PRINTED: 05/19/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING FCL017008 05/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2896 STONEY CREEK SCHOOL ROAD STONEY CREEK FAMILY CARE HOME REIDSVILLE, NC 27320 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 000 Initial Comments C 000 C 246 C 246 10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure a resident referral was made and kept for 1 of 3 sampled residents (#2) related to a referral for an orthopedic consultation. The findings are: Review of Resident #2's current FL-2 dated 11/21/22 revealed diagnoses included schizophrenia, primary hypertension, intellectual development disability, and benign prostatic hyperplasia. Review of Resident #2's primary care provider's (PCP) after-visit summary revealed: -There was an order for Resident #2 to be seen at the orthopedic office. -A named orthopedic office and telephone number were listed with the instructions to call for an appointment. Telephone interview with a scheduling

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

05/09/23 at 3:15pm revealed:

representative at the orthopedic office on

-The orthopedic office staff tried to call the

-A referral was sent in on 03/14/23 for Resident

(X6) DATE

Lonnie Graves

#2.

Administrator

TITLE

6.14.2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		FCL017008	B. WING		05/0	9/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY,	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAF	RE HOME		K SCHOOL ROAD		
	T	REIDSVI	LLE, NC 273		.1	0.4-1
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
C 246	Continued From pa	ge 1	C 246			
	Resident #2 and the -The orthopedic offi address they were properties -The telephone nunthe current facility.	ice staff sent a letter to the		The appointment has been set up Wednesday 5.24.2023, with Reids Orthorpedic. The resident was see on 5.24.2023.	sville	5.11.2023
	revealed: -He had not been to -His back hurt, "strasides."  Telephone interview 05/09/23 at 2:27pm -Resident #2 had so of back painResident #2 had ar revealed the reside including narrowing spinal arthritisResident #2 neede	o see an orthopedist.  aight up the spine and up both  w with Resident #2's PCP on revealed: pine problems and complained  n x-ray on 03/13/23 that  nt had a lot of spinal issues, of the lumbar spine and  ed to see an orthopedist.		Administrator and MA staff will all correspondence from PCPs ensure orders and follow up appointments will be adhered to Administrator and staff will have correspondence weekly, in regito all orders.	to.	5.11.2023
C 270	through.  Interview with the A 4:09pm revealed: -He was waiting for him about an appoi -He did not know he make an appointme  10A NCAC 13G .09 Service  10A NCAC 13G .09 Menus in Family Ca (7) The facility shall	004 (c)(7) Nutrition And Food	C 270			

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ZB9K11 If continuation sheet 2 of 30

STATEMEN	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING:			
		FCL017008	B. WING		05/0	9/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAF	RF HOMF	NEY CREEK LE, NC 273:	SCHOOL ROAD 20		
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 270	•	age 2 guidance of food service staff.	C 270			
	reviews, the facility matching therapeut guidance when pre	et as evidenced by: ions, interviews, and record failed to ensure there was a tic diet menu to use for paring meals for a resident in-ordered cardiac diet.		Updated menus featuring heart healthy diets have been put in p		5.12.2023
	11/21/22 revealed of schizophrenia, prim	t #2's current FL-2 dated diagnoses included nary hypertension, intellectual ility, and benign prostatic		All residents has been given under their F		5.12.2023
	summary dated 12/cardiac diet (heart heart	kitchen on 05/09/23 at 9:32am ar menu posted on the side of diac diet or heart-healthy diet e.		Resident's PCP has concluded on his current levels that a "reg will suffice.		5.11.2023
	Interview with Resid	dent #2 on 05/09/23 at 5:14pm				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		FCL017008	B. WING		05/	09/2023
	PROVIDER OR SUPPLIER CREEK FAMILY CAF	RE HOME 2896 STO		STATE, ZIP CODE C SCHOOL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 270	-He was not on a spane at the was not on a spane at the whatever the linterview with a me 05/09/23 at 1:42pm and of the residents unless she knew a she was serving.  -None of the residents unless she knew a she was serving.  -None of the residents unless she knew a she was serving.  -None of the residents unless she knew a she was serving.  -None of the residents unless she was serving.  -She did not know a ordered when the residents with the Anspital.  -She expected the control of the waste of the she waste of the waste of the she waste of the	pecial diet. The cook fixed to eat.  dication aide (MA) on a revealed: The received the same meal resident did not like something onts had a special diet.  Why with Resident #2's PCP on a revealed: The healthy diet had been resident was discharged from diet order to be followed.  In the followed of the followed of the followed of the followed.  The followed of the				
C 330	(a) A family care he preparation and addresscription and no by staff are in according orders by a licer which are maintained.	004 Medication Administration ome shall assure that the ministration of medications, n-prescription and treatments	C 330			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		FCL017008	B. WING		05/0	9/2023
NAME OF I	PROVIDER OR SUPPLIER		<u> </u>	STATE, ZIP CODE	1 05/0	9/2023
	CREEK FAMILY CAP	2896 STO		SCHOOL ROAD		
STONET	I	REIDSVIL	LE, NC 273			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 330	Continued From pa	age 4	C 330			
	This Rule is not met as evidenced by: TYPE B VIOLATION  Based on observations, interviews, and record					
	reviews, the facility were administered residents (#1, #2) re a blood pressure m used to control/lowe eye drop (#1); an a	related to ensure medications as ordered for 2 of 3 sampled related to medication orders for nedication, two medications ver blood sugar levels, and an allergy nasal spray, and o prevent constipation (#2).				
	The findings are:					
	08/19/22 revealed of mellitus, hypertensi	lent #1's current FL2 dated diagnoses included diabetes ion, kidney disease, left leg a, and schizophrenia.		Administrator will audit MARs were one month. After one month Adm will monitor biweekly. On the second month monitoring will be done moduli addition to the monitoring Adm	iinistrator ond onthly.	6.13.2023
	08/19/22 revealed t	ent #1's current FL2 dated there was an order for treat high blood pressure)		will train staff to monitor on weekl		
	revealed: -There was an entry systolic blood press with a scheduled ac-There was docume Lisinopril 10mg was 03/01/23-03/24/23 arguerate -There were no excount of the commentation Research - There was no entry documentation Research	ry for Lisinopril 10mg, hold if sure (SBP) is less than 100 dministration time of 7:00am. The tentation Resident #1's sadministered from and 03/28/23-03/31/23. Ceptions documented for		Resident's bp is monitored and recorded daily, if SBP is less t Lisinopril is held.  All staff has been given this guid and will be monitored by the Administrator.	han 100	5.9.2023 5.9.2023

