STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		fcI035033		B. WING			R 09/2023
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE	•	
		DE HOME		INGTON RD	,		
HEARI	O HEART FAMILY CA	ARE HOME	LOUISBU	RG, NC 2754	19		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INF	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
C 000	Initial Comments			C 000			
	The Adult Care Lice annual and follow-u						
C 284	10A NCAC 13G .09 Service	04(e)(4) Nutritio	n and Food	C 284			
	10A NCAC 13G .09 Service	04 Nutrition an	d Food				
	(e) Therapeutic Die (4) All therapeutic of supplements and the served as ordered I	diets, including r nickened liquids,	utritional shall be				
	This Rule is not me Based on observati interviews, the facili diets were served a residents with diet of #3), and low sodium	ons, record reviously fity failed to ensure for 3 cordered for 3 corders for 1800 co	ews and re therapeutic of 3 sampled				
	The findings are:						
	1. Review of the 18 for 05/09/22 reveals -The morning snacl juice and 12 cracke -The lunch meal inclivers, 2/3 cup of ric ½ cup ice cream, 1 cup of waterThe afternoon snapeanut butter, 6 crajuiceThe evening meal	ed: k included ½ cupers. cluded 3 ounces ee, ½ cup green cup of sugar fre ck included 1 tal	o of vegetable of chicken beans, 1 roll, se tea and 1 olespoon of up vegetable				

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

(X6) DATE TITLE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION		l ` ′	E CONSTRUCTION		SURVEY PLETED	
		fcI035033		B. WING			R 05/09/2023	
	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE			
HEART	TO HEART FAMILY CA	ARE HOME		RG, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 284	4 Continued From page 1			C 284				
	½ cup of pears, 1 cup of water, and 1 cup of sugar free tea.							
	a. Review of Reside 04/03/23 revealed:							
	-Diagnoses included schizophrenia disorder and diabetes mellitusThere was an order for an 1800 calories diet. Review of the therapeutic diet list posted in the kitchen on 05/09/23 at 8:31am revealed Resident #1 was to be served an 1800 calories diet. Observation of the snack served on 05/09/23 at 9:45am revealed: -Resident #1 was served 3 "nabs" and a cup of							
	water. -Resident #1 was g request.		•					
	Observation of the 12:04pm revealed: -Resident #1 was s							
	quarter-sized piece broccoli, and a cup -Resident #1 was s	s, a cup of rice, a of water.	cup of					
	sausage. -Resident #1 ate 10		tarney					
	Observation of the 2:45pm revealed re and fruit punch.							
	Observation of the 5:00pm revealed R of vegetable soup, pears, peanut butte	esident #1 was sei a toasted English r	rved a bowl muffin,					
	Interview with Resid							

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		fcI035033	B. WING		05/0	9/2023
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
HEART 1	O HEART FAMILY CA	ADE HOME	'INGTON RD RG, NC 275			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
C 284	Continued From pa	ige 2	C 284			
	1800 calories diet.					
	05/09/23 at 9:39am -Resident #1 was of -She gave Resident snack this morning -She did not have at Resident #1 at snathere was no ice of to serve Resident #1 -The food and drink was not always in the Interview with anott 4:00pm revealed: -She referred to the preparing the meal -She served Reside for afternoon snack mealThere was no sugain the facilityThe sugar-free dri	cream, roll, or sugar free juice #1 at lunch today. It needed to serve Resident #1 he facility and available. Ther PCA on 05/09/23 at the therapeutic menu when				
	Interview with the Administrator on 05/09/23 at 4:45pm revealed: -She knew Resident #1 had an order for an 1800 calories dietShe knew Resident #1 needed sugar free condiments, juice, and snacksShe knew Resident #1 was given juice with sugar for afternoon snack and the dinner meal today.					
		ne interview with Resident #1's der (PCP) on 05/09/23 at cessful.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		fcl035033	B. WING		l l	R 09/2023
NAME OF	PROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, S	STATE, ZIP CODE		
HEART 1	TO HEART FAMILY CA	ARF HOMF	HUNTINGTON RD ISBURG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 284	Continued From page 3		C 284			
	Refer to the intervie 9:39am and 1:10pn	ew with a PCA on 05/09/23 n.	at			
	Refer to the intervie 05/09/23 at 4:45pm	ew with the Administrator o ı.	n			
	 b. Review of Resident #3's current FL-2 dated 03/29/23 revealed: -Diagnosis included arthritis, hypertension, anxiety, anemia, hyperlipidemia, and diabetes 					
	mellitus.	rpenipidemia, and diabetes				
	kitchen on 05/09/23	peutic diet list posted in the 3 at 8:31am revealed Resid d an 1800 calories diet.				
