	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL096038	B. WING		03	8/15/2023
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ORNING	GLORY FAMILY CARE		JTH CHURCH STRE A, NC 27830	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	-	sure Section conducted an o Survey on 03/15/23.				
C 105	10A NCAC 13G .0317 Equipment	7(d) Building Service	C 105			
	provide an adequate kitchen, bathrooms, a temperature at all fixt be maintained at a mi (38 degrees C) and s F (46.7 degrees C). This Rule is not met TYPE A2 VIOLATION Based on observation	ak shall be of such size to supply of hot water to the and laundry. The hot water ures used by residents shall inimum of 100 degrees F hall not exceed 116 degrees as evidenced by:				
	temperatures were m degrees Fahrenheit (I common entry/exit ar residents' private bath	aintained at 100° to 116° F) for 4 of 5 fixtures in a ea common, common nroom, and one resident's temperatures of 132°				
	The findings are:					
	entrance/exit area ba 10:42am revealed:	nk fixture in the common throom on 03/15/23 at wature at the sink fixture was eam coming from the				
	Observation of the co	mmon residents' bathroom				

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		FCL096038	B. WING		03	8/15/2023
IAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
		112 SOU	ITH CHURCH STRE	ET		
IORNING	GLORY FAMILY CARE	EUREKA	A, NC 27830			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
C 105	Continued From page	e 1	C 105			
	on 03/15/23 at 10:49am revealed: -The hot water temperature at the sink fixture was 138.5°F. -The hot water temperature at the shower fixture was 132.0°F. -There was visible steam coming from the running hot water.					
	03/15/23 at 10:58am	rature at the sink fixture was				
	revealed: -The hot water had ge	ent on 03/15/23 at 10:45am otten "piping hot" at times. urned his hands but did not				
		wer hot water by putting his er fixture.				
	03/15/23.	e water hot on the morning of				
	Interview with a seco	ter being too hot to the staff. nd resident on 03/15/23 at				
	10:53am revealed: -The hot water burne -The hot water was a	lways too hot.				
		ported the hot water burning did not remember when he taff.				
	Interview with a third 10:54am revealed: -The hot water was "t	resident on 03/15/23 at				
	-The hot water had be	urned her hands. nber reporting the hot water				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
	ROVIDER OR SUPPLIER	FCL096038	ADDRESS, CITY, STATE		03	3/15/2023
	COMPER OR SOLUEIR		ITH CHURCH STRE			
MORNING	GLORY FAMILY CARE		A, NC 27830			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
C 105	Continued From page	2	C 105			
	log revealed: -There were not any we documented for Marco -The last documented 02/27/23 for 4 fixtures 110.7°F to 115.2°F. -The fixtures that were specified on the water Observation of the ca Charge (SIC) and the 4:34pm on 03/15/23 r -The SIC's thermome -The surveyor's therm Observations of re-ch with the SIC and surver revealed: -At 4:45pm, "Do not up placed on the wall at r common area. -The hot water tempe the sink was 96.2°F. -The hot water tempe Surveyor at the sink we Observations of re-ch with the SIC and Surver revealed: -The hot water tempe the sink was 96.2°F. -The hot water tempe Surveyor at the sink we Observations of re-ch with the SIC and Surver revealed: -"Do not use. Hot Water mirror at the sink in the bathroom. -The hot water tempe the sink was 93.9°F.	h 2023. I water temperature was on a with temperatures of e checked were not r temperature log. Ibration of the Supervisor in surveyor's thermometers at evealed: ter calibrated at 32.2°F. oometer calibrated at 32.5°F. eck of water temperatures eyor on 03/15/23 at 4:34pm se. Hot Water" sign were the sink in the entry/exit rature taken by the SIC at rature taken by the SIC at exes of water temperatures yeyor on 03/15/23 at 4:47pm ter" sign were placed on the re residents' common rature taken by the SIC at				
	-The hot water tempe Surveyor at the sink w -The hot water tempe the shower was 75.7° -The hot water tempe	vas 92.4°F. rature taken by the SIC at F.				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING:			
		FCL096038	B. WING		03	8/15/2023
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IORNING	GLORY FAMILY CARE		TH CHURCH STRE A, NC 27830	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 105	Continued From page	e 3	C 105			
	Surveyor at the show	er was 85.6°F.				
	with the SIC and Surv revealed: -"Do not use. Hot Wa mirror at the sink in the bathroom.	erature taken by the SIC at				
	revealed: -There was a new hor about a month ago (d -She did a hot water to new hot water heater temperature was 120 hot water valve to adj -She knew the required was between 110°F to -She "usually" complet checks weekly, and the was within required w -She did not remembre water temperature char readings. -She placed "Do not ut fixtures where the hor over 116°F on the mod- -She would adjust the valve. -The SIC was respon	temperature check when the was installed, and the °F and she turned down the just the temperature. ed hot water temperature to 116°F. eted hot water temperature he hot water temperature vater temperature. er the last date of the hot eck or the temperature use. Hot Water" signs at the t water temperature was prining of 03/15/23. e hot water temperature sible for checking the hot use weekly and documenting				
	-	ner at 11:14am on 03/15/23				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		FCL096038				
NAME OF PI			B. WING 03/15/2023 TADDRESS, CITY, STATE, ZIP CODE			15/2025
MORNING	GLORY FAMILY CARE		JTH CHURCH STRE A, NC 27830	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
C 105	range was from 113° -The hot water temper and documented by t -She had not reviewe weekly to see if the h within the required te -She had not agreed Hot Water" signs at th residents would not u fixtures. -The SIC was respon water temperature ch the facility's water ter The facility failed to a temperatures were m 116° degrees Fahren water temperatures of degrees F for 4 of 5 f who reported being b the fixtures. Failure to temperatures betwee Fahrenheit (F) resulte serious injury to the r Type A2 Violation. The facility provided a	Atter was installed on uired hot water temperature F° to 120°F. erature was checked weekly the SIC. ed the water temperature log not water temperature was mperature. to placing the "Do not use. he fixtures because the understand to not use the asible for completing weekly necks and documenting on mperature log. assure hot water haintained between 100° to heit (F) which resulted in hot of 132° degrees F to 138.5° fixtures used by residents burned by the hot water from	C 105			
	this violation.					

