Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: R B. WING 05/09/2023 fc1035033 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 131 HUNTINGTON RD HEART TO HEART FAMILY CARE HOME LOUISBURG, NC 27549 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments The Adult Care Licensure section conducted an annual and follow-up survey on May 9, 2023. It was evident that Rule. C 284 10A NCAC 13G . 0904 (e)(4) C 284 10A NCAC 13G .0904(e)(4) Nutrition and Food Service nutrition and food services 10A NCAC 13G .0904 Nutrition and Food was not met at the time of 06/15/23 (e) Therapeutic Diets in Family Care Homes: the survey. The facility will (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be comply with the ruk and served as ordered by the resident's physician. remain in compliance with the rule by making sure that all meals are prepared This Rule is not met as evidenced by: in correspondence with Based on observations, record reviews and each therapeutic diet order. interviews, the facility failed to ensure therapeutic diets were served as ordered for 3 of 3 sampled The administrator will take residents with diet orders for 1800 calories (#1, full vesponsibility in ensuring #3), and low sodium (#2). that the supplies I' food items' The findings are: are readily available and are served as ordered by the 1. Review of the 1800 calorie therapeutic menu for 05/09/22 revealed: residents physician. Each -The morning snack included 1/2 cup of vegetable meal will be prepared . juice and 12 crackers. -The lunch meal included 3 ounces of chicken based on what the menu livers, 2/3 cup of rice, 1/2 cup green beans, 1 roll, states. If that item is not ½ cup ice cream, 1 cup of sugar free tea and 1 available then staff may cup of water. -The afternoon snack included 1 tablespoon of substitute corresponding peanut butter, 6 crackers, and 1/2 cup vegetable withe the therapeutic diet orace and document -The evening meal included 1 cup beef vegetable soup, 2 tablespoons peanut butter, 1/2 sandwich,

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LABORATORY DA ECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator 6/2/2023

Division	of Health Service R	Regulation			PRINTE	D: 05/15/2023	
STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	O(2) MI (1 77)		FORM APPROVED		
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION	(X3) DAT	E SURVEY	
			V. BOILDIN	G:	COM	PLETED	
NAME OF C		fcI035033	B. WING_			R	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE	05/	09/2023	
HEART T	O HEART FAMILY C	ARE HOME 131 HUN	TINGTON R	D			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	RG, NC 27	549			
PREFIX TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRINCE DEFICIENCY	II O DE	(XS) COMPLETE DATE	
C 284	Continued From p	age 1	0.204	ou loiener)			
		cup of water, and 1 cup of	C 284				
	a. Review of Resid	dent #1's current FL-2 dated		the mual in menu			
	04/03/23 revealed			the meal in menus			
	 Diagnoses included diabetes mellitus. 	ed schizophrenia disorder and					
		ler for an 1800 calories diet.					
		apeutic diet list posted in the					
	kitchen on 05/09/2	3 at 8:31am revealed Resident					
		ed an 1800 calories diet.					
	9.45am revealed:	snack served on 05/09/23 at					
	-Resident #1 was water.	served 3 "nabs" and a cup of					
	-Resident #1 was request.	given 3 additional nabs upon					
	Observation of the	lunch meal on 05/09/23 at					
	12:04pm revealed -Resident #1 was	served turkey sausage cut into					
	quarter-sized piece broccoli, and a cur	es, a cup of rice, a cup of					
	-Resident #1 was	served 15 pieces of turkey					
	sausage. -Resident #1 ate 1						
		e snack served on 05/09/23 at resident #1 was served 2 "nabs"					
	5:00pm revealed F of vegetable soup,	e dinner meal on 05/09/23 at Resident #1 was served a bowl , a toasted English muffin, er, and a cup of fruit juice.					
	Interview with Res	ident #1 on 03/22/23 at 8:30					

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	OF CORRECTION	IDENTIFICATI	ION NUMBER:	A. BUILDING:	E CONSTRUCTION		PLETED
			_~	B. WING		Part 100 (100 (100 (100 (100 (100 (100 (100	R
		fcI035033	3	B. WING		05/0	09/2023
	PROVIDER OR SUPPLIER TO HEART FAMILY CA	ARE HOME	131 HUN	DRESS, CITY, S FINGTON RD RG, NC 2754			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 284	Continued From part 1800 calories diet. Interview with a per 05/09/23 at 9:39am - Resident #1 was orack this morning - She did not have a Resident #1 at snack this morning - She did not have a Resident #1 at snack to serve Resident #1 at snack t	sonal care aide and 1:10pm re n an 1800 calo t #1 3 additional because he as any vegetable juck this morning cream, roll, or set at lunch toda a needed to sen he facility and a ner PCA on 05/6 therapeutic metal #1 fruit punch and fruit punch ar-free juice avants needed to se so not always avants and an archael #1 had an order #1 had an order #1 had an order #1 was given snack and the needed sugard snacks.	evealed: rie diet. al "nabs" at sked for more. uice to serve ugar free juice by. ve Resident #1 available. 09/23 at enu when ch and 2 "nabs h for the dinner ailable to serve erve the railable in the a 05/09/23 at der for an 1800 ugar free juice with dinner meal	C 284			