		snack served on 05/09/23 esident #3 was served 3 f water.	at			
	12:04pm revealed: -Resident #3 was s quarter-sized piece broccoli, and a cup	lunch meal on 05/09/23 at erved turkey sausage cut i s, a cup of rice, a cup of of water. erved 15 pieces of turkey				
	sausage. -Resident #3 ate 50	,				
	5:00pm revealed R of vegetable soup,	dinner meal on 05/09/23 a esident #3 was served a b a toasted English muffin, er, and a cup of fruit juice.				
		dent #3 on 03/22/23 at 8:30 as on a diabetic diet.)			
	Interview with a per	sonal care aide (PCA) on				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			₹
		fcI035033	B. WING			9/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART 1	O HEART FAMILY CA	ARE HOME	INGTON RD RG, NC 275			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 284	05/09/23 at 9:39am -Resident #3 was orange -She did not have a Resident #3 at sna -There was no ice of to serve Resident #4 -The food and drink was not always in the Interview with anoth 4:00pm revealed: -She referred to the preparing the meal -She served Reside for afternoon snack mealThere was no sugain the facilityThe sugar-free dritherapeutic diet was facility. Interview with the A 4:45pm revealed: -She knew Resider ADA dietShe knew Resider ADA dietShe knew Resider condiments, juice, she knew Resider sugar for snack this meal, today. Attempted telephor Primary Care Providence -She knew Resider sugar for snack this meal, today.	and 1:10pm revealed: on an 1800 calories diet. any vegetable juice to serve ck this morning. cream, roll, or sugar free juice d3 at lunch today. A needed to serve Resident #3 he facility and available. her PCA on 05/09/23 at e therapeutic menu when ent #3 fruit punch and 2 "nabs and fruit punch for the dinner ar-free juice available to serve hk needed to serve the s not always available in the administrator on 05/09/23 at ht #3 had an order for an 1800 ht #3 needed sugar free and snacks. ht #3 was given juice with a afternoon and the dinner he interview with Resident #1's der (PCP) on 05/09/23 at cessful.	C 284			
	Refer to the intervie	ew with the Administrator on				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		fcI035033	B. WING		05/0	9/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HEART 1	TO HEART FAMILY CA	ARE HOME	INGTON RD RG, NC 275			
(V4) ID	SLIMMADV STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 284	Continued From pa	ige 5	C 284			
	05/09/23 at 4:45pm	1.				
	2. Review of the low 05/09/22 revealed: -The morning snact 1/2 cup of vegetable crackersThe lunch meal inclivers, 1/2 cup low sheans, 1 roll, 1/2 cup cup of waterThe afternoon snapeanut butter, 6 low of milkThe evening meal beef vegetable sou butter, sandwich, 1/2 water. Review of Resident 08/29/22 revealed: -Diagnoses include hyperlipidemia, inseintellectual disabilityThere was an order	w sodium therapeutic menu for k included 1 cup of fresh fruit, juice, and 6 low sodium cluded 3 ounces of chicken sodium of rice, ½ cup green o ice cream, 1 cup of tea and 1 tock included 1 tablespoon of w sodium crackers, and 1 cup included 1 cup low sodium p, 2 tablespoons peanut 2 cup of pears, and 1 cup of the t#2's current FL-2 dated and schizophrenia, omnia, hypertension, and				
		d a low sodium diet.				
	Observation of the snack served on 05/09/23 at 9:45am revealed Resident #2 was served 3 "nabs" and a cup of water.					