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUP		, ,	E CONSTRUCTION		SURVEY PLETED
		FCL017008		B. WING		05/0	09/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONE	CREEK FAMILY CAI	RE HOME		NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIEN / MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From pa	ge 5		C 330			
	Review of Resident revealed: -There was an entr systolic blood press with a scheduled at There was documulisinopril 10mg was 04/01/23-04/30/23There was no entr documentation Resident 05/01/23-05/09/23There was an entr systolic blood press with a scheduled at There was documulisinopril 10mg was 05/01/23-05/09/23There was no entr documentation Resident Properties at the properties on 05/09/23 at 10:1There was a multion 04/24/23Each bubble pack tablets/capsulesOne of the medication of the medicat	y for Lisinopril 10resure (SBP) is less dministration time entation Resident is administered from y for a SBP and the sident #1's SBP has istering the Lisinopril 10resure (SBP) is less dministration time entation Resident sadministered from y for a SBP and the sident #1's SBP has istering the Lisinopril 10resure (SBP) is less dministration time entation Resident is administered from y for a SBP and the sident #1's SBP has istering the Lisinopril 10resure (SBP) and the sident #1's medical from the Lisinopril 10resure (SBP) and the sident #1's medical from the Lisinopril 10resure (SBP) and the Lisinopril 10resure	mg, hold if than 100 of 7:00am. #1's om here was no ad been opril.  my 2023 from mg, hold if than 100 of 7:00am. #1's om here was no ad been opril.  ation on hand dispensed e  s Lisinopril  st at the 09/23 at opril was administer				

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DIVISION	<u>of Health Service Re</u>	egulation					
	IT OF DEFICIENCIES		R/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFIC	ATION NUMBER:	A. BUILDING:		COMP	LETED
		ECI 04	7000	B. WING		05/0	0/2022
		FCL01	7006			05/0	9/2023
NAME OF F	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
0=011=1			2896 STO	NEY CREEK	SCHOOL ROAD		
STONEY	CREEK FAMILY CAP	RE HOME	REIDSVIL	LE, NC 273	20		
(X4) ID	SUMMARY STA	TEMENT OF DE	FICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX	(EACH DEFICIENCY			PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING	SINFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
					DEFICIENCY)		
C 330	Continued From pa	ge 6		C 330			
	-The order for Resi	dent #1's Lis	inopril prior to				
	04/17/23 was dated						
	to administer Lisino						
	the SBP was less th		,				
	-Lisinopril was pack	aged with ot	her medications				
	in a multi-dose pacl						
	-Lisinopril was listed	d on the med	lication package				
	with the order, Lisin	opril 10mg, l	hold if SBP was				
	less than 100.						
	-Resident #1's SBP						
	administering the L						
	-If Resident #1's SE						
	was already running						
	administered, the re						
	dizziness and be at	risk for a fal	l.				
	Intomious sith a man	-l:+::-l-	(MA) an				
	Interview with a me 05/09/23 at 3:30pm		(IVIA) ON				
	-She did not check		e SBD daily				
	-She had not notice						
	checking Resident						
	SBP was less than		a to floid if the				
	-If she had seen the		s, she would have				
	checked Resident #						
	the medication.		J				
	Interview with anoth	ner MA on 05	5/09/23 at 3:58pm				
	revealed:						
	-He did not check F						
	-He had not seen R						
	the SBP before adn	ninistering th	e ∟ısınoprıl.				
	Telephono intonvious	with Doolds	ant #1's primary				
	Telephone interview care provider (PCP						
	revealed:	) UII UJ/U8/Z	ο αι Ζ.Ζ <i>ι</i> μπ				
	-Resident #1 had a	few low SRE	Preadings and				
	she wanted to make						
	low, that he did not						
	would lower his SBI		JaiJanon mat				
	-A low SBP could le		nsion which could				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		FCL017008	B. WING		05/0	9/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAR	RE HOME	NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT 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	-Resident #1 had cobefore and a low blocontributed to that of she expected Resident Personal	Ills, and even death. omplained of chest pain to her ood pressure could have complaint. ident #1's SBP to be checked g Lisinopril.  dent #1 on 05/09/23 at 5:18pm heck his blood pressure. Ided" all the time. d him one of his medications way, but he did not recall who vas.  t #1's PCP care notes  dent #1's SBP was 3. dent #1's SBP was 2. ident #1's SBP was 1. dministrator on 05/09/23 at Resident #1's medication when en the order to check Resident ad not "processed it" until now d about it. Rs in March 2023 but missed ter directions and noting was not being checked. aff, including himself, to read er and administer the	C 330			
		6:07pm revealed a reading of				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICAT	SUPPLIER/CLIA TON NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		FCL0170	08	B. WING		05/	09/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAI	RE HOME			SCHOOL ROAD		
OTONET	OKEEK TAMETOA	AL HOME	REIDSVIL	LE, NC 2732	20		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 330	Continued From pa	ge 8		C 330			
	120.						
	b. Review of Reside 08/19/22 revealed to (used to treat high logical 32 units; there was order.	here was an o blood sugar) 10	rder for Levemir 00 units, inject				
	Review of Resident Administration Recrevealed: -There was an entrinject 33 units at the resident did not eat administration time -There was a letter 03/07/23, 03/08/23, 03/28/23-03/29/23 dates on the back of #1 did not eatThere was no doct administered 03/24 exceptions were do MAR.	ord (MAR) for I y for Levemir 1 e hour of sleep , with a schedu of 7:00pm. H documented , 03/15/23, 03/2 and the except of the MAR was umentation Lev -23-03/26/23 a	March 2023  00 units/ML, , hold if the uled  If for 03/01/23, 21/23-03/22/23, ions for these is held, Resident  vemir was und no				
	Review of Resident readings form for Moreover 8 coluitimes of 7:00am, 12 finger stick blood sitime, and the last counits and site.  On 03/02/23 at 6:0 documented as 192 documentation of Lon 03/03/23 at 7:0 was documented a FSBS was documented a respective for the site of the site o	March 2023 reviews; labeled for 2:00pm, and 6: 2:00pm, and 6: 2:00pm the FSBS 2 and there was evemir being a 20am, Resident s 221 and at 12 anted as 240; the sident #1 was a 25 and the sident #1 was a 25 and the sident #1 was a 25 and at 12 anted as 240; the sident #1 was a 25 and at 12 anted as 240; the sident #1 was a 25 and at 12 anted as 240; the sident #1 was a 25 and at 12 anted as 240; the sident #1 was a 25 and a 2	ealed: or the date, 00pm, and esults for each eled for Levemir s was s no administered. t #1's FSBS 2:00pm the nere was administered				