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3:50pm was unsuccessful.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES	(X1) PROVIDER		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICA	TION NUMBER:	A. BUILDING:		COMP	PLETED
				* 1848 * 10755 1076 10			₹ .
		fcI03503	33	B. WING		05/0	09/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART	O HEART FAMILY C	ARE HOME		TINGTON RD			
HEART	TO HEART PAINLET OF	ARE HOME	LOUISBU	RG, NC 275	49		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 284	Continued From pa	ige 3		C 284			
	Refer to the interview with a PCA on 05/09/23 at 9:39am and 1:10pm.						
	Refer to the interview with the Administrator on 05/09/23 at 4:45pm.						
	 b. Review of Resident #3's current FL-2 dated 03/29/23 revealed: -Diagnosis included arthritis, hypertension, anxiety, anemia, hyperlipidemia, and diabetes mellitus. -There was an order for a diabetic diet. 						
	Review of the therapeutic diet list posted in the kitchen on 05/09/23 at 8:31am revealed Resident #3 was to be served an 1800 calories diet.						
	Observation of the 9:45am revealed R "nabs" and a cup of	esident #3 wa					
	Observation of the lunch meal on 05/09/23 at 12:04pm revealed: -Resident #3 was served turkey sausage cut into						
	quarter-sized pieces, a cup of rice, a cup of broccoli, and a cup of waterResident #3 was served 15 pieces of turkey sausage.						
	-Resident #3 ate 50	% of his mea	l.				
	Observation of the dinner meal on 05/09/23 at 5:00pm revealed Resident #3 was served a bowl of vegetable soup, a toasted English muffin, pears, peanut butter, and a cup of fruit juice.						
	Interview with Resignant revealed she w						
	Interview with a per	rsonal care aid	le (PCA) on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 10	E CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDING:		F	
		fcI035033	B. WING			9/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART	TO 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 284	05/09/23 at 9:39am -Resident #3 was or -She did not have a Resident #3 at snace- There was no ice of to serve Resident # -The food and drink was not always in the Interview with anoth 4:00pm revealed: -She referred to the preparing the mealShe served Reside for afternoon snack mealThere was no suga in the facilityThe sugar-free drint therapeutic diet was facility. Interview with the A 4:45pm revealed: -She knew Residen ADA dietShe knew Residen ADA dietShe knew Residen condiments, juice, a -She knew Residen sugar for snack this meal, today. Attempted telephon Primary Care Provid 3:50pm was unsuce Refer to the intervie 9:39am and 1:10pm	and 1:10pm revealed: In an 1800 calories diet. In an 1800 calories diet. In an 1800 calories diet. In y vegetable juice to serve ick this morning. Incream, roll, or sugar free juice it at lunch today. Increded to serve Resident #3 Increded to serve Resident #3 Increded to serve Resident #3 Increded to serve menu when Increded to serve the dinner Increded to serve the serve in the	C 284			

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HEART TO HEART FAMILY CARE HOME (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) C 284 C 286 C 286 C 286 C 286 C 287 C 288 C		NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HEART TO HEART FAMILY CARE HOME (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 284				A. BUILDING.			•
HEART TO HEART FAMILY CARE HOME (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (C 284 Continued From page 5 05/09/23 at 4:45pm. 2. Review of the low sodium therapeutic menu for 05/09/22 revealed: -The morning snack included 1 cup of fresh fruit, ½ cup of vegetable juice, and 6 low sodium crackersThe lunch meal included 3 ounces of chicken livers, 1/2 cup low sodium of rice, ½ cup green beans, 1 roll, ½ cup ice cream, 1 cup of tea and 1			fcI035033	B. WING			
(X4) ID PREFIX TAG (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE DATE (X6) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) COMPLETE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) COMPLETE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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05/09/23 at 4:45pm. 2. Review of the low sodium therapeutic menu for 05/09/22 revealed: -The morning snack included 1 cup of fresh fruit, ½ cup of vegetable juice, and 6 low sodium crackersThe lunch meal included 3 ounces of chicken livers, 1/2 cup low sodium of rice, ½ cup green beans, 1 roll, ½ cup ice cream, 1 cup of tea and 1	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
-The afternoon snack included 1 tablespoon of peanut butter, 6 low sodium crackers, and 1 cup of milk. -The evening meal included 1 cup low sodium beef vegetable soup, 2 tablespoons peanut butter, sandwich, ½ cup of pears, and 1 cup of water. Review of Resident #2's current FL-2 dated 08/29/22 revealed: -Diagnoses included schizophrenia, hyperlipidemia, insomnia, hypertension, and intellectual disability. -There was an order for a low sodium diet. Review of the therapeutic diet list posted in the kitchen on 05/09/23 at 8:31am revealed Resident #2 was to be served 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. Observation of the lunch meal on 05/09/23 at 12:04pm revealed: -Resident #2 was served turkey sausage cut into quarter-sized pieces, a cup of rice, a cup of broccoli, and a cup of water. -Resident #2 was served 15 pieces of turkey	C 284	05/09/23 at 4:45pm 2. Review of the low 05/09/22 revealed: -The morning snack 2 cup of vegetable crackersThe lunch meal inclivers, 1/2 cup low sheans, 1 roll, ½ cup cup of waterThe afternoon snapeanut butter, 6 low of milkThe evening meal beef vegetable soun butter, sandwich, ½ water. Review of Resident 08/29/22 revealed: -Diagnoses include hyperlipidemia, inscintellectual disabilityThere was an order Review of the therakitchen on 05/09/23 #2 was to be served Observation of the 9:45am revealed Review of the therakitchen on 05/09/23 revealed: -Diagnoses include hyperlipidemia, inscintellectual disabilityThere was an order Review of the therakitchen on 05/09/23 #2 was to be served Observation of the 9:45am revealed Review of the therakitchen on 05/09/23 revealed: -Resident #2 was squarter-sized piece broccoli, and a cup	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 of ice cream, 1 cup of tea and 1 ck included 1 tablespoon of w sodium crackers, and 1 cup included 1 cup low sodium p, 2 tablespoons peanut focup of pears, and 1 cup of the tablespoons peanut focup of pears, and 1 cup of the tablespoons peanut focup of pears, and 1 cup of the tablespoons peanut focup of pears, and 1 cup of the tablespoons peanut focup of pears, and 1 cup of the tablespoons peanut focup of pears, and 1 cup of the tablespoons peanut focup of pears, and 1 cup of the tablespoons peanut focup of pears, and 1 cup of the tablespoons peanut focup of pears, and 1 cup of tablespoons peanut focup of pears, and 1 cup of the tablespoons peanut focup of pears, and 1 cup of tablespoons peanut focup of pears, and 1 cup of tablespoons peanut focup of pears, and 1 cup of tablespoons peanut focup of pears, and 1 cup of tablespoons peanut focup of pears, and 1 cup of tablespoons peanut focup of pears, and 1 cup of tablespoons peanut focup of pears, and 1 cup of tablespoons peanut focup of pears, and 1 cup of tablespoons peanut focup of tablespoons pea	C 284			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP			E CONSTRUCTION		DATE SURVEY
74407244	or coracerion	DEITH TOTTION	HOMBER	A. BUILDING:	1	'	
		fcI035033		B. WING			R 05/09/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART	TO HEART FAMILY CA	ARE HOME		INGTON RD			
00000000			15504 (554)	RG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
C 284	Continued From pa	ge 6		C 284			
	sausageResident #2 ate 100% of his meal. Observation of the snack served on 05/09/23 at 2:45pm revealed resident #2 was served 2 "nabs" and fruit punch. Observation of the dinner meal on 05/09/23 at 5:00pm revealed Resident #2 was served a bowl of vegetable soup, a toasted English muffin, pears, peanut butter, and a cup of fruit juice. Interview with Resident #2 on 05/09/23 at 9:30 am revealed: -He had to watch his salt intake because he had						
	high blood pressure -His Primary Care I sodium diet.	e. Provider wanted h					
	-He did not add salt	to his food.					
	Interview with a personal care aide (PCA) on 05/09/23 at 9:39am and 1:10pm revealed: -Resident #2 was on a low sodium dietShe did not have any fresh fruit or low sodium crackers to serve Resident #3 at snack this morningShe did not have any low sodium rice to serve at the lunch meal.						
	Interview with the A 4:45pm revealed: -She knew Residen sodium dietShe had purchase low sodium rice as -The staff would let needed in the facilit	at #2 had an order d low sodium crac listed on the men her know what fo	for a low ckers and u for today.				
	Attempted telephor						