	12:04pm revealed: -Resident #2 was s quarter-sized piece broccoli, and a cup	lunch meal on 05/09/23 at served turkey sausage cut into es, a cup of rice, a cup of of water. served 15 pieces of turkey				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		fcl035033		B. WING		I	R 09/2023
	PROVIDER OR SUPPLIER	ARE HOME	131 HUN	DRESS, CITY, S FINGTON RD RG, NC 275			
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 284	Continued From paragraphs sausageResident #2 ate 10 Observation of the 2:45pm revealed reand fruit punch. Observation of the 5:00pm revealed R of vegetable soup, pears, peanut butter. Interview with Resident revealed: -He had to watch his high blood pressureHis Primary Care Foodium dietHe did not add salt. Interview with a per 05/09/23 at 9:39amResident #2 was orackers to serve Resident #2 was orackers to serve Resident #2 was orackers to serve Resident meal. Interview with the A 4:45pm revealed: -She knew Resident sodium dietShe had purchase low sodium rice as -The staff would let needed in the facility Attempted telephore Primary Care Proving and for the sausant salt.	on of his meal snack served or sident #2 was a toasted Engliser, and a cup of sident #2 on 05/09 dent #2 on 05/09 dent #2 on 05/09 dent #2 on 05/09 des salt intake best of the his food. The sonal care aide and 1:10pm result in a low sodium any fresh fruit or desident #3 at some and 1:10pm result in a low sodium of the sident #3 at some and 1:10pm result in a low sodium of the sident #3 at some and 1:10pm result in a low sodium of the sident #3 at some and the sodium of the	n 05/09/23 at served 2 "nabs" 05/09/23 at served a bowl sh muffin, fruit juice. 9/23 at 9:30 cause he had I him on a low (PCA) on vealed: diet. low sodium nack this rice to serve at 05/09/23 at ler for a low rackers and enu for today, foods were	C 284			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			A. BUILDING.	•		₹
		fcl035033	B. WING			9/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
HEART 1	O HEART FAMILY CA	ARE HOME	TINGTON RD JRG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 284	Continued From page 7		C 284			
	3:50pm was unsuc	cessful.				
	Refer to the intervie 9:39am and 1:10pr	ew with a PCA on 05/09/23 at n.				
	Refer to the interview with the Administrator on 05/09/23 at 4:45pm.					
	Interview with a personal care aide (PCA) on 05/09/23 at 9:39am and 1:10pm revealed: -She knew the therapeutic menus were in the notebook on the kitchen counterShe referred to the therapeutic menus sometimesShe prepared meals based on the food that was in the facility sometimesShe would "eye-ball" the serving size when plating the mealShe did not always refer to the menu to reference the serving sizeShe should refer to the therapeutic menu with each therapeutic meal.					
	4:45pm revealed: -She knew there wor snacks or low so -There was no exclusion foodsShe was going to purchase sugar fre low sodium foodsShe had some foods.	Administrator on 05/09/23 at ere no sugar free condiments odium foods in the facility. use for the facility to be out of ents and snacks, or low sodium the grocery store today to be condiments and snacks and od delivered today but the sodium food was purchased				
C 330	10A NCAC 13G .10 Administration	004(a) Medication	C 330			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM	IDED:	(X2) MULTIPLE A. BUILDING: ˌ	E CONSTRUCTION	(X3) DATE COME	SURVEY PLETED
		fcI035033	E	B. WING		I	R 09/2023
NAME OF	PROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, S	TATE, ZIP CODE		
		DE HOME	131 HUNTIN		,		
HEARI	TO HEART FAMILY CA	ARE HOME	LOUISBUR	G, NC 2754	19		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
C 330	0 Continued From page 8			C 330			
	(a) A family care he preparation and addresscription and no by staff are in according orders by a licer which are maintained.	104 Medication Adminume shall assure that ministration of medican-prescription and treduce with: assed prescribing practed in the resident's retion and the facility's prescription and the facility an	the ations, atments cord; and				
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 3 of 3 sampled residents (#1, #2, and #3) related to a medication for depression and anxiety and a medication to help control muscle movement (#1); a medication for depression and a medication to lower cholesterol (#2); and a medication for pain and inflammation (#3).		cations sampled edication tion to edication				
	The findings are:						
	04/03/23 revealed of	ent #1's current FL-2 d diagnoses included der and diabetes mel					
	04/03/23 revealed: -There were no me -There was a hand- attached"The attachment wa current medication -There was an orde for depression and	er for trazodone 100 m anxiety) at night.	FL-2. d "see 1's				
	Review of Resident	:#1's March 2023 me	dication				

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	IT OF DEFICIENCIES OF CORRECTION		X/SUPPLIER/CLIA ATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				7 50.25 10.			٦
		fcI0350	33	B. WING		05/0	09/2023
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
HEART 1	TO HEART FAMILY CA	ARE HOME		INGTON RD RG, NC 275			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From page 9			C 330			
	administration record (MAR) revealed: -There was an entry for trazodone 100mg at night with a scheduled administration time of 8:00pmThere was documentation trazodone was administered each night from 03/01/23 to 03/31/23.						
	Review of Resident #1's April 2023 MAR revealed: -There was an entry for trazodone 100mg at night with a scheduled administration time of 8:00pmThere was documentation trazodone was administered each night from 04/01/23 to 04/30/23.						
	Review of Resident #1's May 2023 MAR from 05/01/23 to 05/08/23 revealed: -There was an entry for trazodone 100mg at night with a scheduled administration time of 8:00pm. -There was documentation trazodone was administered each night from 05/01/23 to 05/08/23.						
