Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051063	A. BUILDING: ______ B. WING ______	R 06/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANDORA FAMILY CARE HOME	924 HOBBS STREET CLAYTON, NC 27520

(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 an annual and follow-up survey on 06/02/21.	C 000	10A NCAC 13G. 0702 (a) Tuberculosis Test and Medical Examination.	6/5/21
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#2 and #3) had completed tuberculosis (TB) testing upon admission in compliance with the control measures adopted by the Commission for Public Health. The findings are: 1. Review of Resident #2's current FL-2 dated 08/31/20 revealed diagnoses included severe major depressive disorder, gastroesophageal reflux disease (GERD), coronary artery disease, high blood pressure, urinary incontinence, vitamin B12 deficiency, and allergic rhinitis. Review of Resident #2's Resident Register	C 202	1. Upon accepting a new resident referral from a facility, the administrator will request that the facility perform the 1st step of the 2 step TB test in compliance with infection control and prevention measures. The administrator will require of the outside facility to document the result of that 1st TB test to include the date the skin test was administered, the date	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE June Osuru TITLE Administrator (X6) DATE 07/01/21

Reviewed and accepted. SM 07/01/21

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NAME OF PROVIDER OR SUPPLIER: **PANDORA FAMILY CARE HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE: **924 HOBBS STREET, CLAYTON, NC 27520**

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C 202	Continued From page 1 revealed there was an admission date of 09/02/17. Review of Resident #2's record revealed: -There was documentation of one TB skin test that was read on 03/01/20. -There was no documentation of a second TB skin test. Attempted interview with Resident #2 on 06/02/21 at 2:57pm revealed Resident #2 was not interviewable. Refer to the telephone interview with the Administrator on 06/02/21 at 3:47pm. 2. Review of Resident #3's current FL-2 dated 04/21/21 revealed diagnoses included schizophrenia and hyperlipidemia. Review of Resident #3's Resident Register revealed there was an admission date of 09/22/20. Review of Resident #3's record revealed: -There was documentation of one TB skin test that was read on 01/08/21. -There was no documentation of a second TB skin test. Interview with Resident #3 on 06/02/21 at 12:38pm revealed he had two TB tests, but he did not remember the dates. Refer to the telephone interview with the Administrator on 06/02/21 at 3:47pm. __________ Telephone interview with the Administrator on 06/02/21 at 3:47pm revealed: -Both residents' TB test results were in their	C 202	the skin test was read, and the exact size of the induration from the test. The administrator will then request the outside facility to fax in those results before the new resident transfers to Pandora Family Care home. Upon receiving the 1st TB skin test results, the administrator will verify that the results documentation include the date of administration, the date the test was read, and the size of the induration if any.	

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C 202	Continued From page 2 records. -She would review the residents' records and fax the TB test results to the surveyor on 06/03/21. Documentation of the residents' TB test results were not provided to the surveyor.	C 202		
C 341	10A NCAC 13G .1004 (i) Medication Administration 10A NCAC 13G .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff documented the administration of medications immediately following the administration and observation of the resident taking the medication for 3 of 3 sampled residents (#1, #2, and #3). The findings are: 1. Review of Resident #1's current FL-2 dated 03/23/21 revealed: -Diagnoses included schizophrenia, hepatitis B, intellectual disability, mental retardation, renal disorder, dysphagia, and seizures.	C 341	10A NCAC 13G.1004 (i) Medication Administration The staff at Pandora have undergone another training on medication administration and documentation following the fallout on documention. Only trained and certified medicaition aide are allowed to administer and document medications at Pandora Family care home. All medication aids at	6/5/21