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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		
		FCL0170	08	B. WING		05/	09/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAF	RE HOME		NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(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 330	Continued From particles of Resident revealed:  -There was a letter 04/04/23-04/05/23, the exceptions for the exceptions for the March 2023 down the march 2023 down the exceptions for	o (no time was 0pm, Resident 170 and there evemir being a 0am, the FSBS 0, and Resident er insulin that was over 200 #1's MAR for y for Levemir 1 e hour of sleep, with a schedu of 7:00pm. H documented 04/12/23, and hese dates on sident #1 did no umentation Levems; labeled for and 6:00pm, are olumn previous cumentation for ted. It is with document the with document the company of the many olumn previous cumentation for the many olumn previous the with document the many olumn that the with document the many olumn that of the many olumn that on the many olumn that of the many olumn that olumn tha	the back of the ot eat.  cose/sugar eled: or date, times of and FSBS results sly labeled on r Levemir units  may 2023 from  00 units/ML, hold if the aled: or date, times of and FSBS results sly labeled on r Levemir units  may 2023 from  00 units/ML, hold if the aled	C 330			

Division of Health Service Regulation

STATEMENT OF D AND PLAN OF CO			R/SUPPLIER/CLIA CATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		FCL01	7008	B. WING		05/0	09/2023
NAME OF PROVID	ER OR SUPPLIER	<u> </u>		DRESS, CITY, S	STATE, ZIP CODE	, , ,	
STONEY CREE	EK FAMILY CAF	RE HOME		NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(X4) ID PREFIX ( TAG R	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	TEMENT OF DE ' MUST BE PRE SC IDENTIFYING	CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
was -On rease -The admi exce MAR Reviread 05/0 -The time: FSB: was -Thre docu -The Obse on 0: -The Interreve: -The dayHe dayHe can on the can of the	on for the excepte was no doctor was no doctor inistered 05/04 eptions were doctor.  ew of Resident ings form for M 1/23-05/09/23 it ewere 8 columns of 7:00am, 12 S results for earliabeled for Levele dates had 3 imented as admented as admented as admented as a bottle 2/21/23. It is evial contained existence with Residual existence with Resi	on 05/01/23-0 tter H was deption was not unentation L/23-05/08/23 coumented on the second state of Levenir in the second sta	ocumented; the of documented. Levemir was 3 and no in the back of the glucose/sugar in life for the date, 6:00pm, and if the last column indicate. In the last column	C 330			

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DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		FCL017008	B. WING		05/0	9/2023
NAME OF 5	DDOVIDED OD GUDDUED		ODDESS CITY (	STATE ZID CODE		
NAIVIE OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
STONEY	CREEK FAMILY CAR	RE HOME		SCHOOL ROAD		
		REID9VI	LLE, NC 273	20		T.
(X4) ID		TEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
C 330	Continued From pa	nge 11	C 330			
0 000	·	-	0 000			
		ir was dispensed on 12/28/22				
	and 02/21/23.	n a achadulad ayala fill ta ba				
		n a scheduled cycle fill to be lld have to be requested for a				
	refill.	ind have to be requested tot a				
	-Levemir was a long	g-acting insulin.				
		administered as ordered, and				
		S was high, the resident's				
	FSBS could go eve					
	-High FSBS can cause problems with eyes, kidneys, and other organs, and the resident was					
		keto acidosis if the FSBS				
	went high enough,					
		emir should be administered				
	as ordered to preve	ent his FSBS from elevating.				
	Interview with a me	edication aide (MA) on				
	05/09/23 at 3:30pm					
		dent #1's FSBS before meals.				
	-Levemir was sched	duled to be administered at				
	7:00pm but was he	ld if the resident did not eat or				
	did not eat much.					
		on the MAR when she held the				
		the letter H where initials were				
	documented; H me					
		ster Resident #1's Levemir if				
	•	such as potatoes or rice, but something off his plate that				
		e did not administer the				
	Levemir.	o did not duminister the				
	=					
	Interview with anoth	ner MA on 05/09/23 at 3:58pm				
	revealed:	·				
		ent #1's FSBS before meals.				
		ster Resident #1's Levemir if				
	his FSBS was less					
		when Resident #1's FSBS				
		esident's FSBS would be				
	"really low" the next					
	-it ne administered	Levemir it would be				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED		
		FCL017008	B. WING		05/0	9/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE					
				SCHOOL ROAD				
STONEY	CREEK FAMILY CAP	ZE HOME	LE, NC 273					
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
(X4) ID PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF	PRIATE	DATE		
				BELLOTI				
C 330	Continued From pa	ge 12	C 330					
	documented and if	he did not administer Levemir						
	he did not document anything.							
	T-1	and the Desident Hale makes and						
	•	with Resident #1's primary						
care provider (PCP) on 05/09/23 at 2:27pm revealed:		) 011 03/09/23 at 2.27 pm						
		n order to administer 33 units						
	of Levemir nightly.							
	-She had the parameter for holding if the resident							
		e if he did not eat anything and						
		"below 80" the Levemir could						
	cause the FSBS to			MA staff has been educated on p				
		r the Levemir to be held if the		documentation of FSBS and insu	ılin	5.10.2023		
	resident did not eat			injections.				
	above 80, she want	anything and his FSBS was						
	administered.	led Leveriii to be		Administrator will monitor FSBS				
		vemir was not administered		biweekly to ensure that all MAs	are	5.10.2023		
		too high, and he could		properly documenting and				
	become hyperglyce			administrating insulins.				
		ly lost one limb, and he would						
	be at risk of losing							
		SBS was high it could cause		FSBS forms has been updated t	0			
	damage to his eyes	s, kidneys, and heart.		include both injections Levemir a				
	Interview with the A	dministrator on 05/09/23 at		Novolg. In addition, staff will use	MARs			
	4:09pm revealed:	arminotrator or 00/00/20 at		given by pharmacy to site		5.10.2023		
	•	lesident #1's Levemir.		administration as well.		0.10.2020		
		few times (he did not recall a						
		dent #1 did not eat, and he did						
	not administer the L							
		ocumented this on the MAR as						
	an exception.							
	Observation of Res	ident #1's FSBS checked by						
		at 6:13pm revealed a reading						
	of 109.	: 12pm:1213mod d.15danig						
		ent #1's current FL2 dated						
	08/19/22 revealed t	here was no order for Novolog						

STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		FCL017008	B. WING		05/0	9/2023
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/0	<u> </u>
	CREEK FAMILY CAI	RE HOME 2896 STO		SCHOOL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / 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	(short acting insulin sugar).  Telephone interview facility's contracted 2:07pm revealed: -Resident #1's currinject 2 units before was greater than 20 not eatThe order was writ no other orders for -One vial of Novolo and 02/21/23Novolog was not of and would have to -Novolog was a fast -If the Novolog was and the resident's Fewould not feel wellResident #1's Novolog was and the resident #1's Novolog was ordered to lower Review of Resident Administration Recoveraled: -There was an entrunits three times a than 200 and the reresident did not eat -Novolog was docu 03/01/23 at 8:00am 5:00pm, 03/28/23 at 2:00pm.  Review of Resident readings form for Northere were 8 columns.	with a pharmacist at the pharmacy on 05/09/23 at ent order for Novolog was to emeals if the resident's FSBS 20 and hold if the resident did eten on 04/06/22; there were Novolog. g was dispensed on 12/28/22 on a schedule to be cycle filled be requested for refill. t-acting insulin. In not administered as ordered, FSBS was high, the resident olog should be administered of the resident's FSBS.  If #1's Medication ord (MAR) for March 2023 of the FSBS was greater esident ate a meal; hold if the	C 330	DEFICIENCY		

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	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			A. BUILDING.			
		FCL017008	B. WING		05/0	9/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONE	CREEK FAMILY CA	RE HOME	NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(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	was labeled for Lev-Resident #1's FSE than 200 on 18 occ-Under the column documentation 2 uradministered on 11 - There was no doc administered on 7 #1's FSBS was documented a was documented a which leaves no dot the resident's FSBS Review of Residen revealed: -There was an entrunits three times a sugar (FSBS) was resident ate a mea eatNovolog was docu 04/04/23 for a FSB of 223, and 04/11/2 Review of Residen readings form for A-There were 8 colutimes of 7:00am, 1: FSBS results for eathere was no colum-Resident #1's FSE than 200 on 12 occ-On the back of the documented as ad 12:00pm for a FSB 12:00pm for a FSB-Novolog 2 units, were series and the series and 12:00pm for a FSB-Novolog 2 units, were series and 12:	vemir units and site. S was documented as greater rasions. For Levemir there was nits of Novolog was occasions. The second was occasions occasions with the second was occasions. The second was occasions occasions. Occasions oc	C 330			

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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	
		FCL017008	B. WING		05/	09/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
STONE	CREEK FAMILY CAF	RE HOME		SCHOOL ROAD		
	T	REIDSVII	LE, NC 2732			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	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 330	Continued From pa	ge 15	C 330			
	administered, but 3 #1's FSBS was doc Novolog was docun MAR, which leaves	ater than 200. r documentation Novolog was of the 12 occasions Resident umented as greater than 200, nented as administered on the no documentation for 7 ent's FSBS was greater than				
	-There was an entry units three times a sugar (FSBS) was resident ate a meal eat.	#1's MAR for May 2023 from revealed: y for Novolog 100u/ml, inject 2 day if the finger stick blood greater than 200 and the hold if the resident did not ocumented as administered.				
	readings form for M -There were 8 colur times of 7:00am, 12 FSBS results for ea was labeled for Lev -Resident #1's FSB than 200 on 4 occa -There was no colu documentation Nov	nns; labeled for the date, 2:00pm, and 6:00pm, and ich time, and the last column emir units and site. S was documented as greater sions. mn for Novolog and no olog was administered on 4 of sident #1's FSBS was				
	on 05/09/23 at 10:1 -There was a bottle on 02/21/23The vial contained -A vial of Novolog c units daily.	ident #1's medication on hand 4am revealed: of Novolog insulin dispensed less than ¼ bottle of Novolog. ontains 500 doses based on 2 dication aide (MA) on				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		FCL017008	B. WING		05/0	9/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAR	RE HOME	NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(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 SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 330	Continued From pa	ge 16	C 330			
	-If Resident #1's FS administered 2 unit it as a PRN on the	dent #1's FSBS before meals. SBS was over 200, she s of Novolog and documented				
	revealed: -He checked Resid -He administered R FSBS was higher the administered documented and if he did not documented the did not recall the series of the	ent #1's FSBS before meals. Resident #1's Novolog if his nan 250. Novolog it would be he did not administer Novolog				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		FCI 0470	00	B. WING		05/	0./0000
		FCL0170		<u> </u>		05/0	09/2023
NAME OF	PROVIDER OR SUPPLIER			, ,	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAP	RE HOME		LE, NC 273			
(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 T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From pa	ge 17		C 330			
	Interview with Resider revealed: -The staff checked dayHe only received in 200He did not know we-Some days he did  Observation of Resident MA on 05/09/23 at 0109.  d. Review of Resident National Resident	dent #1 on 05/0 his FSBS three nsulin if his FSE hat insulin he re not need insulii ident #1's FSB 6:13pm reveale ent #1's current here was an or to treat glaucon ections).	e times every as was over ecceived. n. s checked by a ed a reading of a FL2 dated der for na) 0.005%.				
	facility's contracted 2:07pm revealed: -Resident #1's ordereceived on 07/18/2 one drop in each ey-Resident #1's Lata 07/18/22 and 02/21 dispensingLatanoprost was upeople with glaucor-If Resident #1's Lata administered as orderessure could be eyelevated eye pressrisk of vision problet trouble focusing; lot permanent eye dan Interview with Residented: -He could not see "	pharmacy on 0 or for Latanopro 22 with the direct we at bedtime. noprost was dis /23 for a 25-da sed to lower ey na. tanoprost was dered the reside elevated. sure increased ms including bl nage. dent #1 on 05/0	ost/09/23 at est was ection to place spensed on y supply each re pressure in not ent's eye a resident's lurring, and I cause				