	Observation of Reshand on 05/09/23 a -There was a blistedispensed on 12/05 administrationThere was a blistedispensed on 12/20 administration.	t 1:10pm rever r pack with 16 5/22 available r pack with 30	ealed: S of 21 trazodone for O of 30 trazodone				
	Telephone interview at the facility's contrat 3:11pm and 4:45 -The pharmacy had 100mg at nightThe pharmacy disp 100mg on 12/05/22 100mg on 12/20/23	racted pharma pm revealed: I an order for pensed 21 tab and 30 table	acy on 05/09/23 trazodone blets of trazodone				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	fcI035033	B. WING		05/0	R 9/2023	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
HEART TO HEART FAMILY CA	RE HOME	TINGTON RD RG, NC 2754	19			
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
as needed in Novem was not filled. -Medications that are be requested by the -The facility did not represent the requested by the requested b	n order for trazodone 100mg nber 2022, however the order e ordered "as needed" must facility to be filled. make a request for trazodone cumentation, medications ications on hand between (23 revealed: odone 100mg dispensed on or administration from 2. 1 trazodone remaining from odone 100mg dispensed on or administration from 3. 0 trazodone remaining from entation trazadone 100mg was night from 01/27/23 to of 102, when there had been nsed from January 2023 to ad 46 of 51 tablets remaining I in December 2022. dministration/Medication Aide	C 330				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICAT	SUPPLIER/CLIA TION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		fcl03503	3	B. WING			R 09/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART	TO HEART FAMILY CA	ARE HOME		TINGTON RD			
	T			RG, NC 275			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From page 11		C 330				
	-She did not know why trazodone 100mg was being administered from blister packs dispensed on 12/05/22 and 12/20/22.						
	Attempted telephone interview with Resident #3's Primary Care Provider (PCP) on 05/09/23 at 3:50pm was unsuccessful. Refer to the Administrator's interview dated 05/09/23 at 4:45pm.						
	b. Review of Resident #1's current FL-2 dated 04/04/23 revealed: -There were no medications listed on the FL-2There was a hand-written entry that read "see attached"The attachment was a list of Resident #1's current medication listThere was an order for benztropine 0.5mg (used to help control muscle movement) twice daily. Review of Resident #1's March 2023 medication administration record (MAR) revealed: -There was an entry for benztropine 1mg twice daily with a scheduled administration time of 8:00am and 8:00pmThere was documentation benztropine was administered twice daily from 03/01/23 to 03/31/23.						
	Review of Resident revealed: -There was an entry daily with a schedul 8:00pmThere was docume administered twice 04/30/23.	y for benztropii ed administrat entation benztr daily from 04/0	ne 1mg twice ion time of opine was 01/23 to				
	Review of Resident	#1's May 202	3 MAR from				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		fcl03503	3	B. WING			R 09/2023
	PROVIDER OR SUPPLIER	ARE HOME	131 HUNT	INGTON RD			
	T			RG, NC 275			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From page 12		C 330				
	05/01/23 to 05/09/2 -There was an entry daily with a schedul 8:00pmThere was docume administered twice 05/08/23.	y for benztropii led administrat entation benztr	ion time of opine was				
	Observation of Reshand on 05/09/23 at There was a bliste dispensed on 02/15 administration. There was a bliste dispensed on 03/20 administration. There were two cabenztropine dispensed administration.	at 1:10pm reveat r pack with 3 of 5/23 available f r pack with 7 of 5/23 available f ards with 30 of 5	aled: f 60 benztropine f 60 benztropine for 30 (60 tablets)				
	Telephone interview at the facility's contrat 3:11pm revealed -The pharmacy had twice daily dated 02-The pharmacy displenztropine 1mg or 05/03/23The pharmacy did decrease benztropi -The pharmacy did and the attached lis 04/03/23Resident #1 did had 0.5mg twice daily, hod/14/23 when the 1mg was received.	racted pharma: I an order for b 2/14/23. Densed 60 table n 02/15/23, 03/ not receive an ne to 0.5mg tween to medication ave an order for anowever it was new order for b	enztropine 1mg ets of /20/23 and order to //ice daily. copy of the FL-2 ns dated r benztropine discontinued on penztropine				
	Review of eMAR do						

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7.1. 20123.110.		 F	₹
		fcI035033	B. WING		1	9/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART 1	TO HEART FAMILY CA	ARE HOME	'INGTON RD RG, NC 275			
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
C 330	Continued From pa	ige 13	C 330			
C 330	02/14/23 and 05/08 -There were 60 ber 02/15/23 available o2/16/23 to 03/17/2 -There were 3 of 60 02/15/23There were 60 ber 03/20/23 available o3/21/23 to 04/19/2 -There were 7 of 60 03/20/23There were 60 ber 05/03/23 available o5/04/23 to 05/08/2 -There were 60 ber 05/03/23 available o5/04/23 to 05/08/2 -There were 60 ber 05/03/23, when the tablets remaining from the should of 60 benztropine to dispensing dated 0 have been zero, the benztropine available to 05/03/23, and the remaining when the linterview with the A (MA) on 05/09/23 are sident #1 was of dailyShe administered #1 as orderedShe did not know of dispensed in April 2	2/23 revealed: Instropine 1mg dispensed on for administration from 23. Instropine remaining from 23. Instropine remaining from 24. Instropine remaining from 25. Instropine remaining from 26. Instropine 27. Instropine 28. Instropine 29. Instruction 29. In	C 330			
		why there was extra d for administration.				