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		6-1025022	B. WING		F	
#1#2 Gregoria - To- 194		fcI035033			05/0	9/2023
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
HEART 1	O HEART FAMILY CA	ARE HOME	RG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y 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 284	Continued From pa	age 7	C 284			
	3:50pm was unsuccessful.					
	Refer to the interview with a PCA on 05/09/23 at 9:39am and 1:10pm.					
	Refer to the intervie 05/09/23 at 4:45pm	ew with the Administrator on n.				
	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.					
	Interview with the Administrator on 05/09/23 at 4:45pm revealed: -She knew there were no sugar free condiments or snacks or low sodium foods in the facilityThere was no excuse for the facility to be out of sugar free condiments and snacks, or low sodium foodsShe was going to the grocery store today to purchase sugar free condiments and snacks and low sodium foodsShe had some food delivered today but the sugar free and low sodium food was purchased at a different store.					
C 330	10A NCAC 13G .10 Administration	004(a) Medication	C 330			

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: R B. WING 05/09/2023 fc1035033 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 131 HUNTINGTON RD HEART TO HEART FAMILY CARE HOME LOUISBURG, NC 27549 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 330 C 330 Continued From page 8 Heart to Heart Family Care Home 06/15/23 failed to comply with ruce 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the 10A NCAC 136 1004 (0) preparation and administration of medications, The facility Plans to comply prescription and non-prescription and treatments with the rule and remain by staff are in accordance with: (1) orders by a licensed prescribing practitioner compliant by doing weekly which are maintained in the resident's record; and (2) rules in this Section and the facility's policies Cart audits, faring new and and procedures. discontinued orders to pharmacel. When updating f12 forms This Rule is not met as evidenced by: Based on observations, interviews, and record make sure they match reviews, the facility failed to ensure medications were administered as ordered for 3 of 3 sampled residents current medication residents (#1, #2, and #3) related to a medication list it f12 and medication for depression and anxiety and a medication to list doesn't motor the help control muscle movement (#1); a medication for depression and a medication to lower administrator will get cholesterol (#2); and a medication for pain and clarity to see it medication inflammation (#3). needs to be continued or discontinued. The administrator The findings are: will also assure that all orders Review of Resident #1's current FL-2 dated 04/03/23 revealed diagnoses included are in resident chart. Also schizophrenia disorder and diabetes mellitus. the administrator plans to a. Review of Resident #1's current FL-2 dated creak a chart to record and log 04/03/23 revealed: -There were no medications listed on the FL-2. Neekly cart audits. The administrator -There was a hand-written entry that read "see also plans to take out all old and attached". -The attachment was a list of Resident #1's discontinued meds to eliminate current medication list. -There was an order for trazodone 100 mg (used errors. for depression and anxiety) at night.

