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 |
|---|---|---|---|
| | FCL073005 | A. BUILDING: _____ B. WING _____ | 12/07/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JONES FAMILY HOME #1 | 2437 EPHESUS CHURCH ROAD SEMORA, NC 27343 |

| (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 |
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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section and Person County Department of Social Services conducted an annual and follow-up survey 12/06/22 through 12/07/22 with an exit via telephone on 12/07/22. | C 000 | | |
| C 131 | 10A NCAC 13G .0403(a) Qualifications of Medication Staff<br><br>10A NCAC 13G .0403 QUALIFICATIONS OF MEDICATION STAFF<br>(a) Family care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement.<br><br>This Rule is not met as evidenced by:<br>TYPE B VIOLATION<br><br>Based on observations, interviews and record reviews, the facility failed to ensure the completion of the 5, 10, or 15-hour medication aide training and the medication aide clinical skills validation for 1 of 2 sampled staff (Staff B) who administered medication.<br><br>The findings are:<br><br>Review of Staff B's Supervisor-in-charge (SIC/MA) personnel record revealed: | C 131 | **C131.** To correct, the supervisor in charge will schedule Medication Administration training for all group home staff with the nurse to ensure completion of 5, 10, or 15 hour medication aide training. Staff will be responsible for attending on the date that is scheduled. An audit will be conducted of all staff records to ensure all (i.e. medication administration, CPR, TB Screen, Bloodborne Pathogen, etc)pre-employment requirements are met. To prevent this from occurring again no staff will start working in the home until all pre-employment criteria is met. The supervisor in charge will complete a tracking spread sheet to include all pre-employment requirements to ensure employee files remains accurate with all required documents as outlined in the policy and procedure manual. The supervisor in charge will conduct a quarterly audit to ensure minimum program requirements and proof of documentation (verification of education, health care registry, background checks, cpr, bloodborne pathogens, EBPI, medication administration training, etc.) and completion of training is in the staff file.<br>The supervisor in charge will conduct quarterly audits to ensure the minimum requirements is met and proof of documentation is in the client record. | 1/22/23 |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robert Jones — TITLE: Executive Director — (X6) DATE: 1/6/23



Reviewed and Acknowledged 02/06/23 KHH

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| C 131 | Continued From page 1<br>-There was no documented date of hire.<br>-There was documentation Staff B completed a Medication Administration Clinical Skills Validation Checklist on 07/06/22.<br>-There was no documentation Staff B had completed the state approved 5 , 10 or 15 hour medication training.<br><br>Review of a Medication Administration Record (MAR) revealed Staff B administered medication Starting 10/14/2022 through 12/6/2022.<br><br>Interview with Staff B on 12/6/2022 at 10:30am revealed:<br>-He previously worked for the Director/Owner; he quit and worked some place else for about one year.<br>-He was recently hired to come back to this facility about two months ago after the last staff quit.<br>-He was responsible for administering medications to the residents, cooking, and providing assistance with activities of daily living (ADLs).<br>- He did not think he had to have all these things done again since he worked at the owner's other facility.<br>-He had passed the medication test a long time ago.<br>-He did not know he needed to be checked off and have 5 hour medication training from a nurse before he could administer medications to residents.<br>-His medication administration clinical skills validation checklist dated 07/06/22 was from a sister facility where he worked prior starting work at this facility.<br><br>Telephone interview with the facility's contracted nurse on 12/07/22 at 3:18pm revealed: | C 131 | Continued from page 1 | 1/22/23 |

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| C 131 | Continued From page 2<br>-In July 2022, she provided clinical skills training for Staff B.<br>-She was told Staff B was going to start working at the facility in July 2022.<br>-She was not aware Staff B did not start working at the facility until October 2022, or she would have made the facility aware Staff B needed clinical skills training in October 2022.<br>-Staff B had the medication aide 5, 10, or 15 hour training sometime last year.<br>-She was unable to recall the exact month and date she provided the training and she did not have a copy of the certificate given to Staff B for completing the training.<br><br>Telephone interview with the Director/Owner on 12/07/22 at 2:18pm revealed:<br>-Staff B had clinical skills training in July 2022 when he worked at another facility.<br>-Staff B started working at this facility in October 2022, he was unable to recall the exact date of hire for Staff B.<br>-He did not know why Staff B was unable to use the same clinical skills training for another facility.<br>-He was aware that Staff B had the 5, 10, or 15 medication aide training, but he was unable to find documentation of the training.<br>-The Administrator was responsible for ensuring all staff training was completed and in the record.<br>-The Administrator had not worked since August 2022, due to hospitalization.<br>-He was trying to help out as much as he was able, but he was busy doing other things.<br><br>[Refer to Tag 330 10A NCAC 13G. 1004(a) Medication Administration (Type B Violation)]<br><br>The facility failed to ensure the medication administration clinical skills validation was completed and validation of 5, 10, or 15 hours | C 131 | Continued from page 1 | 1/22/23 |

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| C 131 | Continued From page 3<br>medication aide training was completed prior to administering medications to the residents, which placed the residents at risk for medication administration errors. This failure was detrimental to the health, safety and welfare of residents which constitutes a Type B Violation.<br>A plan of protection was requested on 12/13/22 and not provided.<br>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 22, 2023. | C 131 | Continued page 1 | 1/22/23 |
| C 140 | 10A NCAC 13G .0405(a)(b) Test For Tuberculosis<br>10A NCAC 13G .0405 Test For Tuberculosis<br>(a) Upon employment or moving into a family care home, the administrator, all other staff, and any persons living in the family care home shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205, which is hereby incorporated by reference, including subsequent amendments.<br>(b) There shall be documentation on file in the family care home that the administrator, all other staff, and any persons living in the family care home are free of tuberculosis disease.<br>Readopted Eff. July 1, 2021.<br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled staff (Staff B) was tested for Tuberculosis (TB) disease upon hire.<br>The findings are: | C 140 | **C140** To correct, the supervisor in charge will ensure that all current staff and potential candidates for employment are tested for Tuberculosis and documents of proof will be stored in the staff record. All current clients will be tested for Tuberculosis and documents of proof will be stored in the client record. Potential clients will be required to provide proof of Tuberculosis testing prior to admission. To prevent this from occurring again no staff will start working in the home until all pre-employment criteria is met and no clients will be admitted until all pre-admission criteria is met. The supervisor in charge will complete a tracking spread sheet to include all pre-employment requirements to ensure employee files remains accurate with all required documents as outlined in the policy and procedure manual. The supervisor in charge will complete a tracking spread sheet to include all pre-admission criteria to ensure client files remains accurate with all required | 1/22/23 |