	Attempted telephor	ne interview with Resident #3's				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			A. BUILDING.			₹
		fcI035033	B. WING			9/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
HEART 1	O HEART FAMILY CA	ARE HOME	TINGTON RD JRG, NC 275			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 330	0 Continued From page 14		C 330			
	Primary Care Provider (PCP) on 05/09/23 at 3:50pm was unsuccessful.					
	Refer to the Admini 05/09/23 at 4:45pm	istrators interview date า.				
	08/29/22 revealed schizophrenia, hype	ent #2's current FL-2 dated diagnosis included erlipidemia, insomnia, ntellectual disability.				
		ent #2's current FL-2 dated there was an order for daily.				
	Review of Resident #2's April 2023 medication administration record (MAR) from 04/17/23 to 05/09/23 revealed: -There was an entry for venlafaxine 75mg daily with a scheduled administration time of 8:00amThere was documentation venlafaxine was administered daily from 04/01/23 to 04/30/23.					
	05/01/23 to 05/09/2 -There was an entr with a scheduled ac -There was docum	t #2's May 2023 MAR from 23 revealed: y for venlafaxine 75mg daily dministration time of 8:00am. entation venlafaxine was from 05/01/23 to 05/09/23.				
	hand on 05/09/23 a	sident #2's medications on at 1:56pm revealed there was ng available for administration.				
	at the facility's cont at 3:11pm revealed -The pharmacy had 75mg daily.	w with the pharmacy technician racted pharmacy on 05/09/23 l: d an order for venlafaxine pensed 30 tablets of				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
			A. BOILDING.	·		R
		fcI035033	B. WING			09/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART	TO HEART FAMILY CA	ARE HOME	TINGTON RD RG, NC 275			
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 330	venlafaxine 75mg of The facility should 75mg to last until 0 Interview with the A 4:45pm revealed: -She thought she grown 75mg this morning she may have give venlafaxine in the brack of the She did not know the tablets of venlafaxing should still be some she did not know the tablets of venlafaxing should still be some she did not know the tablets of venlafaxing should still be some she did not know the tablets of venlafaxing should still be some she did not know the tablets of venlafaxing should still be some she did not know the tablets of venlafaxing should still be some she did not know the tablets of venlafaxing should still be some she did not know the tablets of venlafaxing should still be some she did not know the tablets of venlafaxing she did not know	on 4/17/23. have enough venlafaxine 5/17/23. Administration on 05/09/23 at lave Resident #2 venlafaxine en Resident #2 the last blister pack. the pharmacy dispensed 30 ne on 4/17/23, and there e available for administration. where the venlafaxine was. he interview with Resident #3's ider (PCP) on 05/09/23 at cessful. iistrators interview date n. ent #2's current FL-2 dated there was an order for twice daily. t #2's March 2023 medication ord (MAR) revealed: y for gemfibrozil 600mg twice led administration time of	C 330			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDING:			_
		fcI035033	B. WING			२)9/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART 1	TO HEART FAMILY CA	ARE HOME	INGTON RD RG, NC 275			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	daily with a schedu 8:00am 8:00pmThere was no doc was administered of 04/30/23There was a hand for gemfibrozil 6000 "discontinued." Review of Residem 05/01/23 to 05/09/2 -There was an entrodaily with a schedu 8:00am and 8:00pmThere was no doc was administered to 05/09/23There was a hand	y for gemfibrozil 600mg twice led administration time of				
	hand on 05/09/23 a -There was a bliste gemfibrozil 600mg available for admin -The prescription la black markerThere was a secon gemfibrozil 600mg available for admin -The prescription la black marker. Telephone interview at the facility's cont at 3:11pm revealed	abel had "PM" written with a and blister pack with 16 of 30 dispensed on 04/14/23 istration. abel had "AM" written with a w with the pharmacy technician racted pharmacy on 05/09/23				

