation sheet 2 of 7

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 3 PREST 149 REID STREET FOREST CITY, NO. 23043		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
MANE OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 3 AND THE POREST CITY, NC 28043 CALIDAMY STATELLEST OF DEPLICENCESS CALIDAMY STATELLEST OF DEPLICENCES CALIDAMY STATELLEST OF DEPLICENCES OF DEPLICENCES CALIDAMY STATELLEST OF DEPLICENCES CALIDAMY STATELLEST OF DEPLICENCES CALIDAMY STATELLEST OF DEPLICENCES CALIDATION STATES CALIDAMY STATES			FCL081052	B. WING		
CAPUTE C	NAME OF P	ROVIDER OR SUPPLIER	STREET AL		TE, ZIP CODE	10/10/2010
C 249 D Review of Resident #2's current FL2 dated on 7/28/19 revealed an order for monthly weights. Review of Resident #2's vitals sheets dated 02/01/19 to 07/28/19 revealed: - On 02/05/19, the documented weight was 170lbs On 03/04/19, the documented weight was 170lbs On 07/28/19, the documented weight was 165lbs There were no weights documented after 07/28/19. Review of Resident #2's August 2019 to October 2019 Medication Administration Records (MARs) revealed there were no documented weights. Observation of Resident #2's weight on 10/10/19 at 1:00pm revealed it was 170lbs. Interview with a medication aide on 10/10/19 at 2:20pm revealed he did not know Resident #2' had an order for weights 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 weights on	I ISA'S FAMILY CARE HOME # 3				3	
b. Review of Resident #2's current FL2 dated 01/15/19 revealed an order for monthly weights. Review of Resident #2's physician order sheet dated 08/27/19 revealed an order for monthly weights. Review of Resident #2's vitals sheets dated 02/01/19 to 07/28/19 revealed: -On 02/05/19, the documented weight was 170lbs. -On 03/04/19, the documented weight was 170lbs. -On 04/22/19, the documented weight was 170lbs. -On 05/01/19, the documented weight was 170lbs. -On 07/28/19, the documented weight was 170lbs. -On 07/28/19, the documented weight was 170lbs. -On 07/28/19, the documented weight was 166lbs. -There were no weights documented after 07/28/19. Review of Resident #2's August 2019 to October 2019 Medication Administration Records (MARs) revealed there were no documented weights. Observation of Resident #2's weight on 10/10/19 at 1:00pm revealed it was 170lbs. 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. Telephone interview with the Administrator on 10/10/19 at 2:22pm revealed: -It was the facility's policy to document weights on	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE COMPLET
-He did not know why staff had not documented the weights.	C 249	b. Review of Residen 01/15/19 revealed an Review of Resident # dated 08/27/19 revealed weights. Review of Resident # 02/01/19 to 07/28/19 -On 02/05/19, the doc 170lbsOn 03/04/19, the doc 170lbsOn 05/01/19, the doc 170lbsOn 05/01/19, the doc 170lbsOn 07/28/19, the doc 170lbsThere were no weigh 07/28/19. Review of Resident # 2019 Medication Adm revealed there were mode at 1:00pm revealed it Interview with a medic 2:05pm revealed he conducted the cond	at #2's current FL2 dated order for monthly weights. E2's physician order sheet alled an order for monthly E2's vitals sheets dated revealed: cumented weight was nts documented after E2's August 2019 to October ministration Records (MARs) no documented weights. eent #2's weight on 10/10/19 was 170lbs. cation aide on 10/10/19 at did not know Resident #2 this to be done monthly. with the Administrator on evealed: olicy to document weights on they were taken.	C 249		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. DUILDING: _				
FCL081052		B. WING		C 10/10/2019		
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
LISA'S FA	MILY CARE HOME # 3	149 REID \$				
			TTY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLE	
C 249	Continued From page	e 3	C 249			
	revealed: -The resident's neede checked at least ever lt was a "routine thin monthly.	n 10/11/19 at 11:34am ed to have their weights y month. g" for her to order weights "usually" good to get the				
C 330	10A NCAC 13G .1004 Administration	`	C 330			
	(a) A family care hom preparation and admi prescription and non-by staff are in accorda (1) orders by a license which are maintained	4 Medication Administration ne shall assure that the nistration of medications, prescription and treatments ance with: ed prescribing practitioner in the resident's record; and on and the facility's policies				
	reviews, the facility fa a licensed prescribing	as evidenced by: as, interviews, and record iled to ensure as ordered by a practitioner for 1 of 3 esident #1) related to a				
	The findings are:					
	Review of Resident # 09/18/19 revealed: -Diagnoses included oretardation, dementia -There was an order f mood and pain) HCL	depression, mental , and gout. for duloxetine (used to treat				