Review of Resident #1's March 2023 medication

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1,000,000,000,000,000,000,000	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		fcI035033	B. WING			R 09/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
HEART 1	TO HEART FAMILY CA	ARE HOME	TINGTON RD JRG, NC 275			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
C 330	Continued From pa	ige 9	C 330			
	-There was an entry with a scheduled as a characteristic administered each 03/31/23. Review of Resident revealed: -There was an entry with a scheduled as a characteristic administered each 04/30/23.	ord (MAR) revealed: ry for trazodone 100mg at night dministration time of 8:00pm. entation trazodone was night from 03/01/23 to t #1's April 2023 MAR ry for trazodone 100mg at night dministration time of 8:00pm. entation trazodone was night from 04/01/23 to				
	05/01/23 to 05/08/2 -There was an entr with a scheduled ac -There was docume	t #1's May 2023 MAR from 23 revealed: ry for trazodone 100mg at night dministration time of 8:00pm. entation trazodone was night from 05/01/23 to	t			

Observation of Resident #1's medications on hand on 05/09/23 at 1:10pm revealed:

- -There was a blister pack with 16 of 21 trazodone dispensed on 12/05/22 available for administration.
- -There was a blister pack with 30 of 30 trazodone dispensed on 12/20/22 available for administration.

Telephone interview with the pharmacy technician at the facility's contracted pharmacy on 05/09/23 at 3:11pm and 4:45pm revealed:

- -The pharmacy had an order for trazodone 100mg at night.
- -The pharmacy dispensed 21 tablets of trazodone 100mg on 12/05/22 and 30 tablets of trazodone 100mg on 12/20/23.

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPL		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION N	UMBER:	A. BUILDING:	<u> </u>	COMP	LETED
						F	3
		fcI035033		B. WING		100000000000000000000000000000000000000	9/2023
NAME OF C	200//2000 00 00//200//50		070557.10		THE THE CORE		
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
HEART T	O HEART FAMILY CA	ARE HOME		INGTON RD			
				RG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCY MUST BE PRECEDED B SC IDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	pres 1895 (CHA-25)	8 Sept 9		T establishment	DEI IOIENO1)		
C 330	Continued From pa	ge 10		C 330			
	-Resident #1 had a as needed in Nover was not filledMedications that a be requested by the The facility did not 100mg to be filled. Review of eMAR dodispensed and med 12/05/22 and 05/08 There were 21 traz 12/05/22 available for 12/05/22 available for 12/05/22There were 30 traz 12/20/22 available for 12/20/22 avai	mber 2022, however re ordered "as need facility to be filled. make a request for occumentation, medications on hand be 1/23 revealed: codone 100mg disp for administration from 22. The result of 100mg disp for administration from 33. The result of 102, when there are from January and 46 of 51 tablets of in December 2025 administration/Medicat 4:45pm revealed: Resident #1 trazodom "as needed" order was and December 2025 on they were administration "as of they were administration of the they	er the order ded" must trazodone detaions etween ensed on om ning from ensed on om ning from 100mg was to had been 2023 to remaining 2. cation Aide one 100mg r in 2022. for 2 22. needed" stered.				

Division of Health Service Regulation

December 2022.

Division of Health Service Regulation

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		fcI035033	B. WING		05/0	₹ 19/2023
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 03/0	3/2023
UEADT	TO HEADT FAMILY OF	131 HUN	TINGTON RD			
HEARI	TO HEART FAMILY CA	LOUISBU	IRG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 330	Continued From pa	nge 11	C 330			
	-She did not know	why trazodone 100mg was from blister packs dispensed				
		ne interview with Resident #3's der (PCP) on 05/09/23 at cessful.				
	Refer to the Administrator's interview dated 05/09/23 at 4:45pm.					
	04/04/23 revealed: -There were no me -There was a hand- attached"The attachment wa current medication -There was an orde to help control mus Review of Resident administration reco -There was an entry daily with a schedul 8:00am and 8:00pn -There was docume administered twice 03/31/23. Review of Resident revealed: -There was an entry daily with a schedul 8:00pmThere was docume administered twice 04/30/23.	er for benztropine 0.5mg (used cle movement) twice daily. t #1's March 2023 medication and (MAR) revealed: y for benztropine 1mg twice led administration time of				

PRINTED: 05/15/2023 **FORM APPROVED** Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING fc1035033 05/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 131 HUNTINGTON RD HEART TO HEART FAMILY CARE HOME LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 330 Continued From page 12 C 330 05/01/23 to 05/09/23 revealed: -There was an entry for benztropine 1mg twice daily with a scheduled administration time of 8:00pm. -There was documentation benztropine was administered twice daily from 05/01/23 to 05/08/23. Observation of Resident #1's medications on hand on 05/09/23 at 1:10pm revealed: -There was a blister pack with 3 of 60 benztropine dispensed on 02/15/23 available for administration. -There was a blister pack with 7 of 60 benztropine dispensed on 03/20/23 available for administration. -There were two cards with 30 of 30 (60 tablets) benztropine dispensed on 05/03/23 available for administration. Telephone interview with the pharmacy technician at the facility's contracted pharmacy on 05/09/23 at 3:11pm revealed: -The pharmacy had an order for benztropine 1mg twice daily dated 02/14/23. -The pharmacy dispensed 60 tablets of benztropine 1mg on 02/15/23, 03/20/23 and 05/03/23. -The pharmacy did not receive an order to decrease benztropine to 0.5mg twice daily. -The pharmacy did not receive a copy of the FL-2 and the attached list of medications dated

Division of Health Service Regulation STATE FORM

04/03/23

1mg was received.