	CATION NUMBER:	, ,	E CONSTRUCTION		SURVEY LETED
		A. BUILDING.		F	,
fcl035	033	B. WING		1	9/2023
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART TO HEART FAMILY CARE HOME		INGTON RD RG, NC 275			
(X4) ID SUMMARY STATEMENT OF DE PREFIX (EACH DEFICIENCY MUST BE PRE TAG REGULATORY OR LSC IDENTIFYING	CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 330 Continued From page 17		C 330			
-The pharmacy dispensed 30 ta gemfibrozil 600mg on 02/14/23 04/14/23. -The pharmacy did not have an discontinue gemfibrozil 600mg. -The Primary Care Providers (Felectronic orders to the pharmach discontinued with the Administration 4:45pm revealed: -Gemfibrozil was discontinued to the MAR. -She would write, "discontinued the MAR. -She did not know the pharmach order for gemfibrozil 600mg twith the Primary Care Provider (Poorder to discontinue gemfibrozil she did not recall faxing the did to the pharmacy. -She thought the PCP sent and the pharmacy. -She could not locate a disconting gemfibrozil. -She did not know the pharmach dispensing gemfibrozil. Attempted telephone interview Primary Care Provider (PCP) of 3:50pm was unsuccessful. Refer to the Administrators inte at 4:45pm. 3. Review of Resident #3's curro 03/29/23 revealed: -Diagnosis included arthritis, hy anxiety, anemia, hyperlipidemia	n order to PCP) would send nov. In on 05/09/23 on Imonths ago. In and entry on the I'' by the entry on Exp had an active ce daily. CP) had written an I. Is scontinued order Exp was continuing With Resident #3's In 05/09/23 I ent FL-2 dated I/pertension,	C 330			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
,	o. oo2011011		A. BUILDING:			
		fcI035033	B. WING		I	२ 9/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART 1	TO HEART FAMILY CA	ARE HOME	INGTON RD RG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 330	0 Continued From page 18		C 330			
	-There was an order for meloxicam 7.5mg (used to treat pain and inflammation related to arthritis) twice daily.					
	administration reco -There was an entr daily with a schedu 8:00am and 8:00pr -There was docum	y for meloxicam 7.5mg twice led administration time of				
	Review of Resident #3's April 2023 MAR revealed: -There was an entry for meloxicam 7.5mg twice daily with a scheduled administration time of 8:00am and 8:00pmThere was documentation meloxicam 7.5mg was administered daily from 04/01/23 to 04/30/23.					
	05/01/23 to 05/09/2 -There was an entr daily with a schedu 8:00am and 8:00pr -There was docum	y for meloxicam 7.5mg twice led administration time of				
	hand on 05/09/23 a	sident #3's medications on at 1:56pm revealed there was lable for administration.				
	at the facility's cont at 3:11pm revealed -The pharmacy rec 3/29/23.	w with the pharmacy technician racted pharmacy on 05/09/23 : eived Resident 3's FL-2 dated s informed Resident #3				

Division of Health Service Regulation

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	
					F	
		fcI035033	B. WING		05/0	9/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HEART 1	O HEART FAMILY CA	ARE HOME	'INGTON RD RG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
C 330	Continued From pa	ge 19	C 330			
C 330	brought medication admitted to the faci- The pharmacy prodaily but had not fill Telephone interview pharmacy on 05/09 The pharmacy disp to be administered The pharmacy fille meloxicam 7.5mg of #3 failed to pick up Interview with the A 4:45pm revealed: She administered #3 this morning. She must have admorning, because administering the morning the morni	s with her from home when lity. filed meloxicam 7.5mg twice ed the prescription. w with Resident #3's local /23 at 4:10pm revealed: bensed 60 meloxicam 7.5mg twice daily on 05/17/22. d a prescription for 60 on 07/22/23, however Resident the medication. dministration on 05/09/23 at meloxicam 7.5mg to Resident ministered the last pill this she remembered	C 330			
		ne interview with Resident #3's der (PCP) on 05/09/23 at cessful.				