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	Of Fleatiff Service IN				T	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
, LAN	J. JOHALOHOM	BERTH BATTOTT TOWNER.	A. BUILDING:	<del></del>		
		FCL017008	B. WING		05/0	9/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
0=011=1		2896 STO	NEY CREEK	SCHOOL ROAD		
STONEY	CREEK FAMILY CAP	RE HOME REIDSVIL	LE, NC 273	20		
(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 SHOUL CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE	(X5) COMPLETE DATE
C 330	Continued From pa	ge 18	C 330			
	needed glasses.					
	<ul><li>-He used to get eye drops every night, but he had not had eye drops in a while.</li><li>-They "used to do it every day" but he did not</li></ul>					
	know why they stop					
	-He asked a MA on	ce about the eye drops and				
	the MA gave them t					
	drops.	any other MAs about the eye				
	Review of Resident #1's Medication Administration Record (MAR) for March 2023 revealed:					
		y for Latanoprost, instill 1 drop				
	in both eyes at bed	time.		Latanoprost administration education		5.10.2023
		entation Resident #1's		has been given to all staff. In add		5.10.2023
	Latanoprost was ac	and 03/14/23-03/23/23, and		staff will be monitored to ensure medication is given and recorded		
	03/27/23-03/30/23.	and 00/14/20-00/20/20, and		properly.	<i>.</i>	
		umentation Latanoprost was		F. S. S.		
	administered on 03 and 03/31/23.	/13/23, 03/24/23-03/26/23,				
	Review of Resident revealed:	#1's MAR for April 2023				
	in both eyes at bed			Administrator will audit MARs we	•	
		entation Resident #1's		one month. After one month Adm will monitor biweekly. On the sec		1
	Latanoprost was ac 04/01/23-04/30/23.	iministered from		month monitoring will be done m	onthly.	
	D			In addition to the monitoring Adm		r
	Review of Resident #1's MAR for May 2023 from 05/01/23-05/09/23 revealed:			will train staff to monitor on week	iy dasis.	
		y for Latanoprost, instill 1 drop				
	in both eyes at bedtimeThere was documentation Resident #1's					
	Latanoprost was ac					
	05/01/23-05/04/23	and 05/06/23-05/08/23.				
	-There was no docu administered on 05	umentation Latanoprost was /05/23.				

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	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA CATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		FCL01	7008	B. WING		05/0	9/2023
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAR	RE HOME		NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		CEDED BY FULL	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			
	Observation of Res on 05/09/23 at 10:1 -There was a bottle provided by the me -The bottle did not I box was not availabThere was less that in the bottle.  Interview with a MA revealed: -She administered bedtime, one drop in she had not any post Resident #1's eye of She did not know work remaining if the bottle of eye drops back."	4am revealed of Latanopri dication aided have a pharmole.  In 1/4 the medication of the medication aided have a pharmole.  In 05/09/23  Resident #1's neach eye. roblems with drops, "he let why there we take only lasted hoprost had her MA on 05 desident #1's hy Resident #1 at one time,	ed: ost eye drops (MA). macy label and the dication remaining at 3:30pm s eye drops at administering s me do it." ould be medication at 25 days. to be requested. 5/09/23 at 3:58pm eye drops every #1's had not run at had an extra "it was a while		Staff has been educated on ob- additional medicines from the pharmacy.  Administrator will screen all loos medications to ensure they are used at the proper rate. In addit Administrator will train all med s on properly observing rates at w loose medical supplies should be	se being ion staff vhich	5.10.2023 6.13.2023
	Telephone interview care provider (PCP revealed: -Resident #1 had g was not administer intraocular pressure glaucoma and caus	) on 05/09/2 laucoma and ed as ordere e, which coul	3 at 2:27pm d if his Latanoprost d, he could have ld worsen the				
	Interview with the A 4:09pm revealed: -He administered R						

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		FCL017008	B. WING		05/0	9/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAR	RE HOME	NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(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 SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 330	Continued From pa	ge 20	C 330			
	bedtime.	ent #1 had another bottle of				
	11/21/22 revealed of schizophrenia, prim	ent #2's current FL-2 dated diagnoses included arry hypertension, intellectual dility, and benign prostatic				
		ent #2's current FL2 dated here was an order for Miralax ipation)17g daily.				
	revealed: -He had problems v -He needed to go ri -His stool was "hard -His stomach was h hurting tooHe did not know if	ght now but he could not. d like cardboard." nurting, and his back was he received medication for e did get stuff to drink every				
	revealed: -There was an entricapful) in 8 ounces -There was no document was admini	#2's Medication ord (MAR) for March 2023 y for Miralax mix 17g (one of juice or water daily. umentation Resident #2's stered on 03/20/23-03/21/23 1/23, and no exceptions were		Staff has been educated on adm Miralax as prescribed.	inistering	5.10.2023
	revealed: -There was an entrocapful) in 8 ounces	#1's MAR for April 2023  y for Miralax mix 17g (one of juice or water daily. entation Resident #2's Miralax				

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	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		FCL017	7008	B. WING		05/0	09/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·	
STONEY	CREEK FAMILY CAI	RE HOME		NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC <sup>N</sup> REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 330	Continued From particles was administered for Neview of Resident 05/01/23-05/09/23. There was an entrocapful) in 8 ounces. There was no door Miralax was administered was a bottles on 05/09/23 at 11:1. There was a bottles 12/22/23 for Reside. There was approximate remaining in the bottles on 12/22/22 for If Resident #2's Minordered the resident was on 12/22/22 for If Resident #2's Minordered the resident was on 12/22/23 for Interview with a met 05/09/23 at 3:30 pm She administered administered administered administered it on the He had not refuse encourage him to concern the resident #2 had not the resident #2 had not the resident was aware. She did not know was remaining if the bottless with anottless	rom from 04/6 t #1's MAR forevealed: y for Miralax if of juice or was umentation Restered on 05/6 were documentation were documentation from 12's mentate and 12's mentate and 14's material and	r May 2023 from mix 17g (one ater daily, esident #2's '06/23-05/07/23, ented. edication on hand d: spensed on f the medication macist at the n 05/09/23 at nt #2's Miralax pply, t administered as problems with  (MA) on s Miralax and she worked. ny have to d of constipation uld be medication d 30 days.	C 330			
	revealed: -He administered F		·				