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| C 140 | Continued From page 4<br><br>Review of Staff B's, Supervisor-in-Charge/medication aide (SIC/MA) personnel record revealed:<br>-There was no documented date of hire.<br>-There was no documentation of a completed TB skin test.<br><br>Interview with Staff B on 12/6/22 at 10:30am revealed:<br>-He previously worked for the Director/Owner, then he quit and worked someplace else for about one year.<br>-He was recently hired to come back to this facility about two months ago after the last staff quit.<br>-He was responsible for administering medications to the residents, cooking, and providing assistance with activities of daily living (ADLs).<br>- He did not think he had to have another TB skin test done again since he worked at the owner's other facility.<br><br>Telephone interview with the Director/Owner on 12/07/22 at 2:18pm revealed:<br>-Staff B had a TB skin test years ago when he worked at another one of the owner's facilities.<br>-He did not understand why Staff B needed another TB skin test.<br>-Staff B had not worked at any of the Director/Owner's facility for at least one year, then he returned in July 2022 but worked at a different facility.<br>-The Administrator was responsible for ensuring TB skin test were completed and in the record.<br>-The Administrator had not worked since August 2022, due to hospitalization.<br>-He was trying to help out as much as he was able, but he was busy doing other things. | C 140 | documents as outlined in the policy and procedure manual. The supervisor in charge will conduct a quarterly audit to ensure minimum program requirements and proof of documentation (verification of education, health care registry, background checks, cpr, bloodborne pathogens, EBPI, medication administration training, etc.) and completion of training is in the staff file. The supervisor in charge will conduct a quarterly audit to ensure minimum program requirements and proof of documentation is met for client records to meet standards as outlined. | 1/22/23 |

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| C 145 | 10A NCAC 13G .0406(a)(5) Other Staff Qualifications<br><br>10A NCAC 13G .0406 Other Staff Qualifications<br>(a) Each staff person of a family care home shall:<br>(5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled staff (Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire.<br><br>The findings are:<br><br>Review of Staff B's, Supervisor-in-Charge/medication aide (SIC/MA) personnel record revealed:<br>-There was no documented date of hire.<br>-There was no documentation a HCPR check was completed prior to hire.<br><br>Interview with Staff B on 12/6/2022 at 10:30am revealed:<br>-He was recently hired to come back to this facility about two months ago after the last staff quit.<br>-He previously worked for the Director/Owner then he quit and worked some place else for about one year.<br>-He was responsible for administering medications to the residents, cooking, and providing assistance with activities of daily living (ADLs).<br>- He did not think he had to have all these things | C 145 | **C145** To correct, the supervisor in charge will complete a Health Care Registry Check for all current employees and annually thereafter. To prevent this from occurring again no staff will start working in the home until all pre-employment criteria is met. The supervisor in charge will complete a tracking spread sheet to include all pre-employment requirements to ensure employee files remains accurate with all required documents as outlined in the policy and procedure manual. The supervisor in charge will conduct a quarterly audit to ensure minimum program requirements and proof of documentation (verification of education, health care registry, background checks, cpr, bloodborne pathogens, EBPI, medication administration training, etc.) and completion of training is in the staff file. | 1/22/23 |

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| C 145 | Continued From page 6<br>done again since he worked at the owner's other facility.<br><br>Telephone interview with the Director/Owner on 12/07/22 at 2:18pm revealed:<br>-Staff B had a HCPR previously when he worked at another one of the owner's facilities.<br>-He did not understand why Staff B needed another HCPR.<br>-Staff B had not worked at any of the Director/Owner's facility for at least one year, then he returned in July 2022 but worked at a different facility.<br>-The Administrator was responsible for ensuring HCPR were completed and in the record.<br>-The Administrator had not worked since August 2022, due to hospitalization.<br>-He was trying to help out as much as he was able, but he was busy doing other things. | C 145 | Continue Page 6 | 1/22/23 |
| C 147 | 10A NCAC 13G .0406(a)(7) Other Staff Qualifications<br><br>10A NCAC 13G .0406 Other Staff Qualifications<br>(a) Each staff person of a family care home shall:<br>(7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file;<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews the facility failed to ensure 1 of 2 sampled staff (Staff B) had a criminal background check completed upon hire.<br><br>The findings are: | C 147 | **C147** To correct the Supervisor In-Charge will complete a Criminal History Record Check and verification of health care registry for all staff.<br><br>To prevent this from occurring again no staff can begin working in the home until all pre-employment criteria is met. The Supervisor In-Charge will complete a tracking spread sheet to include all pre-employment requirements to ensure employee files remains accurate with all required documents as outlined in the policy and procedure manual. The Supervisor In-Charge will conduct a quarterly audit to ensure minimum program requirements and proof of documentation (verification of education, health care registry, background checks, CPR, bloodborne pathogens, EBPI, medication administration training, etc.) and completion of training is in the staff file | 1/22/23 |

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| C 147 | Continued From page 7<br><br>Review of Staff B's, Supervisor-in-Charge/medication aide (SIC/MA) personnel record revealed:<br>-There was no documented date of hire.<br>-There was no consent for a criminal background check.<br>-There was no documentation of a criminal background check performed.<br><br>Interview with Staff B on 12/6/2022 at 10:30am revealed:<br>-He previously worked for the Director/Owner then he quit and worked some place else for about one year.<br>-He was recently hired to come back to this facility about two months ago after the last staff quit.<br>-He was responsible for administering medications to the residents, cooking, and providing assistance with activities of daily living (ADLs).<br>- He did not think he had to have all these things done again since he worked at the owner's other facility.<br><br>Telephone interview with the Director/Owner on 12/07/22 at 2:18pm revealed:<br>-Staff B had a criminal background previously when he worked at another one of the owner's facilities.<br>-He did not understand why Staff B needed to have another criminal background check.<br>-Staff B had not worked at any of the Director/Owner's facility for at least one year, then he returned in July 2022 but worked at a different facility.<br>-The Administrator was responsible for ensuring criminal background checks were completed and in the record.<br>-The Administrator had not worked since August | C 147 | see page 7 | 1/22/23 |

