

PRINTED: 06/18/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/03/2021
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NAME OF PROVIDER OR SUPPLIER WE CARE FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 171B MORGANTON ROAD BURLINGTON, NC 27217
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C 000 Initial Comments

The Adult Care Licensure Section conducted an annual survey on 06/03/21.

C 000

C 102 10A NCAC 13G .0317 (a) Building Service Equipment

10A NCAC 13G .0317 Building Service Equipment

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition

C 102

This Rule is not met as evidenced by:
Based on observations and interviews the facility failed to ensure the plumbing in the master bathroom sink was in proper operating condition.

The findings are:
Observation of the facility on the initial tour on 06/03/21 at 9:26am revealed:
-The sink in the master bathroom was missing a knob to turn on the hot water.
-There was a bathroom in the hallway with two functional knobs that residents could wash their hands in.

Interview with a resident who had a bedroom that was connected to the master bathroom on 06/03/21 at 9:30am revealed:
-He had not been able to turn on the hot water in the bathroom sink due to the missing knob.
-The knob had been missing for "a while", resident was unable to provide a time frame.

Facility will ensure forth 6/5/21 going that all plumbing will be in proper operating condition. Sink in master bathroom has been repaired and operating properly. Home owner has maintenance workers in place to maintain facilities up keep in a timely manner.

Administrator, Sharon Brull will over see building for maintenance repair to ensure proper operating conditions on a monthly basis.

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Sharon Brull Administrator

(X6) DATE
07/19/21

STATE FORM

9200 B40011

If continuation sheet 1 of 7

Mary K. Agena

Reviewed and Accepted on 07/15/21 by MA

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C 102	<p>Continued From page 1</p> <p>Interview with the Supervisor In Charge (SIC) on 06/03/21 at 9:51am and 10:06am revealed:</p> <ul style="list-style-type: none"> -The Administrator rented the facility. -The Administrator typically contacted the homeowner's family member to discuss repair needs. -The homeowner's family member came out to the facility about two weeks ago to look at what needed to be repaired. -He asked the personal care aide (PCA) to make a list of items that needed repair. -The owner's family member was supposed to come back earlier this week to pick up the list but he did not show up. -The SIC was not able to locate a copy of the list at the time of survey. <p>Telephone interview with the homeowner on 06/03/21 at 12:48pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for most of the maintenance the facility required. -She last spoke with the Administrator around two weeks ago about the condition of the facility. -She was aware that the facility required some repairs but did not know the fine details and thought they had been discussed in detail with her family member. -She was not aware that the sink knob to turn on hot water in the master bathroom was missing. -She did not have a deadline for when the repairs would be made. <p>Telephone interview with the Administrator on 06/03/21 at 1:27pm revealed:</p> <ul style="list-style-type: none"> -She was aware that the sink needed to be repaired. -The homeowner arranged for all the maintenance repairs of the facility. -The Administrator contacted the homeowner in the last month to discuss required repairs 	C 102		
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C 102 Continued From page 2
including the master bathroom sink.
-The Administrator could not recall the date she contacted the homeowner.
-She did not know when the repair to the bathroom sink would be completed.

C 102

C 375 10A NCAC 13G .1009(a)(1) Pharmaceutical Care
10A NCAC 13G .1009 Pharmaceutical Care
(a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following:
(1) an on-site medication review for each resident which includes at least the following:
(A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and,
(B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and,

C 375

Forth going facility will obtain the services of a licensed pharmacist to maintain and review each resident pharmaceutical care quarterly for medication problems either on site or at pharmacy. Facility will schedule quarterly reviews with pharmacy ongoing. Administrator, Sharon Bruce will monitor to ensure situation does not re occur on a quarterly basis.

06/10/21

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C 375	<p>Continued From page 4</p> <p>06/29/20.</p> <p>Review of Resident #2's pharmacy reviews revealed a pharmacy review was last completed 09/28/20 there were no medication errors or recommendations.</p> <p>Refer to interview with the supervisor in charge (SIC) on 06/03/21 at 11:08am.</p> <p>Refer to telephone interview with the owner of the facility's contracted pharmacy on 06/03/21 at 11:55am.</p> <p>Refer to telephone interview with the Administrator on 06/03/21 at 1:27pm.</p> <p>3. Review of Resident #3's current FL-2 dated 05/28/21 revealed: -Diagnoses included social maladjustment disorder, and cognitive impairment. -Resident #3 was admitted to the facility on 04/11/19.</p> <p>Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 04/11/19.</p> <p>Review of Resident #3's pharmacy reviews revealed a pharmacy review was last completed 09/28/20 there were no medication errors or recommendations.</p> <p>Refer to interview with the supervisor in charge (SIC) on 06/03/21 at 11:08am.</p> <p>Refer to telephone interview with the owner of facility's contracted pharmacy on 06/03/21 at 11:55am.</p>	C 375		
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C 375	<p>Continued From page 5</p> <p>Refer to telephone interview with the Administrator on 06/03/21 at 1:27pm.</p> <p>Interview with the SIC on 06/03/21 at 11:08am revealed:</p> <ul style="list-style-type: none"> -She was responsible for making sure the residents' pharmaceutical reviews were completed. -The pharmacy who completed the last pharmaceutical reviews on 09/28/21 had not returned again to complete pharmaceutical reviews since that time. -She did not reach out to the previous pharmacy to request pharmaceutical review because the facility was pursuing a contract with a new pharmacy. -The facility's contract with the current pharmacy began in February 2021. -Today (06/03/21) when she spoke a pharmacy representative, she was told the pharmacist who made an initial visit to the facility in January 2021 no longer worked at the pharmacy. -She assumed the new pharmacy would begin completing the pharmacy reviews and keep their own schedule to make sure the pharmacy reviews were completed quarterly by another pharmacists. -She did not realize she needed to contact the pharmacy when they did not show up to complete the pharmacy reviews. <p>Telephone interview with the owner of facility's contracted pharmacy on 06/03/21 at 11:55am revealed:</p> <ul style="list-style-type: none"> -The pharmacist responsible for completing pharmaceutical reviews for the facility no longer worked at the pharmacy. -Normally the facility would have been seen by another pharmacist before now but with the change in pharmacist assigned, no one was 	C 375		
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C 375	<p>Continued From page 6</p> <p>scheduled to visit the facility.</p> <p>-The facility had not notified the pharmacy until today (06/03/21) of the need to schedule pharmaceutical reviews.</p> <p>-If the facility had contacted the pharmacy and made them aware, they needed pharmacy reviews completed a pharmacist was available to complete them.</p> <p>Interview with the Administrator on 06/03/21 at 1:30pm revealed:</p> <p>-She was responsible for making sure the residents' quarterly pharmacy reviews were completed.</p> <p>-She did not know the last time quarterly pharmacy reviews were completed.</p> <p>-She did not contact the pharmacy to request the residents' pharmaceutical reviews be completed because with the previously contracted pharmacy they used automatically completed the quarterly reviews.</p>	C 375			