-Resident #1 did have an order for benztropine 0.5mg twice daily, however it was discontinued on 02/14/23 when the new order for benztropine

Review of eMAR documentation, medications dispensed and medications on hand between

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2 2	E CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDING:		(2.20%)	
		fcI035033	B. WING		05/0	9/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEART	TO HEART FAMILY CA	AREHOME	RG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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
C 330	02/15/23 available 02/16/23 to 03/17/2 -There were 3 of 60 02/15/23There were 60 ber 03/20/23 available 03/21/23 to 04/19/2 -There were 7 of 60 03/20/23There were 60 ber 05/03/23 available 05/04/23 to 05/08/2 -There were 60 ber 05/03/23 -There were 60 ber 05/03/23 -There was docume was administered to 05/08/23, when the tablets remaining from the tablets remaining from the tablets remaining from the tablets remaining to 05/08/23, and the tablets remaining the tablets remain	2/23 revealed: Instropine 1mg dispensed on for administration from 23. Instropine remaining from 23. Instropine remaining from 24. Instropine 100mg wice daily from 03/21/23 to re were 3 of 60 benztropine from dispensing dated 02/15/23 have been zero, there were 7 ablets remaining from 23/20/23 when there should have been no alter to administer from 04/20/23 have been 20/20/23 when there should have been 50. Instruction 1mg are should have been 50. Instruction 1mg to Resident and 20/20/20 have benztropine 1mg twice benztropine 1mg to Resident why there was no benztropine	C 330			

Division of Health Service Regulation

	OF CORRECTION	(X1) PROVIDER/S IDENTIFICATI		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY
				B. WING			2
	-	fcI035033		B. WING		05/0	09/2023
	PROVIDER OR SUPPLIER	ARE HOME	131 HUN	INGTON RD			
1,000,000,000,000,000			LOUISBU	RG, NC 275			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		ED BY FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 330	Continued From pa	ge 14		C 330			
	Primary Care Provider (PCP) on 05/09/23 at 3:50pm was unsuccessful.						
	Refer to the Administrators interview date 05/09/23 at 4:45pm.						
	2. Review of Resident #2's current FL-2 dated 08/29/22 revealed diagnosis included schizophrenia, hyperlipidemia, insomnia, hypertension, and intellectual disability.						
	a. Review of Resident #2's current FL-2 dated 08/29/22 revealed there was an order for venlafaxine 75 mg 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 ac -There was docume administered daily f	dministration tin entation venlafa	ne of 8:00am. exine was				
	Review of Resident 05/01/23 to 05/09/2 -There was an entry with a scheduled ac -There was docume administered daily for	3 revealed: y for venlafaxing dministration tin entation venlafa	e 75mg daily ne of 8:00am. axine was				
	Observation of Res hand on 05/09/23 a no venlafaxine 75m	t 1:56pm revea	led there was				
	Telephone interview at the facility's contrat at 3:11pm revealed -The pharmacy had 75mg daily.	racted pharmad : I an order for ve	enlafaxine				
	-The pharmacy disp	pensed 30 table	ets of				

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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
	fcI035033	B. WING	R 05/09/2023
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE, ZIP CODE	

121 HUNTINGTON PD

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETE
PREFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
C 330	Continued From page 15	C 330		
	venlafaxine 75mg on 4/17/23The facility should have enough venlafaxine 75mg to last until 05/17/23.			
	Interview with the Administration on 05/09/23 at 4:45pm revealed: -She thought she gave Resident #2 venlafaxine 75mg this morningShe may have given Resident #2 the last venlafaxine in the blister packShe did not know the pharmacy dispensed 30 tablets of venlafaxine on 4/17/23, and there should still be some available for administrationShe did not know where the venlafaxine was.			
	Attempted telephone interview with Resident #3's Primary Care Provider (PCP) on 05/09/23 at 3:50pm was unsuccessful.			
	Refer to the Administrators interview date 05/09/23 at 4:45pm.			
	b. Review of Resident #2's current FL-2 dated 08/29/22 revealed there was an order for gemfibrozil 600mg twice daily.			
	Review of Resident #2's March 2023 medication administration record (MAR) revealed: -There was an entry for gemfibrozil 600mg twice daily with a scheduled administration time of 8:00am and 8:00pmThere was no documentation gemfibrozil 600mg was administered twice daily from 03/01/23 to 03/31/23There was a hand-written entry next to the entry for gemfibrozil 600mg twice daily that read "discontinued."			
	Review of Resident #2's April 2023 MAR revealed:			