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C 341	Continued From page 3 -There was an order for metoprolol succinate (used to treat high blood pressure) 50mg daily. -There was an order for pantoprazole (used to treat digestive problems) 40mg daily. -There was an order for Ativan (used to treat anxiety) 1mg in the morning and afternoon. -There was an order for Ativan 2mg at night. -There was an order for Advair Diskus (used to treat asthma symptoms) 250/50micrograms (mcg) inhale two puffs twice a day. -There was an order for Keppra (used to treat seizures) 100mg/milliliter (ml) solution take 10ml twice a day. -There was an order for Cogentin (used to treat symptoms of Parkinson's disease) 1mg twice a day. -There was an order for Invega (used to treat schizophrenia) 9mg at night. Review of Resident #1's medication administration record (MAR) for June 2021 on 06/02/21 revealed: -There was an entry for metoprolol succinate 50mg scheduled for administration at 8:00am. -There was an entry for pantoprazole 40mg scheduled for administration at 8:00am. -There was an entry for Ativan 1mg scheduled for administration at 8:00am and 2:00pm. -There was an entry for Ativan 2mg scheduled for administration at 8:00pm. -There was an entry for Advair Diskus 250/50mcg inhale two puffs scheduled for administration at 8:00am and 8:00pm. -There was an entry for Keppra 100mg/ml solution take 10ml scheduled for administration at 8:00am and 8:00pm. -There was an entry for Cogentin 1mg scheduled for administration at 8:00am and 8:00pm. -There was an entry for Invega 9mg scheduled for administration at 8:00pm.	C 341	Pandora now understand the appropriate way of administering and documenting medication administration. All medications will be pulled and administered an hour before or after the odered time of administration by the resident's physician. Medications administered shall be recorded immediately after administration, and staff have been instructed not to document the administration of a medication they have not yet administered.	

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C 341	Continued From page 4 -There was documentation all 8:00am medications had been administered from 06/01/21-06/03/21. -There was documentation the 8:00pm dose of Ativan 2mg had been administered from 06/01/21-06/02/21. -There was documentation the 8:00pm dose of Invega 9mg had been administered from 06/01/21-06/02/21. Refer to the interviews with the Medication Aide (MA) on 06/02/21 at 10:48am and 3:00pm. Refer to the telephone interview with the Administrator on 06/02/21 at 3:47pm. 2. Review of Resident #2's current FL-2 dated 08/31/20 revealed: -Diagnoses included severe major depressive disorder, gastroesophageal reflux disease (GERD), coronary artery disease, high blood pressure, urinary incontinence, vitamin B12 deficiency, and allergic rhinitis. -There was an order for aspirin (used as a blood thinner) 81mg daily. -There was an order for Zyrtec (used to treat allergy symptoms) 10mg daily. -There was an order for Prilosec (used to treat GERD) 20mg daily. -There was an order for oxybutinin (used to treat urinary incontinence) 5mg daily. -There was an order for fish oil (used to treat heart disease) 1000mg daily. -There was an order for Prozac (used to treat depression) 4mg (40mg was documented on Resident #2's medication administration record (MAR).) daily. -There was an order for Flomax (used to treat urine flow) 0.4mg daily. -There was an order for Vitamin B-12 1000mg	C 341	The administrator will be conducting monthly unannounced visits to audit the medication Administration Record at unannounced times of the day in an attempt to prevent any documention of medications prior to their administration, and to further educate staff on safe medication administration guidelines.	6/5/21

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C 341	Continued From page 5 daily. -There was an order for Abilify (used to treat mental health conditions) 10mg daily. -There was an order for Midodrine (used to treat low blood pressure) 5mg three times a day. -There was an order for Zocor (used to treat high cholesterol) 40mg at bedtime. -There was an order for Remeron (used to treat depression) 30mg at bedtime. -There was an order for Topamax (used to treat mental health conditions) 50mg at bedtime. Review of Resident #2's medication administration record (MAR) for June 2021 on 06/02/21 revealed: -There was an entry for aspirin 81mg scheduled for administration at 8:00am -There was an order for Zyrtec 10mg scheduled for administration at 8:00am. -There was an order for Prilosec 20mg scheduled for administration at 8:00am. -There was an order for oxybutinin 5mg scheduled for administration at 8:00am. -There was an order for Prozac 40mg scheduled for administration at 8:00am. -There was an order for Abilify 10mg scheduled for administration at 8:00am. -There was an order for Midodrine 5mg scheduled for administration at 8:00am, 12:00pm, and 8:00pm. -There was an order for Flomax 0.4mg scheduled for administration at 8:00pm. -There was an order for Vitamin B-12 1000mg scheduled for administration at 8:00pm. -There was an order for fish oil 1000mg scheduled for administration at 8:00pm. -There was an order for Zocor 40mg scheduled for administration at 8:00pm. -There was an order for Remeron 30mg scheduled for administration at 8:00pm.	C 341		

