	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
ANDIEAN	O CONNECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _			
		FCL009030	B. WING		08/0	9/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TURNER'S	FAMILY CARE HOME #	1 2105 NC 41 BLADENBO	0 HWY DRO, NC 2832	0		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
		sure Section conducted an survey on August 9, 2023.				
C 202	10A NCAC 13G .0702 Medical Examination	2(a) Tuberculosis Test and	C 202			
	Medical Examination (a) Upon admission to resident shall be tested in compliance with the by the Commission for specified in 10A NCA subsequent amendment the rule are available the Department of He Tuberculosis Control Center, Raleigh, North This Rule is not met a Based on interviews a facility failed to ensure (#1) completed a two-	C 41A .0205 including ents and editions. Copies of at no charge by contacting ealth and Human Services, Program, 1902 Mail Service h Carolina 27699-1902.				
	control measures add Public Health. The findings are:	pted by the Commission for				
	admission and annua -Refusal of completing would result in dischation- -The form was signed and the Administrator	st revealed: est was required prior to lly thereafter. g the two-step TB skin test urge from the facility. I by Resident #1's guardian				

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

(X6) DATE TITLE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
						R
		FCL009030	B. WING		08	/09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		
		2105 NO	410 HWY			
TURNER'	S FAMILY CARE HOME	‡1 BLADEN	NBORO, NC 28320			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 202	Continued From pag	e 1	C 202			
		agnoses included sion, hyperlipidemia, d vitamin D deficiency.				
		t1's Resident Register t was admitted to the facility home.				
	revealed there was d	#1's tuberculosis (TB) testing locumentation for one TB 4/29/19 with a negative				
	08/09/23 at 11:04am -She could not find the Resident #1She spoke to the Act (08/09/23)The Administrator has health department (Heast documentationThe county HD wou without consent from	pervisor in Charge (SIC) on revealed: ne second TB skin test for diministrator that morning and contacted the county did not release the information the resident's guardian.				
	08/09/23 at 3:20pm r -She called the local skin test and results -The HD would not p because she was no -She left a voice mes guardian on 08/09/23 -She was responsible had a two-step TB sk record on admission -Resident #1 was ad	HD for documentation of TB for Resident #1 on 08/09/23. rovide information to her the resident's guardian. sage for the resident's 3. e for ensuring all residents kin test documented in their				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		FCL009030	B. WING		R 08/09/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
TURNER'S	S FAMILY CARE HOME #	2105 NC 41	0 HWY		
		BLADENBO	ORO, NC 2832	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
C 202	Continued From page	2	C 202		
	any symptomsShe did not see the r skin test done.	need to have a two-step TB			
C 254	10A NCAC 13G .0903 Professional Support	B(c) Licensed Health	C 254		
	registered nurse, occi respiratory care pract in the on-site review a residents' health statu provided, as required Rule, is completed wi or within 30 days from develops the need for quarterly thereafter, a (1) performing a phy resident as related to current condition requitasks specified in Part (2) evaluating the rebeing provided; (3) recommending considerity and evaluation and evaluation resident; and	assure that participation by a upational therapist, itioner, or physical therapist and evaluation of the us, care plan, and care in Paragraph (a) of this thin 30 days after admission in the date a resident in the task and at least and includes the following: sical assessment of the the resident's diagnosis or uiring one or more of the agraph (a) of this Rule; sident's progress to care thanges in the care of the assed on the physical uation of the progress of the activities in Subparagraphs			
	reviews, the facility fa participation of a licer quarterly evaluation o	ns, interviews and record			