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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
	fcI035033	B. WING	R 05/09/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HEART T	O HEART FAMILY CARE HOME	INGTON RD RG, NC 2754	19	
(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
200021	Continued From page 16 -There was an entry for gemfibrozil 600mg twice daily with a scheduled administration time of 8:00am 8:00pm. -There was no documentation gemfibrozil 600mg was administered daily from 04/01/23 to 04/30/23. -There was a hand-written entry next to the entry for gemfibrozil 600mg twice daily that read "discontinued." Review of Resident #2's May 2023 MAR from 05/01/23 to 05/09/23 revealed: -There was an entry for gemfibrozil 600mg twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was no documentation gemfibrozil 600mg was administered twice daily from 05/01/23 to 05/09/23. -There was a hand-written entry next to the entry for gemfibrozil 600mg twice daily that read "discontinued." Observation of Resident #2's medications on hand on 05/09/23 at 1:56pm revealed: -There was a blister pack with 15 of 30 gemfibrozil 600mg dispensed on 04/14/23 available for administration. -The prescription label had "PM" written with a black marker. -There was a second blister pack with 16 of 30 gemfibrozil 600mg dispensed on 04/14/23 available for administration. -The prescription label had "AM" written with a black marker. -There was recond blister pack with 16 of 30 gemfibrozil 600mg dispensed on 04/14/23 available for administration. -The prescription label had "AM" written with a black marker.	C 330		
inian of M	at the facility's contracted pharmacy on 05/09/23			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	2
		fcI035033	B. WING		05/0	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 DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 330	gemfibrozil 600mg 04/14/23. -The pharmacy did discontinue gemfibrone electronic orders to Interview with the A 4:45pm revealed: -Gemfibrozil was di -She knew gemfibrone MARShe would write, "of the MARShe did not know to order for gemfibrozione -The Primary Care order to discontinue -She did not recall to the pharmacyShe thought the Pet the pharmacyShe could not locate gemfibrozilShe did not know to dispensing gemfibrozilShe did not know to dispensing gemfibrozil.	pensed 30 tablets of on 02/14/23, 03/17/23, and not have an order to rozil 600mg. Providers (PCP) would send the pharmacy. Idministration on 05/09/23 on scontinued months ago. ozil was still and entry on the discontinued" by the entry on the pharmacy had an active il 600mg twice daily. Provider (PCP) had written an e gemfibrozil. faxing the discontinued order CP sent an electronic order to the pharmacy was continuing ozil. The interview with Resident #3's der (PCP) on 05/09/23 at	C 330	DEFICIENCY		
	Refer to the Admini at 4:45pm.	strators interview on 05/09/23				
	03/29/23 revealed: -Diagnosis included	ent #3's current FL-2 dated d arthritis, hypertension, perlipidemia, and diabetes				

mellitus. Division of Health Service Regulation STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: R B. WING fc1035033 05/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 131 HUNTINGTON RD HEART TO HEART FAMILY CARE HOME LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 330 C 330 Continued From page 18 -There was an order for meloxicam 7.5mg (used to treat pain and inflammation related to arthritis) twice daily. Review of Resident #3's March 2023 medication administration record (MAR) revealed: -There was an entry for meloxicam 7.5mg twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation meloxicam was administered daily from 03/01/23 to 03/31/23. 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 8:00pm. -There was documentation meloxicam 7.5mg was administered daily from 04/01/23 to 04/30/23. Review of Resident #3's May 2023 MAR from 05/01/23 to 05/09/23 revealed: -There was an entry for meloxicam 7.5mg twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation meloxicam 7.5mg was administered daily from 05/01/23 to 05/09/23. Observation of Resident #3's medications on hand on 05/09/23 at 1:56pm revealed there was no meloxicam available for administration. Telephone interview with the pharmacy technician at the facility's contracted pharmacy on 05/09/23 at 3:11pm revealed: -The pharmacy received Resident 3's FL-2 dated 3/29/23. -The pharmacy was informed Resident #3

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PRINTED: 05/15/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R fc1035033 05/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 131 HUNTINGTON RD HEART TO HEART FAMILY CARE HOME LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 330 Continued From page 19 C 330 brought medications with her from home when admitted to the facility. -The pharmacy profiled meloxicam 7.5mg twice daily but had not filled the prescription. Telephone interview with Resident #3's local pharmacy on 05/09/23 at 4:10pm revealed: -The pharmacy dispensed 60 meloxicam 7.5mg to be administered twice daily on 05/17/22. -The pharmacy filled a prescription for 60 meloxicam 7.5mg on 07/22/23, however Resident #3 failed to pick up the medication. Interview with the Administration on 05/09/23 at 4:45pm revealed: She administered meloxicam 7.5mg to Resident #3 this morning. -She must have administered the last pill this morning, because she remembered administering the medication. -She knew Resident #3 brought her medications with her to the facility when she was admitted on 03/29/23. -She thought all her medications were available for administration. Attempted telephone interview with Resident #3's Primary Care Provider (PCP) on 05/09/23 at 3:50pm was unsuccessful. Refer to the Administrators interview on 05/09/23

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at 4:45pm.

4:45pm revealed:

were listed on the FL-2.

Interview with the Administrator on 05/09/23 at

-She sent FL-2's to the pharmacy when a new

-She did not compare annual FL-2's with the current medication list to ensure all medications

resident was admitted to the home.

PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 330 Continued From page 20 She audited the medication cart every quarter. She audited the medication cart to ensure that the medications on the MAR were in the medication cart. She did not realize there were some medications on the medication cart that did not match the MAR. She did not notice the dispensed date on the blister packs. She needed to pay more attention to the		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fc1035033		PLE CONSTRUCTION G:	(X3) DATE COMPI	LETED
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 330 Continued From page 20 -She audited the medication cart every quarterShe audited the medication cart to ensure that the medications on the MAR were in the medication cartShe did not realize there were some medications on the medication cart that did not match the MARShe did not notice the dispensed date on the blister packsShe needed to pay more attention to the			ARE HOME 131 HUNT	TINGTON R	D		
-She audited the medication cart every quarterShe audited the medication cart to ensure that the medications on the MAR were in the medication cartShe did not realize there were some medications on the medication cart that did not match the MARShe did not notice the dispensed date on the blister packsShe needed to pay more attention to the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETE DATE
	C 342	-She audited the machine and its instructions of the medication when a medications when a medication when a medications when a medication when a medication administration a medication administration a medication administration a medication administration a medication or treatment; (5) reason or justifications or treatment; (5) reason or justifications or treatment; (6) date and time of (7) documentation and medications or treatment; (8) name or initials a medication or treatment; (8) name or initials and medication or treatment; (8) name or initials and medication or treatment and medication and	nedication cart every quarter. nedication cart to ensure that if the MAR were in the at there were some medications cart that did not match the the dispensed date on the auditing the medication cart. Out(j) Medication Out Medication Administration medication administration be accurate and include the at dication or treatment order; cadministering the medication cation for the administration cation for the administration of atments as needed (PRN) and assulting effect on the resident; administration; of any omission of tments and the reason for the refusals; and of the person administering eatment. If initials are used, a t to those initials is to be aintained with the medication		full to comply with IDA NCAC 13G. 1004 IDA NCAC 13G. 1004 Intends to correct in by doing more free auidits and recorded who wish summary at with orders and plin the residents of administrator medication labeled to make sure the material the near	control and super and supe	06/15/23

PRINTED: 05/15/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING fcI035033 05/09/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 131 HUNTINGTON RD HEART TO HEART FAMILY CARE HOME LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 342 C 342 Continued From page 21 Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records were accurate for 2 of 3 sampled residents (#1, #3) including inaccurate documentation of a blood pressure medication and a medication to for depression (#1); and a topical ointment for pain (#3). The findings are: 1. Review of Resident #1's current FL-2 dated 04/03/23 revealed diagnoses included schizophrenia disorder and diabetes mellitus. a. Review of Resident #1's current FL-2 dated 04/03/23 revealed: -There were no medications listed on the FL-2. -There was a hand-written entry that read "see attached." -The attachment was a list of Resident #1's current medication list. -There was an order for lisinopril 5mg (used to treat elevated blood pressure) daily. Review of Resident #1's May 2023 medication administration record (MAR) from 05/01/23 to 05/09/23 revealed:

on 05/09/23 at 1:10pm revealed: -There was a blister pack with 3 of 30 lisinopril

an administration time of 8:00am.

5mg dispensed on 03/17/23 available for administration.

Observation of Resident #1's medication on hand

-There was an entry for lisinopril 5mg daily with

-There was documentation lisinopril 5mg was administered from 05/01/23 to 05/09/23.

-There was a blister pack with 25 of 30 lisinopril 10mg dispensed on 05/03/23 available for administration.

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(X3) DATE SURVEY

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STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
		fcI035033	B. WING		05/0	9/2023
	PROVIDER OR SUPPLIER	ARE HOME 131 HUNT	DRESS, CITY, ST			
(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 APPROPRIES OF CORRECTION OF C	D BE	(X5) COMPLETE DATE
C 342	at the facility's contrat 3:11pm revealed: -The pharmacy had daily dated 05/01/2: -The order for lisinor when lisinopril 10meThe pharmacy wouthe MARs to the facilityThe pharmacy wouth would not print on the month since the MA facilityThe facility was resentry on the MARs and sent to the facilityThe facility was resentry on the MARs and sent to the facilityThe facility was resentry on the MARs and sent to the facilityThe pharmacy had MARs to the facilityShe did not received dated 05/01/23The pharmacy had MARs to the facilitySince she did not know forder, she did not know forder.	with the pharmacy technician racted pharmacy on 05/09/23: I an order for lisinopril 10mg 3. I april 0.5mg was discontinued g was ordered. Ild print the MARs and send cility the last week of the Ild enter the new order, but it he MAR until the following ARs had been sent to the Isponsible for changing the ince they had been printed lity. Idministrator/Medication Aide t 4:45pm revealed: Resident #1 had an order to 10mg daily. It is a copy of the lisinopril order I printed and shipped the I printed and shipped	C 342			

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		fcI035033	B. WING		05/0	9/2023
	PROVIDER OR SUPPLIER	ARE HOME 131 HUNT	DRESS, CITY, S	TATE, ZIP CODE		
		LOUISBO	KG, NC 2/5	+9		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 342	Review of Resident administration recording an administration titre. There was docume administered from the Review of Resident revealed: There was an entry an administration titre. There was an entry an administration titre. There was docume administered from the Review of Resident 05/01/23 to 05/09/2. There was an entry an administration titre. There was docume administration of Reson 05/09/23 at 1:10. There was a blister 20mg dispensed on administration. There was a blister 20mg dispensed on administration. Telephone interview at the facility's contrat 3:11pm revealed. The pharmacy had daily. The pharmacy dispensed of the pharmacy dispensed of the pharmacy dispensed of the pharmacy dispensed of the pharmacy had daily.	er for fluoxetine 20mg (used to aily. #1's March 2023 medication rd (MAR) revealed: y for fluoxetine 60mg daily with me of 8:00am. entation fluoxetine 60mg was 03/01/23 to 03/31/23 #1's April 2023 MAR y for fluoxetine 60mg daily with me of 8:00am. entation fluoxetine 60mg was 04/01/23 to 04/30/23. #1's May 2023 MAR from 3 revealed: y for fluoxetine 60mg daily with me of 8:00am. entation fluoxetine 60mg daily with me of 8:00am. entation fluoxetine 60mg was 05/01/23 to 05/09/23. ident #1's medication on hand pm revealed: r pack with 1 of 30 fluoxetine of 03/17/23 available for r pack with 30 of 30 fluoxetine of 05/03/23 available for with the pharmacy technician racted pharmacy on 05/09/23				