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	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		FCL01	7008	B. WING		05/0	09/2023
NAME OF I	PROVIDER OR SUPPLIER	•	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
STONEY	CREEK FAMILY CA	RE HOME		NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
C 330	Continued From particles worked.  -He mixed a capful administered it to Factor and the particles of the worked.  -There had been a busy and forgot to a Miralax.  -If he did not administered it have documented busy and forgot to a Miralax.  -If he did not administered are provider (PCP revealed:  -Miralax was used and a Resident #2 could which could cause administered as ordered in the worker with the Administered as ordered in the worker worker with the Administered as ordered in the worker worker worker worker worker worker worker worker worker worked.  -Resident #2 had not constipation.  -Resident #2 some sometimes did not.  -If Resident #2 did documented on the worker with Resident worker worker with Resident worker w	of Miralax will resident #2. couple of time administer Resident # administer Resident # administer of the prevent contains and discome so conseptic. Sident # 2's Midered. Administrator of complaine times took the mot take his Mark as a restry Resident # a bottle disponent # 2's currestree was an otreat allergibility.	les he had gotten esident #2's alax he would not red it.  ent #1's primary 3 at 2:27pm Instipation. Itipation issue comfort. Instipated that ralax to be  on 05/09/23 at d of any  e Miralax and Miralax it would be efusal. #2 still had ensed on  ent FL2 dated order for y symptoms) one	C 330			
	-He had been "unu	sually sneezi	ng", "I usually do				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		FCL017008	B. WING		05/0	9/2023
NAME OF I			•		1 05/0	1912023
	PROVIDER OR SUPPLIER	2896 STO		STATE, ZIP CODE ( SCHOOL ROAD		
STONEY	CREEK FAMILY CA	SE HUME	LE, NC 273			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
C 330	not sneeze a lot." -He did not receive on some days.  Review of Resident Administration Receivealed: -There was an entreach nostril dailyThere was no document of 3/25/23-03/27/2 exceptions document Review of Resident revealed: -There was an entreach nostril dailyThere was document revealed: -There was document revealed: -There was an entreach nostril dailyThere was document revealed: -There was document revealed: -There was an entreach nostril dailyThere was document revealed: -There was an entreach revealed:	his Fluticasone every day, but  t #2's Medication ord (MAR) for March 2023  y for Fluticasone one spray in cumentation Resident #2's stered on 03/20/23-03/21/23 23 and there were no ented.  t #1's MAR for April 2023  y for Fluticasone one spray in entation Resident #2's lministered from  t #1's MAR for May 2023 from	C 330			
	There was an ent each nostril daily. -There was no doc Fluticasone was ac 05/06/23-05/07/23 documented. Observation of Res on 05/09/23 at 11:1 -There was a bottle 12/22/23 for Reside	ry for Fluticasone one spray in umentation Resident #2's Iministered on and there were no exceptions sident #2's medication on hand 9am revealed: e of Fluticasone dispensed on ent #1.		Staff was educated on administering Fluticasone spray and proper documentation if there is a refusal.		5.10.2023
	Telephone interviev	e of medication remaining.  v with a pharmacist at the pharmacy on 05/09/23 at				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPI		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
				A. BUILDING.			
		FCL017008		B. WING		05/0	9/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAP	RE HOME		NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODERICENCY)	JLD BE	(X5) COMPLETE DATE
C 330	Continued From pa	ge 24		C 330			
	-Resident #2's Fluti 12/22/22 and 01/23 -If Resident #2's Fluti administered as ord experience an incress Interview with a me 05/09/23 at 3:30pm -She administered -She would allow the medication into his -She watched Resident it appeared he the way down and it -She did not know wremaining if the bot Interview with anoth revealed: -Resident #2's Fluti (PRN) medicationHe administered Resident needed	/23 for a 60-day's aticasone was not dered the resident ease in allergy syndication aide (MA) revealed: Resident #2's Flut e resident to spranostrils. dent #2 spray the was pushing the anto both nostrils. why there would both ener MA on 05/09/2 casone was an astesident #2's Flutions and series was an astesident #2's Flutions.	could nptoms.  ) on cicasone. y the medication applicator all e medication days.		MA staff was educated on che recording when medical suppl expire. At or before expiration the staff will then contact the pto obtain additional supplies. I administrator will monitor wee ensure compliance.  Administrator will monitor loos medical supplies for the rate of Administrator will continue to educate staff on how to prope gauge the amount of loose medical to ensure that new mediondered in a timely manner.	ies should dates oharmacis The kly to se of use. rly edicine	
	-Resident #2 had not relephone interview care provider (PCP revealed: -Fluticasone was or sneezing, and runn -Resident #2 would symptoms associate the medication was linterview with the A 4:09pm revealed: -He had administer -He did not know whave Fluticasone and dispensed would not relevant to the resident #2 would not support the resident #2 would not support the resident #2 would not support #2 would would not support #2 would not support #2 would not support #2 wo	ot requested his F w with Resident #1 ) on 05/09/23 at 2 rdered for seasona y nose. not have relief fro ed with seasonal not administered dministrator on 05 ed Resident #2's I hy Resident #2 wo vailable if the amo	l's primary:27pm al allergies, om the allergies if as ordered. 5/09/23 at Fluticasone. ould still ount				

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		FCL017008	B. WING		05/0	09/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	STATE, ZIP CODE		
STONEY CREEK FAMILY CARE HOME			ONEY CREEK ILLE, NC 273	SCHOOL ROAD 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
C 330	time the medication administered.  The facility failed to administered as ord had an order for da to hold the blood presscausing risk for hyp to be administered did not eat, and was the insulin was administered with a placing the resident and eye drops were to treat glaucoma, pelevated eye pressed difficulty with vision detrimental to the hresidents and constance with G. this violation.  CORRECTION DATORION TO THE TOTAL TO	n was documented as ensure medications were der related to a resident who illy blood pressure checks and essure medication if the sure was less than 100, botension, a long-acting insulin every night unless the resider sunable to determine when inistered and when it was cting insulin that was not a blood sugar greater than 200 t at risk with hyperglycemia, e not administered as ordered outting the resident at risk for ure which could cause (#1). This failure was lealth and safety of the titutes a Type B Violation.  d a plan of protection in S. 131D-34 on 05/09/23 for  TE FOR THE TYPE B NOT EXCEED JUNE 23,	n nt			
C 342	(j) The resident's m	004 Medication Administration nedication administration be accurate and include the	C 342			
	(2) name of the me	dication or treatment order;				