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C 341	Continued From page 6 -There was an order for Topamax 50mg at bedtime scheduled for administration at 8:00pm. -There was documentation all 8:00am medications had been administered from 06/01/21-06/03/21. -There was documentation the 8:00pm dose of Flomax 0.4mg had been administered from 06/01/21-06/02/21. -There was documentation the 8:00pm dose of Vitamin B-12 had been administered from 06/01/21-06/02/21. -There was documentation the 8:00pm dose of fish oil 1000mg had been administered from 06/01/21-06/02/21. -There was documentation the 8:00pm dose of Zocor 40mg had been administered from 06/01/21-06/02/21. -There was documentation the 8:00pm dose of Remeron 30mg had been administered from 06/01/21-06/02/21. -There was documentation the 8:00pm dose of Topamax 50mg had been administered from 06/01/21-06/02/21. Refer to the interviews with the Medication Aide (MA) on 06/02/21 at 10:48am and 3:00pm. Refer to the telephone interview with the Administrator on 06/02/21 at 3:47pm. 3. Review of Resident #3's current FL-2 dated 04/21/21 revealed: -Diagnoses included schizophrenia and hyperlipidemia. -There was an order for Depakene (used to treat mental health conditions) 250mg/5 milliters (ml) take 10ml in the morning and at noon. -There was an order for Depakene 250mg/5ml take 15ml at bedtime. -There was an order for Inderal (used to treat	C 341		

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C 341	Continued From page 7	C 341		

high blood pressure) 10mg twice a day.
-There was an order for docusate (a stool softener) 100mg twice a day.
-There was an order for Lipitor (used to treat high cholesterol) 20mg at bedtime.
-There was an order for Clozaril (used to treat schizophrenia) 250mg at bedtime.

Review of Resident #3's medication administration record (MAR) for June 2021 on 06/02/21 revealed:
-There was an entry for Depakene 250mg/5ml take 10ml scheduled for administration at 8:00am and 12:00pm.
-There was an order for Depakene 250mg/5ml take 15ml scheduled for administration at 8:00pm.
-There was an order for Inderal 10mg scheduled for administration at 8:00am and 8:00pm
-There was an order for docusate 100mg scheduled for administration at 8:00am and 8:00pm.
-There was an order for Lipitor 20mg scheduled for administration at 8:00pm.
-There was an order for Clozaril 250mg scheduled for administration at 8:00pm.
-There was documentation all 8:00am medications had been administered from 06/01/21-06/03/21.
-There was documentation all 8:00pm medications had been administered from 06/01/21-06/02/21.

Refer to the interviews with the Medication Aide (MA) on 06/02/21 at 10:48am and 3:00pm.

Refer to the telephone interview with the Administrator on 06/02/21 at 3:47pm.