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| C 147 | Continued From page 8<br>2022, due to hospitalization.<br>-He was trying to help out as much as he was able, but he was busy doing other things. | C 147 | cont page 7 | 1/22/23 |
| C 202 | 10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination<br><br>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#2, and #3) had completed two-step tuberculosis (TB) testing in compliance with the control measures for the Commission for Health Services.<br><br>The findings are:<br><br>1. Review of Resident #2's current FL2 dated 06/22/22 revealed diagnoses included paranoid schizophrenia, chronic kidney disease, hypertension, mild cognitive impairment.<br><br>Review of Resident #2's Resident Register revealed an admission date of 01/19/20.<br><br>Review of Resident #2's record revealed there | C 202 | **C202** To correct, the supervisor in charge will ensure that all current clients and potential clients are tested for Tuberculosis using two step method, receive medical examinations and documents of proof that will be stored in the client record (FL-2 at admission and annually and physicians written order). To prevent this from occurring again no client will be admitted until all admission criteria is met. The supervisor in charge will complete a tracking spread sheet to include all admission requirements to ensure consumer files remains accurate with all required documents as outlined in the policy and procedure manual. The supervisor in charge will conduct a quarterly audit to ensure minimum program requirements and proof of documentation (TB, FL-2, Vaccine Record, medication orders etc.). The supervisor in charge will conduct a quarterly audit to ensure minimum program requirements and proof of documentation is met and remains current for client records to meet standards as outlined. | 1/22/23 |

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| C 202 | Continued From page 9<br>was no documentation of a first or second step tuberculosis (TB) skin test.<br><br>Interview with the Supervisor-in-Charge/medication aide (SIC/MA) on 12/06/22 at 1:09pm revealed:<br>-He was not responsible for ensuring residents had TB skin test upon admission.<br>-He was unable to find Resident #2's TB skin test.<br>-He reached out to the Director/Owner and was told the TB skin test was obtained and should be in the facility.<br>-He searched Resident #2's record and other paperwork and was unable to locate the resident's TB skin test.<br><br>Telephone interview with Resident #2 on 12/07/22 at 11:38am revealed:<br>-He had a TB test when he was in the hospital.<br>-He was unable to recall if it was a chest X-ray or if it was administered through a needle.<br>-He remembered the test was negative, "so he only needed one test."<br>-He had lived at the facility for almost three years and had not received another TB test since he moved into the facility.<br><br>Telephone interview with the Director/Owner on 12/07/22 at 2:28pm revealed:<br>-He was sure Resident #2 had a TB skin test prior to being admitted to the facility.<br>-The TB skin test should be in Resident #2's record.<br>-If the TB skin test was not in the resident's record, then he was not sure where the TB skin test was at.<br>-He would look for the TB skin test and if unable to locate he would take the resident to obtain another TB skin test. | C 202 | See pg 9 | 1/22/23 |

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| C 202 | Continued From page 10<br>Attempted telephone interview with Resident #2's guardian on 12/07/22 at 3:22pm was unsuccessful.<br><br>2. Review of Resident #3's record revealed:<br>-There was not an admitting FL2.<br>-There was a previous FL2 dated 05/04/22.<br>-The diagnoses on the previous FL2 included schizoaffective disorder, bipolar, and tardive dyskinesia.<br>-Resident #3 had a history of wandering.<br><br>Review of Resident #3's Resident Register revealed an admission date of 10/11/22.<br><br>Review of Resident #3's record revealed:<br>-There was chest X-ray dated 05/04/22 with no documented findings for TB.<br>-The was not documentation or proof a positive TB skin test.<br>-There was no documentation of a first or second step tuberculosis (TB) skin test.<br><br>Interview with the Supervisor-in-Charge/medication aide (SIC/MA) on 12/06/22 at 1:09pm revealed:<br>-He was not responsible for ensuring residents had TB skin test upon admission.<br>-He started working at the facility in October 2022 (he was unable to recall the exact date of hire) as medication aide/SIC.<br>-He did not know why Resident #2 had a chest X-ray completed instead of a TB skin test.<br>-He was not aware the chest X-ray could not be accepted as TB test.<br><br>Telephone interview with the Director/Owner on 12/07/22 at 2:31pm revealed:<br>-When he admitted Resident #2 and other residents from the local hospital, they always sent | C 202 | See page 9 | V22/23 |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| JONES FAMILY HOME #1 | 2437 EPHESUS CHURCH ROAD SEMORA, NC 27343 |

| (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 |
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| C 202 | Continued From page 11<br>chest x-ray for TB test instead of TB skin test.<br>-The hospital told him that chest x-rays were easier to obtain than TB skin test.<br>-He thought the chest X-ray was acceptable for TB test.<br><br>Based on observation, record review and interview, it was determined Resident #3 was not interviewable. | C 202 | See Page 9 | 1/22/23 |
| C 204 | 10A NCAC 13G .0702 (c-1) Tuberculosis Test And Medical Examination<br><br>10A NCAC 13G .0702 Tuberculosis Test And Medical Examination<br><br>(c) The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following:<br>(1) The examining date recorded on the FL-2 or MR-2 shall be no more than 90 days prior to the person's admission to the home.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to ensure the examining date documented on the resident's FL2 was no more than 90 days prior to admission for 1 of 3 sampled residents (Resident #3).<br><br>The findings are:<br><br>Review of Resident #3's previous FL2 dated 05/04/22 revealed:<br>-Diagnoses included schizoaffective disorder, bipolar, and tardive dyskinesia. | C 204 | **C204** To correct, the supervisor in charge will ensure that all current clients and potential clients are tested for Tuberculosis using two step method, receive medical examinations and documents of proof that will be stored in the client record (FL-2 at admission and annually and physicians written order). To prevent this from occurring again no client will be admitted until all admission criteria is met. The supervisor in charge will complete a tracking spread sheet to include all admission requirements to ensure consumer files remains accurate with all required documents as outlined in the policy and procedure manual. The supervisor in charge will conduct a quarterly audit to ensure minimum program requirements and proof of documentation (TB, FL-2, Vaccine Record, medication orders etc.). The supervisor in charge will conduct a quarterly audit to ensure minimum program requirements and proof of documentation is met and remains current for client records to meet standards as outlined. | 1/22/23 |

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| C 204 | Continued From page 12<br>-There was no discharge medications listed on the FL2.<br>-There was documentation Resident #3 was a wanderer.<br><br>Review of Resident #3's Resident Register revealed an admission date of 10/11/22.<br><br>Interview with the Supervisor-in-Charge/medication aide (SIC/MA) on 12/06/22 at 1:09pm revealed:<br>-He started working at the shortly before Resident #3 was admitted to the facility.<br>-He did not know Resident #3 FL2 was more than 90 days old.<br><br>Telephone interview with the Director/Owner on 12/07/22 at 2:31pm revealed:<br>-When he admitted Resident #3 the social worker at the hospital told him the FL2 was good and could be used for admission to the facilty.<br>-The Administrator was usually the person that reviewed FL2s when admitting residents.<br><br>Based on observation, record review and interview, it was determined Resident #3 was not interviewable. | C 204 | See page 12 | 1/22/23 |
| C 236 | 10A NCAC 13G .0802 (a) Resident Care Plan<br><br>10A NCAC 13G .0802 Resident Care Plans<br>(a) A family care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan shall be an individualized, written program of personal care for each resident. | C 236 | C236 The Qualified Professional will conduct an audit of all current records and will obtain from referring agency and physician a current FL-2, vaccine record and physician orders. A care plan that will be stored in the client medical record will be developed by the Qualified Professional for each client which will be reviewed quarterly and revised at a minimum annually. | 1/22/23 |