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		FCL096038	B. WING		03	/15/2023
NAME OF PF	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MORNING	GLORY FAMILY CARE		ITH CHURCH STRE A, NC 27830	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
C 335	Continued From page	e 5	C 335			
	10A NCAC 13G .1004 Administration	4 (f) (1-4) Medication	C 335			
	10A NCAC 13G .1004	4 Medication Administration				
	in advance, the follow implemented to keep the point of administra- contamination and sp (1) Medications are package such as unit labeled with the name strength in the sealed package of medication and kept enclosed in container that is label until the medications resident. If the multi- resident's name, it do in a capped or sealed (2) Medications not of labeled package as s of this Paragraph are container that identifie each medication prep- name; (3) A separate conta- resident and each pla- medications and labe Subparagraph (1) or (4) All containers are separate tray or other the planned time for a	dispensed in a sealed dose and multi-paks that is e of each medication and I package. The labeled ns is to remain unopened a capped or sealed ed with the resident's name, are administered to the pak is also labeled with the es not have to be enclosed I container; dispensed in a sealed and pecified in Subparagraph (1) kept enclosed in a sealed es the name and strength of bared and the resident's tiner is used for each anned administration of the led according to (2) of this Paragraph; and e placed together on a r device that is labeled with administration and stored in s only accessible to staff as				

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		FCL096038	B. WING		03	8/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
MORNING	GLORY FAMILY CARE		JTH CHURCH STRE A, NC 27830	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
C 335	Continued From page	e 6	C 335			
C 335	Continued From page 6 Based on observations, interviews, and record reviews, the facility failed to ensure medications prepared for administration in advance was kept in a sealed container that identified the name and strength of each medication prepared, identified up to the point of administration, and protected from contamination and spillage for 1 of 1 residents (Resident #1). The findings are: Observation of the Supervsior in Charge (SIC) on 03/15/23 at 2:50pm revealed: -The SIC removed a small clear cup of pills from an unlocked kitchen cabinet. -The small clear cup was not labeled with Resident's #3's name or the name of each tablet. -The clear cup with the seven tablets was not covered to protect from spillage or contamination. -The SIC placed the cup with seven tablets on top of the cup with the three tablets.					
	09/19/22 revealed: -Diagnoses included alcohol use disorder use disorder in remis -There was an order used to treat side effe from other medication -There was an order medication used to tr one capsule once a c -There was an order medication used to tr a day. -There was an order	for Cogentin (a medication ects for movement problems ns) 1mg 1 tablet twice a day. for Ingrezza 80 mg (a reat involuntary movement) day. for Klonopin 0.5mg (a reat anxiety) one tablet once				

STATE FORM

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		FCL096038	B. WING		03	8/15/2023
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
		112 SOU	TH CHURCH STRE	ET		
IORNING	GLORY FAMILY CARE	EUREKA	A, NC 27830			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
C 335	Continued From page	e 7	C 335			
	 medication to treat vitamin D deficiency) one tablet once every other day. There was an order for Lexapro 10mg (a medication used to treat depression) one tablet a day. There was an order for Vraylar 3mg (a medication used to treat major depression) one tablet a day. Review of a physician order dated 01/31/23 revealed there was an order for metformin 500mg 					
	twice a day. Observation of the m SIC on 03/15/23 at 2:	treat diabetes) one tablet edication on hand with the 45pm revealed, there was a ck of Klonopin 0.5mg with pubble pack.				
	0.5mg on 03/15/23 at	3's control log for Klonopin 2:46pm revealed there was vailable for administration.				
	03/15/23 at 2:47pm re -The medication was locked medication ca dining and kitchen are -The top drawer had	stored in a small portable rt kept alongside in the				
	-Resident #3's circle v -There was a small cl #3 assigned circle tha -The clear cup was no name or the name of	was labeled with his initials. lear cup placed in Resident's at contained three tablets. ot labeled with Resident's #3 the three tablets. ne tablets was not covered to				
	Interview with the SIC revealed:	C on 03/15/23 at 2:51pm				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
		FCL096038			03	8/15/2023
AME OF PF	OVIDER OR SUPPLIER		DDRESS, CITY, STATE			
IORNING	GLORY FAMILY CARE		ITH CHURCH STRE A, NC 27830	E 1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE
C 335	Continued From page	e 8	C 335			
	upcoming morning m small clear cups. -The cup with the four medications were Klo Risperdal 1mg and M administered in the e -The cup with the sev 0.5mg, Cogentin 1mg D3, Lexapro 10mg, M 3mg were to be admin medication on 03/16/ -She had not remove medication from the I -She had only labeled Resident's #3 initials the medication were Interview with the Ow revealed: -She had taken Resid pre-poured medication kitchen cabinet. -She hid the medication for mind from the Surv- -The SIC would prepare	ven tablets were Klonopin g, Ingrezza 80mg, Vitamin Metformin 500mg and Vraylar nistered for morning 23. d the evening pre-poured ocked medication cart. d the circle pan with with the two small cups were placed. vner on 03/15/23 at 3:36pm dent #3's morning on and placed it in the ion to keep it out of sight out veyor. are the pre-poured the medications in the				