____

Interviews with the MA on 06/02/21 at 10:48am

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C 341	Continued From page 8 and 3:00pm revealed: -She routinely prepared the all residents' medications before the administration time and placed it into separate containers in the medication storage drawer. -She routinely pre-charted the administration of medication on the residents' MARs after placing the residents' medication in containers labeled with each resident's name. -If a resident did not take the medication, she would document an exception note on the resident's MAR. -The Administrator was aware that she routinely pre-charted the administration of medication on the residents' MARs. -The Administrator did not say anything to her about her practice of pre-charting on the MARs. -She pre-charted the administration of medication on the MARs knowing that there was a possibility that a medication might not be administered to a resident. Telephone interview with the Administrator on 06/02/21 at 3:47pm revealed: -She knew the MAs were pre-pulling the residents' medication. -The MAs should document the administration of medication on the MAR after they have administered the medication to a resident. -She did not know the MA was documenting the administration of medication on the MAR before administering the medication to the residents.	C 341		
C 369	10A NCAC 13G .1008 (c) Controlled Substances 10A NCAC 13G .1008 Controlled Substances c) Controlled substances that are expired, discontinued or no longer required for a resident	C 369	10A NCAC 13G. 1008 Controlled Substances It is the responsibility of the administrator	6/3/21

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C 369	Continued From page 9 shall be returned to the pharmacy within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The facility shall document the resident's name; the name, strength and dosage form of the controlled substance; and the amount returned. There shall also be documentation by the pharmacy of the receipt or return of the controlled substances. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure an expired controlled substance, Perocet, was returned to the pharmacy for 1 of 2 residents sampled (#2) who was prescribed controlled substances. The findings are: Review of Resident #2's current FL-2 dated 08/31/20 revealed: -Diagnoses included severe major depressive disorder, gastroesophageal reflux disease (GERD), coronary artery disease, high blood pressure, urinary incontinence, vitamin B12 deficiency, and allergic rhinitis. -There was an order for Percocet (a controlled substance used to treat pain) 5-325mg take every six hours as needed for pain. Observation of medications on hand for Resident #2 on 06/02/21 at 12:05pm revealed: -There was one pill bottle with a label indicating 60 Percocet 5-325mg tablets were dispensed from the pharmacy on 11/23/18. -The label indicated the tablets were to be discarded after 11/23/19.	C 369	and two medication aids to check the expiration dates of all medications administered at Pandora and to ensure that all medications including routine and PRN (as needed) medication are within date for safetey of our residents. Following the fall out, the resident's physician was notified of the administration of the expired medication to the resident. An appointment was made for the resident to be checked by the doctor. A new controlled substance	6/2/21

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(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 369	Continued From page 10 -There was a supply of 31 Percocet 5-325mg tablets in the pill bottle. Review of the controlled substance (CS) log for Resident #2's Percocet 5-325mg revealed: -There was one CS log for Percocet 5-325mg. -The space on the form for quantity received was blank. -There was no signature documenting who signed in the medication. -There were 23 doses documented as administered from 11/23/18-10/10/19. -There were six doses documented as administered from 02/14/21-05/18/21. Review of Resident #2's medication administration records (MARs) for April-May 2021 revealed: -There were handwritten entries for Percocet 5-325mg take one tablet by mouth twice a day as needed. -There were no doses of Percocet documented as administered in April 2021, which did not coincide with the CS log; the CS log documented one dose of Percocet was administered on 04/17/21 at 12:45pm. -There were three doses of Percocet documented as administered on 05/15/21, 05/16/21, and on 05/1821, which coincided with the CS log. Interview with a pharmacist from the facility's contracted pharmacy on 06/02/21 at 1:35pm revealed: -The pharmacy had not dispensed Percocet 5-325mg for Resident #2. -Staff should not have been administering the expired Percocet to Resident #2. -The expired Percocet would have an 80-90% effective rate for treating pain.	C 369	order was obtained and faxed to the pharmacy. The expired controlled substance was retured to the pharmacy, and the current dated unexpired Percocet medication was delivered and is stored in the facility. The administrator developed a quarterly log to check all the medications stored in the facility. The administrator will be checking all the medications expiration dates and will return to pharmacy those expired and request new medications.	6/6/21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051063	A. BUILDING: ______ B. WING ______	R 06/02/2021