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| C 236 | Continued From page 13<br>This Rule is not met as evidenced by:<br>Based on observations, record review and interviews the facility failed to develop a care plan for 1 of 3 sampled residents, (Residents #3).<br><br>The findings are:<br><br>Review of Resident #3's record revealed:<br>-There was not an admitting FL2.<br>-There was a previous FL2 dated 05/04/22.<br>-The diagnoses on the previous FL2 included schizoaffective disorder, bipolar, and tardive dyskinesia.<br>-Resident #3 had a history of wandering.<br><br>Review of Resident #3's record revealed:<br>-There was Care plan in the record.<br>-The Care plan was blanket and had not been completed.<br><br>Interview with the Supervisor-in-Charge/medication aide (SIC/MA) on 12/06/22 at 1:55pm revealed:<br>-He was not responsible for completing care plans.<br>-The Administrator was responsible but had been in the hospital since August 2022.<br><br>Telephone interview with the Director/Owner on 12/07/22 at 2:28pm revealed:<br>-The Administrator usually completed the care plans but had been in the hospital since August 2022.<br>-He was responsible for completing Resident #3's care plan but had been busy and forgot about the care plan.<br><br>Based on observation, record review and interview, it was determined Resident #3 was not interviewable. | C 236 | To prevent this from occurring again no client will be admitted until all admission criteria is met. The supervisor in charge will complete a tracking spread sheet to include all admission requirements to ensure consumer files remains accurate with all required documents as outlined in the policy and procedure manual. The supervisor in charge will conduct a quarterly audit to ensure minimum program requirements and proof of documentation (TB, FL-2, Vaccine Record, medication orders, care plans etc.). The supervisor in charge will conduct a quarterly audit to ensure minimum program requirements and proof of documentation is met and remains current for client records to meet standards as outlined. | 1/22/23 |



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| C 246 | 10A NCAC 13G .0902(b) Health Care<br><br>10A NCAC 13G .0902 Health Care<br>(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to ensure health care follow up for 1 of 2 sampled residents (Resident #2) for a follow-up appointment with a mental health provider for medication refills and labs for an antipsychotic medication (#2).<br><br>The findings are:<br><br>Review of Resident #2's current FL2 dated 06/22/22 revealed diagnoses included paranoid schizophrenia, chronic kidney disease, hypertension, mild cognitive impairment.<br><br>a. Review of Resident #2's physician's order and physician visit notes revealed:<br>-There were no visit notes from the mental health provider.<br>-There was no documentation of an upcoming appointment with the mental health provider.<br>-There was no documentation the mental health provider was notified the resident was out of an antipsychotic medication.<br>-There was no documentation the mental health provider was notified the pharmacy needed a refill for an antipsychotic medication.<br><br>Review of Resident #2's physician's orders revealed an order dated 10/11/22 for seroquel 800mg at bedtime.<br><br>Observation of Resident #2's medication on hand | C 246 | C246 To correct, the supervisor in charge will schedule annual medical appointments for all clients. The Supervisor In-Charge will review all the current clients files to include FL-2 and physician orders to ensure all orders and recommendations have been followed. The Supervisor in Charge will schedule all needed follow-up appointments and ensure transportation is available and written orders are obtained from physician before leaving the appointment. Upon arrival the Supervisor In-Charge will ensure that the pharmacist provides a MAR that is current and matches all physicians' orders. The written order will be placed in the client medical record and the Supervisor will ensure that any recommendations are followed. If any problems arise with getting orders and/or medications the Director will be contacted to provide a resolution to satisfy policy and procedures to meet the clients need. To prevent this from occurring again annual appointments will be scheduled for all clients by the Supervisor In-Charge at the end of each appointment. All written orders will be followed up until completed with the Supervisor In-Charge being the responsible party. If any problems arise with obtaining orders and/or medications the Director will be contacted to resolve.<br><br>The Director will do unannounced reviews of the records to ensure this process is being followed. | 1/22/23 |

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| C 246 | Continued From page 15<br>on 12/06/22 at 1:40pm revealed seroquel was not available for administration.<br><br>Telephone interview with a pharmacist at the facility's contract pharmacy on 12/07/22 at 10:48am revealed:<br>-Seroquel had not been refilled due to waiting for a new prescription from the mental health provider.<br>-The pharmacy sent an electronic request for a new prescription to the mental health provider on 10/11/22, 11/08/22 and 12/05/22.<br>-In addition, to sending an electronic request to the mental health provider the pharmacy also called the facility on the same dates and asked them to contact the mental health provider as well in hopes of speeding the process for the new prescription.<br>-Not getting seroquel as ordered could have caused mood changes, depression, or mental status changes during the withdrawal period.<br>-Resident #2 may have been without seroquel for three weeks or more and withdrawals have past.<br><br>Telephone interview with Resident #2 on 12/07/22 at 11:38am revealed:<br>-He had not seen the mental health provider for months (unable to recall the exact date).<br>-He was scheduled another appointment but did not recall when the appointment was scheduled.<br><br>Telephone interview with the mental health provider 12/07/22 at 4:04pm revealed:<br>-The resident's last visit was on 08/19/22.<br>-Resident #2 was scheduled for another visit on 10/12/22.<br>-There was no documentation the visit on 10/12/22 took place.<br>-There was no documentation the provider was notified by the facility that Resident #2 was out a | C 246 | See page 19 | 1/22/23 |



The Supervisor in-charge will conduct quarterly audits to ensure minimum program requirements and por

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| C 246 | Continued From page 16<br>medication.<br>-There was no documentation from the facility the resident needed a refill for a medication.<br><br>Attempted telephone interview with Resident #2's mental health provider on 12/07/22 at 11:48am was unsuccessful.<br><br>Attempted telephone interview with Resident #2's guardian on 12/07/22 at 3:22pm was unsuccessful.<br><br>Refer to telephone interview with the Director/Owner on 12/07/22 at 2:43pm.<br><br>b. Review of Resident #2's physician orders and physician visit notes revealed:<br>-There was no documentation for upcoming appointment or labs for depakote level.<br>-There was no documentation the mental provider was contacted to change or cancel a scheduled appointment.<br><br>Telephone interview with Resident #2 on 12/07/22 at 11:38am revealed:<br>-He had not seen the mental health provider for months; and he was unable to recall the last time he saw the provider.<br>-He recalled the provider told him that he needed a depakote level before the next visit.<br>-He had not had a blood draw to obtain a depakote level.<br>-He had not been to see the mental health provider since the last visit.<br>-He was unable to recall when the next appointment was scheduled, that would be taken care of by the Director/Owner.<br><br>Telephone interview with a provider at the mental health provider's office on 12/07/22 at 4:04pm | C 246 | See page 19 | 1/22/23 |