	Refer to the Admini at 4:45pm.	strators interview on 05/09/23				
	4:45pm revealed: -She sent FL-2's to resident was admitting-She did not compared.	re annual FL-2's with the list to ensure all medications				

	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY PLETED
				A. BUILDING:			,
		fcI0350	33	B. WING			२ 09/2023
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART 1	TO HEART FAMILY CA	ARE HOME		INGTON RD RG, NC 275			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC ⁾ REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 330	Continued From paragraphs of the medication cartShe did not realize on the medication of MARShe did not notice blister packsShe needed to pay medications when a 10A NCAC 13G .10	edication car edication car the MAR we there were s cart that did n the dispense more attentiauditing the n	t to ensure that re in the some medications of match the ed date on the ion to the nedication cart.	C 330			
	Administration 10A NCAC 13G .10 (j) The resident's name (cord (MAR) shall following: (1) resident's name (2) name of the me (3) strength and domedication administ (4) instructions for or treatment; (5) reason or justiffications or treatmenting the redications or treatmenting the redications or treatment (6) date and time of (7) documentation medications or treatmentications or treatmentication or	onedication ad be accurate as; dication or tropsage or quartered; administering cation for the atments as necessiting effect of any omission any omission and the person reatment. If in to those initiation and with ref (MAR).	on Administration Iministration and include the eatment order; ntity of the medication administration of eeded (PRN) and on the resident; on; ion of the reason for the day administering nitials are used, a tials is to be the medication				

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATION			E CONSTRUCTION		E SURVEY PLETED
		fcl035033		B. WING			R 09/2023
	PROVIDER OR SUPPLIER	ARE HOME	131 HUN	INGTON RD			
(X4) ID PREFIX TAG		TEMENT OF DEFICIE MUST BE PRECEDI SC IDENTIFYING INF	ENCIES ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 342	Continued From particles Based on observation administration and a ministration and a ministration and a ministration and a ministration and a ministration. Continued From particles asset on administration. Continued From particles asset on administration. Continued From particles asset on observation of Resident administration from observation of Resident administration. Continued From particles as a bliste on observation of Resident administration.	cons, interviews, failed to ensure stration records we residents (#1, #3 ntation of a block nedication to for bintment for pair ent #1's current diagnoses included and diabete ent #1's current dications listed ewritten entry that as a list of Resident #1's many 2023 and (MAR) from 0 for lisinopril 5 me of 8:00 am. entation lisinopril 505/01/23 to 05/01/23 to 05/01/23 available of many pack with 3 of 03/17/23 available of pack with 25 of pack with 25 of the street of the str	the were accurate 3) including of pressure depression in (#3). FL-2 dated ded es mellitus. FL-2 dated on the FL-2 at read "see dent #1's mg (used to 7. medication 05/01/23 to mg daily with ill 5mg was 19/23. cation on hand 30 lisinopril ole for f 30 lisinopril	C 342			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		fcl035033		B. WING		I	R 09/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART	TO HEART FAMILY CA	ARE HOME		RG, NC 275			
(X4) ID PREFIX TAG		TEMENT OF DEFICIE MUST BE PRECEDI CONTROL METERS TEMENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 342	Continued From page 22		C 342				
	Telephone interview at the facility's contrat 3:11pm revealed -The pharmacy had daily dated 05/01/2: -The order for lising when lisinopril 10m -The pharmacy wouthe MARs to the facimenthThe pharmacy wouwould not print on the month since the MARs and sent to the facility.	racted pharmacy : I an order for list 3. I pril 0.5mg was g was ordered. Ild print the MAI cility the last wee In MAR until the ARs had been se sponsible for chaince they had be lity.	y on 05/09/23 inopril 10mg discontinued Rs and send ek of the w order, but it e following ent to the anging the een printed				
	Interview with the A (MA) on 05/09/23 a -She did not know I increase lisinopril to -She did not receive dated 05/01/23The pharmacy had MARs to the facility	t 4:45pm reveal Resident #1 had o 10mg daily. e a copy of the li I printed and shi	ed: I an order to isinopril order ipped the				
	-Since she did not horder, she did not ke the MARShe did not realize lisinopril 10mg on 0	now to make the	e change on				
	b. Review of Reside 04/03/23 revealed: -There were no me -There was a hand- attached." -The attachment was	dications listed owritten entry that	on the FL-2. at read "see				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		fcl035033	B. WING			R 09/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
HFART T	TO HEART FAMILY CA	ARE HOME	NTINGTON RD			
IIEAKI	TO TIEART TAIMET OF	LOUISB	URG, NC 2754			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 342	Continued From pa	ge 23	C 342			
	-There was an order for fluoxetine 20mg (used to treat depression) daily.					