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STATE FORM 2B9K11 If continuation sheet 26 of 30

NAME OF PROVIDER OR SUPPLIER  STONEY CREEK FAMILY CARE HOME  SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION)  C 342  C Ontinued From page 26  (3) strength and dosage or quantity of medication sor treatment; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication administration or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication record were		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  STONEY CREEK FAMILY CARE HOME  2896 STONEY CREEK SCHOOL ROAD REIDSVILLE, NC 27320  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 342  C Continued From page 26  (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication administration or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the		FCL017008				05/0	9/2023
STONEY CREEK FAMILY CARE HOME  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK  TAGK  COntinued From page 26  (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication administration or treatment and maintained with the medication administration record (MAR).  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the	102011000			DRESS CITY S	STATE ZIP CODE	1 00/0	3/2020
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 342  C Continued From page 26  (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the			2896 STO				
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  C 342  Continued From page 26  (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the	STONEY CREEK FAMILY CARE HOME			LE, NC 273	20		
(3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
medication administered;  (4) instructions for administering the medication or treatment;  (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;  (6) date and time of administration;  (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and  (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the	C 342	Continued From pa	ige 26	C 342			
		medication adminis (4) instructions for a or treatment; (5) reason or justific medications or treat documenting the re (6) date and time o (7) documentation medications or treat omission, including (8) name or initials the medication or tr signature equivaler documented and madministration reco  This Rule is not medication or treat Based on observat reviews, the facility	stered; administering the medication cation for the administration of atments as needed (PRN) and esulting effect on the resident; of administration; of any omission of atments and the reason for the refusals; and of the person administering reatment. If initials are used, a not to those initials is to be maintained with the medication and (MAR).  Let as evidenced by: ions, interviews, and record failed to ensure the				
		The findings are:					
The findings are:		08/19/22 revealed: -Diagnoses include hypertension, kidne glaucoma, and sch -There was an orde blood clots) 81mg o -There was an orde	ed diabetes mellitus, ey disease, left leg amputee, izophrenia. er for Aspirin (used to prevent daily. er for Atorvastatin (used to				
1. Review of Resident #1's current FL2 dated 08/19/22 revealed: -Diagnoses included diabetes mellitus, hypertension, kidney disease, left leg amputee, glaucoma, and schizophreniaThere was an order for Aspirin (used to prevent blood clots) 81mg dailyThere was an order for Atorvastatin (used to treat high cholesterol) 80mg once daily at 6:00pm.		Review of Resident	t #1's medication				

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05/01/23-05/09/23 revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
	FCL017	008	B. WING		05/0	09/2023
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE	·	
STONEY CREEK FAMILY CARE HOME			NEY CREEK LE, NC 273	SCHOOL ROAD 20		
PREFIX (EACH DEFICIENC	ATEMENT OF DEF CY MUST BE PRECI LSC IDENTIFYING	EDED 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 342 Continued From p  -There was an ent scheduled administered administered administered administered administered administered administered administered.  Interview with the 4:09pm revealed hedications on 05 and 1/21/22 revealed administered administered administered administered administered.  Refer to the interv 05/09/23 at 4:09pm  2. Review of Residence administered administered administered administration reconstruction of the series and order administration reconstruction and series and administration reconstruction and series and administration reconstruction and series an	ry for Aspirin 8 stration time of cumentation the on 05/07/23. Try for Atorvasta stration time of cumentation Atored on 05/07 sident #1's me at 10:14am revere available to the administrator of the schizophrer pment disability sia. Her for Depakot 500mg twice deler for Famotiding daily. Her for Levothyrom 25mcg daily of the theory of the	7:00am. at Aspirin 81mg atin 80mg with a 6:00pm. orvastatin /23. dications on vealed Aspirin o be on 05/09/23 at d Resident #3's 3. Iministrator on on the FL-2 dated onia, hypertension, y, and benign are (used to treat aily. ine (used to treat aily. ine (used to treat aroxine (used to y). ion May 2023 from the 500mg with a 800am and	C 342			