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| C 246 | Continued From page 17<br>revealed:<br>-The resident's last visit was on 08/19/22; Resident #2 was scheduled for another visit on 10/12/22.<br>-There was no documentation the visit on 10/12/22 took place.<br>-There was documentation Resident #2 was to obtain a depakote level prior to the visit.<br><br>Interview with the Supervisor-in-Charge/medication aide (SIC/MA) on 12/06/22 at 1:09pm revealed:<br>-He did not know if Resident #2 had an appointment to see his mental health provider.<br>-The Director/Owner took the residents to appointments.<br><br>Attempted telephone interview with Resident #2's mental health provider on 12/07/22 at 11:48am was unsuccessful.<br><br>Attempted telephone interview with Resident #2's guardian on 12/07/22 at 3:22pm was unsuccessful.<br><br>Refer to telephone interview with the Director/Owner on 12/06/22 at 2:43pm.<br><br>Interview with the Director/Owner on 12/06/22 at 2:43pm revealed:<br>-He was not aware Resident #2 had an appointment for a depakote level.<br>-He was not aware the resident had an appointment on 10/12/22.<br>-He took all the residents to their appointments.<br>-If another appointment was scheduled, he would have been the once to receive the paperwork and schedule the appointment.<br>-He did not recall seeing a follow-up visit for 10/12/22 for Resident #2. | C 246 | See page 19<br><br>Type text here | 1/22/23 |

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| C 292 | 10A NCAC 13G .0905 (d) Activities Program<br><br>10A NCAC 13G .0905 Activities Program<br>(d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and observations the facility failed to ensure residents were offered activities at least 14 hours a week designed to promote the residents' active involvement.<br><br>The findings are:<br><br>Observation of the activities calendar posted on the wall outside the kitchen on 12/06/22 at 10:43am revealed:<br>-There was an activities calendar dated for October 2022.<br>-There was not an activities calendar dated for December 2022.<br><br>Observation of common living area and common dining area on 12/06/22 at 10:55am revealed the facility did not have activity supplies such as: playing cards, board games and puzzles.<br><br>Observation of activities on 12/06/22 from 9:50am through 3:00pm revealed:<br>-No activities were offered to the residents.<br>-One resident was seated at the dining room table and he was coloring.<br>-There were five residents off and on seated in the common living area watching TV. | C 292 | **C292** To correct the Supervisor in Charge will meet with the clients and update the activity schedule to include activities in the community and not just board games or inside activities. The Supervisor In Charge will research community options to provide to the clients as suggestions. Once the schedule is completed the schedule will be left in each of the client's room and posted on the side of the refrigerator. To prevent this from occurring in the future the Supervisor in Charge will meet with the clients two weeks before the months end to develop a activity schedule for the upcoming month. The Supervisor In Charge will research community options to provide to the clients as suggestions. Once the schedule is completed the schedule will be left in each of the clients room and posted on the side of the refrigerator.<br>The Director will ensure the monthly calendar is posted montly in the facility. | 1/22/23 |

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| C 292 | Continued From page 19<br>-Staff had not offered activities.<br><br>Interview with a resident on 12/06/22 at 10:36am revealed:<br>-He had his own cards and coloring stuff<br><br>Interview with a second resident on 12/06/22 at 10:38am revealed:<br>- He liked to play card games like Tunk, Spades and liked to play checkers<br>-There used to be some card games and other games on the top of the metal cabinet in the dining room<br><br>Interview with a third resident on 12/06/22 at 10:40am revealed:<br>-The last staff may have taken the games with her when she left. They used to be on that cabinet in the corner in the dining room.<br>-He liked to play cards like Spades and Rook.<br><br>Interview with a fourth resident on 12/06/22 at 10:42am revealed:<br>-If they had some cards he would play. They watched TV mostly but he did like card games mostly.<br><br>Interview with a Supervisor in Charge/medication aide (SIC/MA) on 12/06/22 at 10:50am revealed:<br>-He started working at the facility in October 2022.<br>-He had been so busy doing things like cleaning, he forgot about the activity calendar.<br>-Currently, the residents did not do much outside of watching television and physician visit as needed.<br>-He did not take the residents on outing; the residents were free go with family or anyone that wanted to take them out.<br>-She did not offer daily activities to the residents. | C 292 | See page 19 | 1/22/23 |



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| C 292 | Continued From page 20<br>-He did not know if there were games or other activity supplies for the residents.<br><br>Telephone interview with the Director/Owner on 12/06/22 at 2:21pm revealed:<br>-The Administrator was the person responsible for the activity calendar.<br>-The Administrator had been when in the hospital sick since October 2022.<br>-He did not know if there were activity supplies at the facility.<br>-He did not know if the residents were doing activities because he did not visit the facility daily. | C 292 | See page 19 | 1/22/23 |
| C 330 | 10A NCAC 13G .1004(a) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(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:<br>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and<br>(2) rules in this Section and the facility's policies and procedures.<br><br>This Rule is not met as evidenced by:<br>TYPE B VIOLATION<br><br>Based on observations, record reviews, and interviews, the facility failed to administer medications as ordered for 1 of 3 sampled residents (#2) including errors with 2 antipsychotic medications and a supplement (#2).<br><br>The findings are: | C 330 | C330 All staff will be required to participate in being trained based on what is missing from file regarding Medication Administration by the staff nurse. Once the staff nurse retrains all staff, staff will be required to be observed by staff nurse to ensure the six routes of medication administration is performed correctly. A training certificate will be provided as proof of being retrained and clinical skills checklist will be completed as proof of observation. The Supervisor in Charge will ensure that there is a current FL-2 and written physician orders in each client record and documented on the MAR. The Director and/or his Designee will follow up behind the Supervisor In-Charge with unannounced visits to ensure that all written orders/FL-2 and MAR matches, medication is being administered, stored correctly and documented daily. To prevent this from happening again monthly the Supervisor in Charge will review all orders for the month and initial. The Supervisor in | 1/22/23 |