	administration reco -There was an entra an administration ti -There was docume	y for fluoxetine 60mg daily wit				
	revealed: -There was an entran administration tile -There was document	t #1's April 2023 MAR y for fluoxetine 60mg daily wit me of 8:00am. entation fluoxetine 60mg was 04/01/23 to 04/30/23.	h			
	05/01/23 to 05/09/2 -There was an entra an administration til -There was docume	y for fluoxetine 60mg daily wit	h			
	on 05/09/23 at 1:10 -There was a bliste 20mg dispensed or administrationThere was a bliste	ident #1's medication on hand opm revealed: r pack with 1 of 30 fluoxetine n 03/17/23 available for r pack with 30 of 30 fluoxetine n 05/03/23 available for				
	at the facility's contrat 3:11pm revealed -The pharmacy had dailyThe pharmacy disp	w with the pharmacy technicia racted pharmacy on 05/09/23 : If an order for fluoxetine 20mg pensed 30 tablets of fluoxetine 03/17/23 and 05/03/23.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			71. BOILDING.		R			
fcI035033		B. WING		05/09/2023				
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
HEART 1	HEART TO HEART FAMILY CARE HOME 131 HUNTINGTON RD LOUISBURG, NC 27549							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
C 342	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		C 342					
	on 05/09/23 at 1:10	of diclofenac sodium 1%						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING	·			
	fc1035033		B. WING	B. WING		R 05/09/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
HEART 1	O HEART FAMILY CA	ARE HOME	INTINGTON RE BURG, NC 275				
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
C 342	Continued From pa	age 25	C 342				
	-The tube of diclofe 3/4 of the medication	enac sodium was opened wit n remaining.	ı				
	Interview with Resident #3 on 05/09/23 at 4:30pm revealed:		m				
	-She complained of pain in her kneesThe diclofenac sodium cream helped with her						
	painShe thought diclofenac sodium cream was applied to her knees two to three times a dayShe did not have any pain in her knees now. Interview with the Administrator/Medication Aide (MA) on 05/09/23 at 4:45am revealed:						
	-Diclofenac sodium was not electronically entered on the MAR from the pharmacyShe made a hand-written entry of diclofenac sodium when she reviewed the MARsShe administered diclofenac sodium 1% to Resident #3.						
		the MAR after she had enac sodium to Resident #3					
C 353	10A NCAC 13G .10	006 (b) Medication Storage	C 353				
	(b) All prescription medications stored requiring refrigerati locked security exc	006 Medication Storage and non-prescription I by the facility, including those ion, shall be maintained under the direct on of staff in charge of stration.					
	Based on observat reviews, the facility left on top of a med not under the direct	et as evidenced by: ions, interviews, and record failed to ensure medications dication cart were locked who t physical supervision of a served during the 8:00am					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R		
fcI035033		B. WING		05/09/2023			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HEART TO HEART FAMILY CARE HOME 131 HUNTINGTON RD LOUISBURG, NC 27549							
(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 CORRECTION (X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
C 353	Continued From page 26						
	facility tour.						
		ty's resident census report ealed there was a census of 6					
	Observation of the medication cart on 05/09/23 at 8:05am - 10:30pm revealed: -The locked medication cart was in the living roomThe medication aide (MA) had left the facilityThere were two plastic medication cups on top of the medication cartThere was a resident's name written on each medication cupBoth medication cups contained 5 tabletsAt 8:05am, there was a resident sitting in the living room and another resident at the dining room tableBetween 8:22am and 10:15am, residents continued to walk past the medication cart, going to and from their bedroom, the living room, and the kitchen.						
	O5/09/23 at 8:23am -The Administrator, to administer to two -The two residents was time for the Ad their medicationsThe Administrator to administer the m -At 10:15am, she to because she did not themShe did not think a	personal care assistant on and 10:15am revealed: //MA prepared the medications or residents. were in the showers when it diministrator/MA to administer left the facility and was going nedications when she returned. herew the medications away of want the residents to get about throwing them away at s brought to her attention.					
	Interview with the A	Administrator/MA on 05/09/23					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED		
fcl035033			B. WING			? 09/2023	
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
HEART	TO HEART FAMILY CA	ARE HOME		TINGTON RE RG, NC 275			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC ^N REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 353	Continued From part at 4:45pm revealed She did not know it residents were on the She administered residents before she She did not know it from. She had the only know it is she had the had the only know it is she had the only know it is she had the had	: now medicati he top of the the 8:00am n e left the faci where the me	medication cart. nedications to all ility. edications came	C 353			

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