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  STONEY CREEK FAMILY CARE HOME  STONEY CREEK FAMILY CARE HOME  STONEY CREEK FAMILY CARE HOME  REIDSVILLE, NC 27320  ONLY  PREFIX  (EACH DEFICIENCY WIST BE PREFICIENCES)  (EACH DEFICIENCY WIST BE PREFICE PROPED BY PILL  REGULATORY OR LSC IDENTIFYING INFORMATION)  C 342  C Ontinued From page 28  500mg was administered from 05/05/23 at 8:00pm-05/07/23.  -There was an entry for Famotidine 20mg with a scheduled administration time of 8:00am.  -There was no documentation that Famotidine 20mg with a scheduled administration time of 8:00am.  -There was no documentation that Levothyroxine 25mg with a scheduled administration time of 8:00am.  -There was no documentation that Levothyroxine 25mg with a scheduled administration time of 8:00am.  -There was no documentation that Levothyroxine 25mg with a scheduled administration time of 8:00am.  -There was no documentation that Levothyroxine 25mg with a scheduled administration time of 8:00am.  -There was no documentation that Levothyroxine 25mg with a scheduled administration on 05/06/23-05/07/23.  Observation of Resident #2's medications on hand on 05/09/23 at 11:19am revealed Depakote, Famotidine, and Levothyroxine were available to be administered.  Interview with the Administrator on 05/09/23 at 4.09pm revealed he administrator on 05/09/23 at 4.09pm.  3. Review of Resident #3's current FL-2 dated 11/21/22 revealed:  -Diagnoses included schizophrenia, primary hypertension, vitamin D deficiency, and a history of kidney failure.  -There was an order for Fluvoxamine Maleate (used to treat obsessive-compulsive disorder) 100mg take one tablet daily at bedtime.  -There was an order for Gemiliorcal (used to treat high cholesterol) 600mg take one tablet twice a day 30 minutes before morning and evening meals.  -There was an order for Vitamin D3 (supplement) 2000UI take one tablet total total observations.					E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
STONEY CREEK FAMILY CARE HOME   2896 STONEY CREEK SCHOOL ROAD REIDSVILLE, NC 27320			FCL017008	B. WING		05/0	9/2023
C 342   SUMMARY STATEMENT OF DEFICIENCIES   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   REGULATIONY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY PLUL REGULATIONY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DMTE DEFICIENCY)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DMTE DATE DEFICIENCY)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DMTE DATE DATE DATE DATE DATE DATE DATE DA	NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
C 342  Continued From page 28 500mg was administered from 05/05/23 at 8.00pm-05/07/23There was an entry for Famotidine 20mg with a scheduled administration time of 8:00amThere was no documentation that Levothyroxine 25mg with a scheduled administration time of 8:00amThere was an entry for Levothyroxine 25mg with a scheduled administration time of 8:00amThere was no documentation that Famotidine 20mg was administered on 05/06/23-05/07/23There was an entry for Levothyroxine 25mg with a scheduled administration time of 8:00amThere was no documentation that Levothyroxine 25mg with a scheduled administration time of 8:00amThere was no documentation that Levothyroxine 25mg with a scheduled administration time of 8:00amThere was no documentation that Levothyroxine 25mg with a scheduled administration on 05/06/23-05/07/23.  Observation of Resident #2's medications on hand on 05/09/23 at 11:19am revealed Depakote, Famotidine, and Levothyroxine were available to be administered.  Interview with the Administrator on 05/09/23 at 4:09pm revealed he administered Resident #2's medications on 05/05/23-05/07/23.  Refer to the interview with the Administrator on 05/09/23 at 4:09pm.  3. Review of Resident #3's current FL-2 dated 11/2/1/22 revealed: -Diagnoses included schizophrenia, primary hypertension, vitamin D deficiency, and a history of kidney failureThere was an order for Fluvoxamine Maleate (used to treat obsessive-compulsive disorder) 100mg take one tablet daily at bedtimeThere was an order for Gemfiforozil (used to treat high cholesterol) 600mg take one tablet twice a day 30 minutes before morning and evening mealsThere was an order for Vitamin D3 (supplement)	STONEY CREEK FAMILY CARE HOME						
500mg was administered from 05/05/23 at 8:00pm-05/07/23.  -There was an entry for Famotidine 20mg with a scheduled administration time of 8:00am.  -There was no documentation that Famotidine 20mg was administered on 05/06/23-05/07/23.  -There was an entry for Levothyroxine 25mg with a scheduled administration time of 8:00am.  -There was no documentation that Levothyroxine 25mg was administered on 05/06/23-05/07/23.  Observation of Resident #2's medications on hand on 05/09/23 at 11:19am revealed Depakote, Famotidine, and Levothyroxine were available to be administered.  Interview with the Administrator on 05/09/23 at 4:09pm revealed he administered Resident #2's medications on 05/05/23-05/07/23.  Refer to the interview with the Administrator on 05/09/23 at 4:09pm revealed he administered Resident #2's medications on 05/05/23-05/07/23.  Refer to the interview with the Administrator on 05/09/23 at 4:09pm.  3. Review of Resident #3's current FL-2 dated 11/21/22 revealed:  -Diagnoses included schizophrenia, primary hypertension, vitamin D deficiency, and a history of kidney failure.  -There was an order for Fluvoxamine Maleate (used to treat obsessive-compulsive disorder) 100mg take one tablet daily at bedtime.  -There was an order for Gemfibrozil (used to treat high cholesterol) 600mg take one tablet twice a day 30 minutes before morning and evening meals.  -There was an order for Vitamin D3 (supplement)	PRÉFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
Review of Resident #3's medication	C 342	500mg was adminis 8:00pm-05/07/23There was an entr scheduled administ -There was no doct 20mg was administ -There was an entr a scheduled admin -There was no doct 25mg was administ Observation of Reshand on 05/09/23 a Famotidine, and Lebe administered.  Interview with the A 4:09pm revealed hemedications on 05/09/23 at 4:09pm 3. Review of Reside 11/21/22 revealed: -Diagnoses include hypertension, vitam of kidney failureThere was an order (used to treat observation) for the control of the con	stered from 05/05/23 at  y for Famotidine 20mg with a tration time of 8:00am. umentation that Famotidine tered on 05/06/23-05/07/23. y for Levothyroxine 25mg with istration time of 8:00am. umentation that Levothyroxine tered on 05/06/23-05/07/23.  sident #2's medications on at 11:19am revealed Depakote, evothyroxine were available to  dministrator on 05/09/23 at a administered Resident #2's 05/23-05/07/23.  ew with the Administrator on a.  ent #3's current FL-2 dated  d schizophrenia, primary ain D deficiency, and a history er for Fluvoxamine Maleate assive-compulsive disorder) bolet daily at bedtime. er for Gemfibrozil (used to treat 00mg take one tablet twice a ore morning and evening  er for Vitamin D3 (supplement) blet daily.	C 342			

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Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
FCL017008		B. WING		05/09/2023		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAF	2896 STO	NEY CREEK	SCHOOL ROAD		
STONET	CREEK FAMILI CAR	REIDSVIL	LE, NC 273	20		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	OULD BE COMPLETE	
C 342	Continued From pa	ge 29	C 342			
	100mg with a sched 7:00pmThere was no documaleate 100mg was 05/05/23-05/07/23There was an entry scheduled administ 5:00pmThere was no documal 600mg was administ 5:00pm-05/07/23There was an entry scheduled administ	y for Fluvoxamine Maleate duled administration time of umentation that Fluvoxamine is administered from y for Gemfibrozil 600mg with a tration time of 7:00am and umentation that Gemfibrozil stered from 05/05/23 at y for Vitamin D3 2000IU with a tration time of 8:00am. umentation that Vitamin D3		Administrator will review all Med Administration Records daily. In addition all MA staff will review MARs to hold all accountable.	1	5.9.2023
	hand on 05/09/23 a Fluvoxamine Malea D3 were available to Interview with the A 4:09pm revealed he medications on 05/0 Refer to the intervie 05/09/23 at 4:09pm Interview with the A 4:09pm revealed: -He forgot to docum MARHe knew he was si	ate, Gemfibrozil, and Vitamin o be administered.  Idministrator on 05/09/23 at a administered Resident #3's 05/23-05/07/23.  Idministrator on 05/09/23 at administrator on 05/09/23 at a ment the administration on the supposed to document on the		Administrator will monitor Recovered weekly for one month. On the second month the monitoring was be biweekly. On the third mont records will be once a month. Staff will be trained to monitor records on a weekly basis with the Administrator's supervision	will h	6.13.2023
MAR after every medication administrationHe just got in a hurry and forgot.				Lonnie Graves, Administrator		5.24.2023