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| C 330 | Continued From page 21<br><br>Review of Resident #2's current FL2 dated 06/22/22 revealed diagnoses included paranoid schizophrenia, chronic kidney disease, hypertension, mild cognitive impairment.<br><br>a. Review of Resident #2's current FL2 dated 06/22/22 revealed an order for depakote 500mg 5 tablets once daily (used to treat schizophrenia).<br><br>Review of Resident #2's October 2022 medication administration record (MAR) revealed:<br>-There was an entry for depakote 500mg 5 tablets daily scheduled for administration at 8:00am.<br>-There was documentation depakote 500mg was administered daily as ordered from 10/01/22 through 10/31/22.<br><br>Review of Resident #2's November 2022 MAR revealed:<br>-There was an entry for depakote 500mg 5 tablets daily scheduled for administration at 8:00am.<br>-There was documentation depakote 500mg was administered daily as ordered from 11/01/22 through 11/30/22.<br><br>Review of Resident #2's December 2022 MAR revealed:<br>-There was an entry for depakote 500mg 5 tablets daily, scheduled for administration at 8:00am.<br>-There was documentation depakote 500mg was administered daily as ordered from 12/01/22 through 12/06/22.<br><br>Observation of Resident #2's medication on hand on 12/06/22 at 1:40pm revealed:<br>-Depakote 500mg was available for administration. | C 330 | Charge will make sure orders are on the MAR and prescription filled and remove expired medication from closet. The Director and/or his Designee will follow up behind the Supervisor In-Charge with unannounced visits to ensure that all written orders/FL-2 and MAR matches, medication is being administered, stored correctly and documented daily. | 1/22/23 |

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| JONES FAMILY HOME #1 | 2437 EPHESUS CHURCH ROAD SEMORA, NC 27343 |

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| C 330 | Continued From page 22<br>-The medication label had instructions to administer 5 tablets once daily.<br>-One hundred fifty tablets were dispensed on 09/14/22 and an additional one hundred fifty tablets were dispensed on 10/11/22 totaling 300 depakote tablets.<br>-The medications on hand included: 3 packages of depakote with a total of 80 tablets remaining from the 09/14/22 dispensing date; and 4 packages of depakote with with a total of 110 tablets remaining from 10/11/22 dispensing date.<br>-Resident #2 had 190 tablets of depakote on hand out of the 300 total dispensed.<br><br>Telephone interview with a pharmacist at the facility's contract pharmacy on 12/07/22 at 10:48am revealed:<br>-Depakote 500mg 5 tablets once daily was ordered 08/19/22.<br>-There were 150 tablets of Depakote 500mg dispensed on 09/14/22.<br>-The tablets were extremely large, and it was impossible to get more than one tablet in the bubble package, so the pharmacy dispensed 5 packages for one month for a total of 150 tablets.<br>-The pharmacy marked each package as 1 of 5, 2 of 5, 3 of 5, 4 of 5 and 5 of 5.<br>-The next time depakote 500mg was dispensed was on 10/11/22.<br>-The pharmacy dispensed 5 packages with 30 tablets per each package for a total of 150 tablets.<br>-Depakote 500mg was not dispensed in November or December 2022, due to the pharmacy waiting on a refill order from the physician.<br>-If depakote 500mg was administered as ordered there should be no tablets remaining.<br>-The main side effects of not receiving depakote as ordered would be withdrawal causing mental | C 330 | See pages 21-22 | 1/22/23 |

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| C 330 | Continued From page 23 | C 330 | See page 24 12-22 | 1/22/23 |

status changes.
-Withdrawal effects would depend on when the medication was initially reduced.
-If it had been a while since the reduction in depakote (5 tablets not administered as ordered), it was possible there were no effects currently being exhibited due to not getting 5 tablets daily as ordered.

Telephone interview with Resident #2 on 12/07/22 at 11:38am revealed:
-He was administered depakote daily.
-He remembered the tablets because they were big and white.
-He knew that he got several of the big white tablets daily.
-He thought that he was administered 5 tablets every day but he was not sure every day, especially going back to September 2022.
-He had not seen the mental health provider (MHP) for months, and he was unable to recall the last time he saw the MHP.

Telephone interview with a provider at the MHP's office on 12/07/22 at 4:04pm revealed:
-The resident's last visit was on 08/19/22; Resident #2 was scheduled for another visit on 10/12/22.
-There was no documentation the visit on 10/12/22 took place.
-There was documentation Resident #2 was to obtain a depakote level prior to the visit.
-The last depakote level in the record for Resident #2 was April 2021.
-The depakote level was 51, the range for depakote is 50 to 100, so at the time the resident's level was within range.

Interview with the Supervisor-in-Charge/medication aide (SIC/MA)

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| C 330 | Continued From page 24<br>on 12/06/22 at 1:09pm revealed:<br>-He was unable to read the MAR and the label of Resident #2's depakote container without his glasses.<br>-He asked to have the MAR to read him.<br>-He gave the resident 5 tablets as it was on the MAR to be administered.<br>-He had just started at the facility in October 2022 and guessed that Resident #2 came to the facility with extra depakote tablets as the reason why there were so many tablets remaining.<br><br>Interview with the Director/Owner on 12/06/22 at 2:43pm revealed:<br>-He was not aware Resident #2's medications were not being administered as ordered.<br>-He was unable to explain why Resident #2 had so many depakote tablets remaining.<br>-He expected medications to be administered as ordered.<br>-He had not been checking or auditing the resident's medications on hand with the MARs because he was busy.<br><br>Attempted telephone interview with Resident #2's MHP on 12/07/22 at 11:48am was unsuccessful.<br><br>b. Review of Resident #2's current FL2 dated 06/22/22 revealed medication orders included an order for seroquel 400mg 2 tablets (800mg) at bedtime (used to treat bipolar/schizophrenia disorder).<br><br>Review of Resident #2's physician's orders revealed there was no order in the resident's record for seroquel 600mg.<br><br>Review of Resident #2's October 2022 medication administration record (MAR) revealed:<br>-There was no entry for seroquel 400mg 2 tablets | C 330 | See page 21-22. | 1/22/23 |