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation STATE FORM Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		fcI035033	B. WING		200000000000000000000000000000000000000	R 09/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
HEART	TO HEART FAMILY CA	131 HUN	TINGTON RD			
TIEART	TO TIEART TAIMET OF	LOUISBU	JRG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 342	fluoxetine 60mg as -The entry for fluox -The pharmacy had facility regarding the dispensed and the Interview with the A (MA) on 05/09/23 a -She knew Resider fluoxetine 20mg da -She had not notice was entered as 60r -She had not called why 60mg was ente was being dispense 2. Review of Reside 03/29/23 revealed: -Diagnosis included anxiety, anemia, hy mellitusThere was an orde (used for pain) four Review of Resident administration reco 05/08/23 revealed: -There was a hand sodium 1% four tim administration time and 8:00pmThere was no door was administered for to 05/08/23.	not receive an order for entered on the MAR. etine was entered incorrectly. In not been notified from the ediscrepancy in the dosage dosage entered on MAR. Administrator/Medication Aide at 4:45pm revealed: at #1 had an order for aily. at Resident #1's fluoxetine and on the MAR. If the pharmacy to question ered on the MAR and 20mg ed. ent #3's current FL-2 dated at arthritis, hypertension, perlipidemia, and diabetes are for diclofenac sodium 1% at times daily. It #3's May 2023 medication and (MAR) from 05/01/23 to the entered on the mark of the scheduled are sodium of 8:00am, 12:00pm, 4:00pm aumentation diclofenac sodium our times a day from 05/01/23 sident #3's medication on hand	C 342			
		of diclofenac sodium 1%				

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER AND PLAN OF CORRECTION A. BUILDING: 05/09/2023 B. WING fc1035033 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 131 HUNTINGTON RD HEART TO HEART FAMILY CARE HOME LOUISBURG, NC 27549 (X5)PROVIDER'S PLAN OF CORRECTION COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG C 342 C 342 Continued From page 25 -The tube of diclofenac sodium was opened with 3/4 of the medication remaining. Interview with Resident #3 on 05/09/23 at 4:30pm revealed: -She complained of pain in her knees. The diclofenac sodium cream helped with her -She thought diclofenac sodium cream was applied to her knees two to three times a day. -She 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 pharmacy. -She made a hand-written entry of diclofenac sodium when she reviewed the MARs. -She administered diclofenac sodium 1% to The facility failed to comply Resident #3. -She forgot to sign the MAR after she had WILL YUM TOA NEAC 199. 1004 administered diclofenac sodium to Resident #3. Us medication Storage. The C 353 C 353 10A NCAC 13G .1006 (b) Medication Storage 06/15/23 facility plans to comply 10A NCAC 13G .1006 Medication Storage where the rule and remain (b) All prescription and non-prescription in compliance by making medications stored by the facility, including those requiring refrigeration, shall be maintained under sure all medications, prescription locked security except when under the direct and non prescriptions are physical supervision of staff in charge of medication administration. locked and Stored propuly This Rule is not met as evidenced by: Medications will be administered Based on observations, interviews, and record bu at a time and locked when reviews, the facility failed to ensure medications left on top of a medication cart were locked when waternay away from cart or not under the direct physical supervision of a medication aide observed during the 8:00am box with out reaving any Expoled

	f Health Service F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA				D: 05/15/20 APPROV
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION		E SURVEY PLETED
AME OF P	POWDER	fcI035033	B. WING		100000000000000000000000000000000000000	R
	ROVIDER OR SUPPLIER	STREET AL	DDRESS CITY	STATE, ZIP CODE	05/	09/2023
EART T	O HEART FAMILY (CARE HOME 131 HUN	TINGTON RI)		
(X4) ID	SUMMARY S	LOUISBU	JRG, NC 27	549		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLE DATE
C 353	Continued From p	page 26	C 353	33 10.51017		-
	facility tour.		0 353	of the residents.		
	Review of the factories dated 05/09/23 registerits.	ility's resident census report evealed there was a census of 6				
	-The locked med	ne medication cart on 05/09/23 at n revealed; ication cart was in the living				
	-The medication -There were two	aide (MA) had left the facility.	f			
	-There was a res medication cup.	art. sident's name written on each				
	-At 8:05am, there	cups contained 5 tablets. e was a resident sitting in the another resident at the dining				
	continued to wall	n and 10:15am, residents k past the medication cart, going bedroom, the living room, and				
	Interview with the	e personal care assistant on am and 10:15am revealed:				
	to administer to the two resident	or/MA prepared the medications two residents. Its were in the showers when it Administrator/MA to administer				
	their medications -The Administrat					
	-At 10:15am, she because she did them.	e threw the medications away not want the residents to get				
	8:23am when it v	k about throwing them away at was brought to her attention. e Administrator/MA on 05/09/23				

PRINTED: 05/15/2023 **FORM APPROVED** Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ R B. WING fcI035033 05/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 131 HUNTINGTON RD HEART TO HEART FAMILY CARE HOME LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 353 C 353 Continued From page 27 at 4:45pm revealed: -She did not know how medications for two residents were on the top of the medication cart. -She administered the 8:00am medications to all residents before she left the facility. -She did not know where the medications came from. -She had the only key to the medication cart.

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