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		FCL081052	B. WING		C 10/10/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE		
LISA'S FAMILY CARE HOME # 3						
LISA'S FA	MILY CARE HOME # 3	FOREST	CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
C 330	Continued From page	: 4	C 330			
		1's FL2 dated 01/15/19 n order for duloxetine 60mg				
	October 2019 Medica (MARs) revealed:	1's August 2019 through tion Administration Record				
	60mg once daily sche	documented as				
	administered daily fro	m 08/01/19 to 10/10/19.				
	Observation of Reside medications on 10/10 there was no duloxeti administration.	/19 at 10:32am revealed				
	and 11:25am revealed -She had administere on 10/09/19On 10/09/19, she reat to his last dose of dulipharmacy to get it refi-The pharmacy had to the medication on the -The pharmacy did no resident needed a nemedicationThe pharmacy was serfillsIf the pharmacy had	d Resident #1's medications alized Resident #1 was down exetine and called the illed. old her they would deliver evening of 10/09/19. ot tell her at that time the w prescription to refill the upposed to take care of trouble getting in touch with acility staff would help them				
	the facility's contracte 11:07am revealed:	vith a representative from d pharmacy on 10/10/19 at lled the duloxetine from a /03/18.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
FCL081052	B. WING		C 10/10/2019	
NAME OF PROVIDER OR SUPPLIER STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
LISA'S FAMILY CARE HOME # 3	STREET			
FOREST	CITY, NC 28043	<u> </u>		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
C 330 Continued From page 5	C 330			
-The pharmacy required a new prescription to refill the duloxetine. -The representative had spoken with staff "a couple weeks ago" about getting a refill for the duloxetine, but the pharmacy had "never heard anything back" from facility staff. -The pharmacy would "normally" contact the prescribing practitioner for the facility however, Resident #1's prescribing practitioner did not accept faxes, so they asked the facility staff to "get in touch" with the prescribing practitioner for the refill. -The facility was last dispense of duloxetine 60mg was 30 tablets on 08/09/19. Review of Resident #1's medications listed on the facility's pharmacy delivery sheet dated 09/06/19 revealed there was no duloxetine 60mg tablets listed in the medications delivered for the resident.				
Interview with Resident #1 on 10/10/19 at 1:50pm revealed: -Facility staff gave him medications two times a				
day. -He was not sure if he had been getting the duloxetine.				
-Facility staff put his medications in a cup and "I take it."				
Interview with a medication aide on 10/10/19 at 2:05pm revealed: -He had administered the morning medications				
on 10/10/19. -He did not administer duloxetine to Resident #2 that morning. -He had last administered the duloxetine to Resident #2 on 10/08/19.				

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Telephone interview with Resident #1's

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE C 10/10/20		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
10/10/20			ECI 0940E2			I		
	IE OE DDOVIDED (WIDER OR SLIPPLIER			E ZIR CODE	10/	10/2019	
149 REID STREET								
LISA'S FAMILY CARE HOME # 3 FOREST CITY, NC 28043	A'S FAMILY CA	ILY CARE HOME # 3	FOREST	CITY, NC 28043				
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO	REFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETE DATE	
C 330 Continued From page 6 psychiatric provider on 10/11/19 at 11:34am revealed: -She had prescribed the duloxetine for Resident #I for mood and pain control in the resident's kneeThe facility staff had called her on 10/10/19 for a new prescription for the duloxetine so the medication could be refilledResident #1 could probably miss a couple doses of the duloxetine a week without any side effects.	psychia reveale -She h. #1 for r knee. -The fa new pr medica -Reside	osychiatric provider of evealed: She had prescribed #1 for mood and pair knee. The facility staff had new prescription for medication could be Resident #1 could p	the duloxetine for Resident n control in the resident's d called her on 10/10/19 for a the duloxetine so the refilled.	C 330				

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