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| C 330 | Continued From page 25<br>(800mg) on the MAR.<br>-There was an entry for seroquel 400mg one and one-half tablet (600mg) scheduled for administration at 8:00pm.<br>-There was documentation seroquel 600mg was administered daily as ordered from 10/01/22 through 10/31/22.<br><br>Review of Resident #2's November 2022 MAR revealed:<br>-There was no entry for seroquel 400mg 2 tablets (800mg) on the MAR.<br>-There was an entry for seroquel 600mg at bedtime scheduled for administration at 8:00pm.<br>-There was documentation seroquel 600mg was administered daily as ordered from 11/01/22 through 11/30/22.<br>-There were no additional entries for seroquel on the MAR.<br><br>Review of Resident #2's December 2022 MAR revealed:<br>-There was no entry for seroquel 400mg 2 tablets (800mg) on the MAR.<br>-There was an entry for seroquel 600mg at bedtime scheduled for administration at 8:00pm.<br>-There was documentation seroquel 600mg was administered daily as ordered from 12/01/22 through 12/06/22.<br>-There were no additional entries for seroquel on the MAR.<br><br>Observation of Resident #2's medication on hand on 12/06/22 at 1:40pm revealed seroquel was not available for administration.<br><br>Telephone interview with Resident #2 on 12/07/22 at 11:38am revealed:<br>-He was administered medications daily at the facility. | C 330 | See page 21-22 | 1/22/23 |

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| C 330 | Continued From page 26<br>-Most of his medications were administered in the morning, some at night.<br>-He knew most of his medications by color and size but did not know the medication name.<br>-If he was not administered seroquel he did not know it.<br>-He did not feel any different and he had not had anxiety; he got along well with his roommate and others in the facility.<br><br>Telephone interview with a pharmacist at the facility's contract pharmacy on 12/07/22 at 10:48am revealed:<br>-In August 2022, the pharmacy received an order for seroquel 600mg at bedtime dated 08/19/22.<br>-On 08/19/22, the pharmacy filled and dispensed a 30-day supply of seroquel.<br>-No seroquel tablets were dispensed in September 2022.<br>-Seroquel 600mg was last filled and dispensed on 10/11/22 for 30-day supply.<br>-Seroquel had not been refilled due to waiting for a refill prescription from the mental health provider (MHP).<br>-The pharmacy sent an electronic request for a new prescription to the MHP on 10/11/22, 11/08/22 and 12/05/22.<br>-In addition to sending an electronic request to the MHP, the pharmacy also called the facility on the same dates and asked the staff to contact the MHP as well in hopes of speeding up the process for the refill prescription.<br>-Not getting seroquel as ordered could have caused mood changes, depression, or mental status changes during the withdrawal period.<br>-Resident #2 may have been without seroquel for three weeks or more and withdrawal symptoms possibly had passed.<br><br>Telephone interview with a provider at the MHP's | C 330 | See page 21-22 | 1/22/23 |

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| C 330 | Continued From page 27<br>office on 12/07/22 at 4:04pm revealed:<br>- She was not Resident #2's MHP, but she was able to review the records.<br>- The previous provider for Resident #2 no longer worked at the mental health facility.<br>-There had been a request to refill the seroquel, but the resident needed to be seen by the provider before a new prescription was sent to the pharmacy.<br>-The resident had an appointment scheduled for 10/12/22, but she did not see any documentation that the appointment took place.<br>-The facility staff should had reached out to the pharmacy to let them know the resident was out of his medications.<br><br>Interview with the Supervisor-in-Charge/medication aide (SIC/MA) on 12/06/22 at 1:09pm revealed:<br>-Resident #2 was not out of medications; all the medications on the MAR should be in the resident's medication container.<br>-There were some medications brought to the facility yesterday.<br>-The seroquel was not included in the medications.<br>-He had not contacted the pharmacy to find out why the seroquel was not dispensed.<br>-He signed the MAR that he administered the medication so he must have given the last one today.<br><br>Interview with the Director/Owner on 12/06/22 at 2:43pm revealed:<br>-He was not aware Resident #2's medications were not being administered as ordered.<br>-He did not know why seroquel was not in the facility.<br>-If the pharmacy did not deliver the medication, the MA should be on the phone contacting the | C 330 | See page 21-22 | 1/22/23 |

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| C 330 | Continued From page 28<br>pharmacy to find out why.<br>-He expected medications to be administered as ordered.<br>-He had not been checking or auditing the resident's medications on hand with the MARs because he was busy.<br><br>c. Review of Resident #2's current FL2 dated 06/22/22 revealed medication orders included a multivitamin supplement once daily (used as a dietary supplement).<br><br>Review of Resident #2's October 2022 medication administration record (MAR) revealed:<br>-There was an entry for multivitamin once daily scheduled for administration at 8:00am.<br>-There was documentation multivitamin was administered daily as ordered from 10/01/22 through 10/31/22.<br><br>Review of Resident #2's November 2022 MAR revealed:<br>-There was an entry for multivitamin once daily scheduled for administration at 8:00am.<br>-There was documentation multivitamin was administered daily as ordered from 11/01/22 through 11/30/22.<br><br>Review of Resident #2's December 2022 MAR revealed:<br>-There was an entry for multivitamin once daily scheduled for administration at 8:00am.<br>-There was documentation multivitamin was administered daily as ordered from 12/01/22 through 12/06/22.<br><br>Observation of Resident #2's medication on hand on 12/06/22 at 1:40pm revealed:<br>-Multivitamin was available for administration.<br>-There were two bottles of gummy vitamins. | C 330 | See page 21-22 | V22/23 |

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| C 330 | Continued From page 29<br>-One bottle was dispensed on 10/14/22 for a quantity of 28 gummies; there were more than half of the gummies remaining.<br>-The second bottle was dispensed on 11/25/22 and had not been opened with 28 gummies remaining.<br><br>Telephone interview with Resident #2 on 12/07/22 at 11:38am revealed:<br>-He was administered medications daily at the facility.<br>-Most of his medications were administered in the morning, some at night.<br>-He used to get multivitamin tablets, but the tablets were switched to gummies.<br>-He thought the multivitamin gummy was administered daily.<br>-If he skipped a day he may have been out of the facility.<br><br>Telephone interview with a pharmacist at the facility's contract pharmacy on 12/07/22 at 10:48am revealed:<br>-Resident #2's multivitamins were initially tablets, and in August 2022 the tablets were switched to gummy vitamins.<br>-There should not be an overage; there may have been some days when the resident was out based on the dispensing dates.<br>-The pharmacy dispensed a 28 day supply on 08/18/22, 09/14/22, and 10/14/22.<br>-The pharmacy dispensed a 28 day supply of gummy vitamins on 11/25/22.<br>-The vitamins from 11/25/22 should be gone.<br><br>Telephone interview with Resident #2's Primary Care Provider (PCP) on 12/07/22 at 11:20am revealed:<br>-She ordered Resident #2's multivitamin to help with physical endurance. | C 330 | See page 21-22 | 1/22/23 |