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C 369	Continued From page 11 Interview with Resident #2 on 06/02/21 at 2:57pm revealed he did not remember receiving Percocet for treatment of pain. Interview on 06/02/21 at 3:00pm with the medication aide (MA) who had documented the administration of Resident #2's Percocet 5-325mg revealed: -She administered Percocet to Resident #2 when he complained of pain. -She did not look at the expiration date when she administered Resident #2's Percocet. -The Administrator or the facility's Registered Nurse (RN) was responsible for making sure the residents' medications were current. Interview with the Administrator on 06/02/21 at 3:47pm revealed: -She "sometimes" reviewed the residents' medications. -She had not come across "too many" expired medications. -She had not reviewed the residents' medications this year. -The RN was responsible for checking the residents' medication. Attempted telephone interview with the RN on 06/02/21 at 4:06pm was unsuccessful.	C 369		
C 612	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp) 10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of	C 612	10A NCAC 13G.1701 (c) Infection Prevention & control The staff at Pandora in Clayton have undergone additional education and training on infection control and prevention. The visitor COVID screening log	6/3/21

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C 612	Continued From page 12 the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure recommendations and guidance established by Centers for Disease Control and Prevention (CDC) during the global coronavirus (COVID-19) pandemic were implemented and maintained to provide protection and reduce the risk of transmission and infection as related to visitor screening. The findings are: Observation upon entry to the facility on 06/02/21 at 9:00am revealed: -The Supervisor-in-Charge (SIC) was wearing a facemask. -The SIC did not ask COVID-19 screening questions or conduct a temperature assessment. -There were no COVID-19 screening questionnaires near the entry. -There was not a log for documenting COVID-19	C 612	is now more visible for all staff and reminders to screen all visitors visiting our home are visibly posted on the doors and office. On arrival of any visitor at Pandora, the staff on duty will ask the visitor screening questions, conduct a temperature check and if the screening is negative, then the visitor will be requested to sanitize their hands with provided hand sanitizer, requested to keep their mask on at all times regardless of their vaccination status. Any visitor with signs and symptoms of COVID-19 or who reports	

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C 612	Continued From page 13 screening near the entry. Observation on 06/02/21 at 4:07pm revealed: -There was a visitor screening log in a notebook on the desk in the MA's workstation. -There were spaces for documenting the visitor's temperature, exposure to COVID-19, and current symptoms of COVID-19. -The most recent entry in the log was dated 04/30/21 Review of the CDC guidance related to interim infection prevention and control recommendations for healthcare personnel (HCP) dated 02/23/21 revealed: -Symptom screening remained an important strategy to identify those who could have COVID-19 so appropriate precautions could be implemented. -A process was to be established to ensure everyone entering a facility was screened for signs and symptoms of COVID-19 or exposure to others with suspected or confirmed COVID-19 infection. Review of the CDC guidance related to interim infection prevention and control recommendations to prevent the spread of COVID-19 in long-term care facilities (LTCF) dated 03/29/21 revealed visitors to a facility were to be screened for COVID-19 symptoms and exposure to others with suspected or confirmed COVID-19 infection prior to entry. Review of the CDC updated healthcare infection prevention and control recommendations in response to the COVID-19 vaccination dated 04/27/21 revealed visitors to a facility should be screened and restricted from visiting, regardless of their vaccination status, if they have signs and	C 612	prolonged close contact with someone suspected with or confirmed COVID-19 infection will not be allowed into the home. The administrator will conduct weekly audits of the visitor, resident and employee logs to ensure that the staff is conducting screenings.	

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C 612	Continued From page 14 symptoms of COVID-19 or prolonged close contact with someone with suspected or confirmed COVID-19 infection. Interview with the SIC on 06/02/21 at 3:00pm revealed: -When she began working at the facility in February 2021, the Administrator instructed her on how to screen visitors to the facility. -She was to take the temperature of anyone who came into the facility and make sure they wore a facemask and used hand sanitizer. -She "forgot" to take the surveyor's temperature. Interview with the Administrator on 06/02/21 at 3:47pm revealed: -There was supposed to be a clipboard with a sign-in log on the table near the entry. -The SIC had been instructed in February 2021 on screening visitors who came to the facility. -The SIC should have known to screen for fever and COVID-19 symptoms.	C 612		