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| C 330 | Continued From page 30<br>-She expected the medication to be administered as ordered.<br><br>Interview with the Supervisor-in-Charge/medication aide (SIC/MA) on 12/06/22 at 1:09pm revealed:<br>-He was unable to explain why Resident #2 had an overage in multivitamins.<br>-He thought maybe the resident was admitted to the facility with extra multivitamins.<br><br>Interview with the Director/Owner on 12/06/22 at 2:43pm revealed:<br>-He was not aware Resident #2's medications were not being administered as ordered.<br>-He did not know why Resident #2 had so many multivitamins remaining.<br>-He expected medications to be administered as ordered.<br>-He had not been checking or auditing the resident's medications on hand with the MARs because he was busy.<br><br>The facility failed to ensure medications were administered as ordered for a resident who did not receive 2 antipsychotic medications which could result in increased anxiety and uncontrolled mood disorder (#2) This failure was detrimental to the health, safety, and welfare of the residents which constitutes a Type B Violation.<br><br>The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/07/22 for this violation.<br><br>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 22, 2023. | C 330 | See page 21-22 | 1/22/23 |

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| C 367 | Continued From page 31<br>10A NCAC 13G .1008(a) Controlled Substances<br><br>10A NCAC 13G .1008 Controlled Substances<br>(a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.<br><br>This Rule is not met as evidenced by:<br>TYPE B VIOLATION<br><br>Based on observations, interviews, and record reviews, the facility failed to ensure a readily retrievable record that accurately reconciled the receipt, administration, and disposition of controlled substances for 1 of 2 residents sampled (Resident #3) who received medication for anxiety.<br><br>The findings are:<br><br>Review of Resident #3's record revealed:<br>-There was not an admitting FL2.<br>-There was a previous FL2 dated 05/04/22.<br>-The diagnoses on the previous FL2 included schizoaffective disorder, bipolar, and tardive dyskinesia.<br>-Resident #3 had a history of wandering.<br><br>Review of Resident #3's physician's orders revealed an order dated 10/10/22 for lorazepam 1mg every six hours as needed anxiety (used to treat anxiety).<br><br>Observation of Resident #3's medications on hand on 12/06/22 at 1:25pm revealed:<br>-Lorazepam 1mg was filled and 60 tablets were | C 367<br>C 367 | **C367** To Correct the Staff Nurse will train all staff on documentation, storage and accountability of controlled substances. All controlled medications will be counted at the end of the training and will be counted daily after administering and at the change of staff shifts. Both staff will be signed as counting and verifying controlled substance on hand. To prevent this from occurring in the future staff will be responsible for the proper storage and daily counts of medication after administering and the change of staff. The Director and/or his designee will conduct unannounced visits and count the controlled substances and initial as proof of verifying counts. | 1/22/23 |

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| C 367 | Continued From page 32<br>dispensed on 10/10/22.<br>-There were 19 tablets of lorazepam 1mg tablets remaining from the 10/10/22 lorazepam card.<br>-There was a full untouched package of lorazepam 1mg with 60 tablets that was dispensed on 11/08/22.<br><br>Review of Resident #3's October 2022 Medication Administration Record (MAR) revealed:<br>-There was an entry for lorazepam 1mg every six hours as needed for anxiety.<br>-There was documentation 6 tablets of lorazepam 1mg was administered from 10/10/22 through 10/31/22.<br><br>Review of Resident #3's October 2022 control substances count sheets (CSCS) revealed:<br>-There was documentation 6 tablets of lorazepam were signed out from 10/10/22 through 10/31/22.<br>-There should have been 54 tablets of lorazepam remaining.<br><br>Review of Resident #3's November 2022 MAR revealed:<br>-There was an entry for lorazepam 1mg every six hours as needed for anxiety.<br>-There was documentation 20 tablets of lorazepam 1mg was administered from 11/01/22 through 11/30/22.<br><br>Review of Resident #3's November 2022 CSCS revealed:<br>-There was documentation 20 tablets of lorazepam were signed out from 11/01/22 through 11/30/22.<br>-There should have been a total of 34 tablets of lorazepam remaining.<br><br>Review of Resident #3's December 2022 MAR | C 367 | See page 32 | 1/22/23 |

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| C 367 | Continued From page 33<br>revealed:<br>-There was an entry for lorazepam 1mg every six hours as needed for anxiety.<br>-There was documentation 4 tablets of lorazepam 1mg was administered from 12/01/22 through 12/06/22.<br><br>Review of Resident #3's December 2022 CSCS revealed:<br>-There was documentation 4 tablets of lorazepam were signed out from 12/01/22 through 12/06/22.<br>-There should have been a total of 32 tablets of lorazepam remaining.<br><br>Review of Resident #3's October, November and December 2022 CSCS sheets revealed:<br>-Out of the 60 lorazepam tablets dispensed on 10/10/22; 30 lorazepam tablets were signed out from 10/10/22 through 12/06/22.<br>-There were 19 lorazepam tablets remaining leaving a total of 11 lorazepam tablets unaccounted for.<br><br>Telephone interview with a pharmacist at the facility's contracted pharmacy on 12/07/22 at 11:03am revealed:<br>-Lorazepam 1mg was first dispensed for Resident #3 on 10/10/22 for a quantity of 60 tablets.<br>-The medication could be administered every six hours and 60 tablets would last for 15 days.<br>-The pharmacy also dispensed a CSCS to keep an account of lorazepam.<br>-The facility staff should document the administration of lorazepam on the CSCS and on the MAR.<br><br>Interview with the Supervisor-in-Charge/medication aide (SIC/MA) on 12/06/22 at 1:55pm revealed:<br>-He administered lorazepam 1mg to Resident #3 | C 367 | See page 32 | 1/22/23 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL073005 | A. BUILDING: _____ B. WING _____ | 12/07/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JONES FAMILY HOME #1 | 2437 EPHESUS CHURCH ROAD SEMORA, NC 27343 |

| (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 367 | Continued From page 34<br>once daily.<br>-There should be documentation on the MAR or on the CSCS.<br>-He was unable to explain what happened to 11 unaccounted for lorazepam tablets.<br><br>Telephone interview with the Director/Owner on 12/07/22 at 2:28pm revealed:<br>-He had not visited the facility to complete MAR and medication audits.<br>-The MA should be documenting when he administered lorazepam on the MAR and the CSCS.<br>-There was no reconciliation or count of the controlled drugs because the MA was the only staff at the facility.<br><br>Based on observation, record review and interview, it was determined Resident #3 was not interviewable.<br><br>The facility failed to ensure an accurate accounting of controlled substances by documenting the administration and disposition of Resident #3's lorazepam resulting in 11 tablets being unaccounted for. This failure was detrimental to the safety, health, and welfare of the resident and constitutes a Type B Violation.<br><br>The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/08/22 for this violation.<br><br>CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 22, 2023. | C 367 | see page 32 | 1/22/23 |