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING.		
		FCL009030	B. WING		R 08/09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
TURNER'S	S FAMILY CARE HOME #	2105 NC 4			
		BLADENB	ORO, NC 2832	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF T	BE COMPLETE
C 254	Continued From page	e 3	C 254		
	(LHPS) tasks including ambulation and transpassion assistance.	ng assistive devices for fers requiring staff			
	The findings are:				
	04/24/23 revealed dia hypertension, depres				
	04/24/23 revealed: -She was ambulatory -She had limited strer extremityShe was forgetful an	ngth in her left upper d needed reminders. ive assistance from staff			
	revealed: -She had multiple scle-She had difficulty tall-She needed help get sometimesShe was able to wall-She needed help with the series of Resident # professional support assessments and evaluation completed.	king with slurred speech. Itting up out of the bed  k using her rollator. h bathing and dressing.  It's licensed health (LHPS) quarterly aluations revealed: S assessment and dated 01/05/23. I transfers and assistive istance.			
		pervisor in Charge (SIC) on			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			D MING		R
		FCL009030	B. WING		08/09/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ATE, ZIP CODE	
TURNER'S	S FAMILY CARE HOME #	2105 NC 4			
			BORO, NC 2832		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
C 254	Continued From page	e 4	C 254		
	ambulate with her rol -The resident require supervision with trans toileting.	e to get up from her bed, lator and use the bathroom. d standby assistance or sfers, ambulation, and ance issues and generalized			
	12:54pm revealed: -The SIC stood to the Resident #1Resident #1 rocked her bed while holding being able to stand.	dent #1 on 08/09/23 at e side of the rollator of front back and forth on the side of onto the rollator before with a steady, shuffling gait ard the bathroom.			
	12:54pm revealed: -She was scheduled infusion to help her statement (MS).	pervised Resident #1 when			
	revealed: -The Administrator had quarterly assessment -She could fax a copy Telephone interview v 08/09/23 at 3:20pm re-She was a Registere	ed Nurse (RN) and was able			
	-The quarterly LHPS should be in the resid -The pharmacy had b	sessments and evaluations. assessment and evaluation lent's record. been contracted to complete and evaluations but was			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		FCL009030	B. WING		08/09/2023	
NAME OF D	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIR CODE		
NAIVIL OI II	TOVIDEIT OIT 301 1 EIEIT	2105 NC 4		(IL, ZII GODE		
TURNER'S	FAMILY CARE HOME #	:1	ORO, NC 2832	20		
	OLIMANA DV OT		1			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLE	ETE
C 254	Continued From page	5	C 254			
	stopped during the pa	andemic. eting them and was not HPS assessment and				
C 341	10A NCAC 13G .1004 Administration	4 (i) Medication	C 341			
	10A NCAC 13G .1004	4 Medication Administration				
	medication administra staff person who adm immediately following medication to the resi	dent and observation of the ng the medication and prior of another resident's				
	reviews, the facility far documentation of men hormone replacemen mood stabilizer, and a 2 of 3 sampled reside	ns, interviews and record iled to ensure dications including a thyroid t, an antipsychotic (#2), a an antihypertensive (#3) for				
	The findings are:					
	04/24/23 revealed dia depressive order, aut	t #2's current FL-2 dated agnoses included major ism spectrum disorder, mild and Asperger's disease.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		FCL009030	B. WING		R 08/09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THRNER	S FAMILY CARE HOME #	2105 NC 4	10 HWY		
TORNER	TAMILI GARLITOME	BLADENE	ORO, NC 2832	20	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
C 341	Continued From page	e 6	C 341		
	a. Review of Residen revealed: -There was an order	nt #2's FL-2 dated 04/24/23 for olanzapine 5mg daily. for olanzapine 10mg daily at			
		t2's physician's orders no subsequent orders for			
	administration record -There was an entry f scheduled for 8:00am was administered dai 06/30/23There was an entry f scheduled for 8:00pm was administered eve 06/30/23There was an entry f bedtime scheduled for	for olanzapine 5mg daily in with documentation a dose ly 06/01/23 through for olanzapine 5mg daily in with documentation a dose ery evening 06/01/23 through for olanzapine 10mg daily at or 8:00pm with e was administered every			
	-There was an entry f scheduled for 8:00am was administered dai 07/31/23. -There was an entry f scheduled for 8:00pm was administered eve 07/31/23. -There was an entry f bedtime scheduled for	for olanzapine 5mg daily in with documentation a dose ery evening 07/01/23 through for olanzapine 10mg daily at or 8:00pm with e was administered every			
	Review of Resident #	2's August 2023 MAR			

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2105 NC 410 HWY  BLADENBORO, NC 28320  [X4] ID PRETTY RECEIVED AND A CONTRICT OF SUMMARY STATEMENT OF DEPOLENCES (CROS) RECEIVED AND A CONTRICT OF SUMMARY STATEMENT OF DEPOLENCES (CROS) RECEIVED AND A CONTRICT OF SUMMARY STATEMENT OF DEPOLENCES (PRETTY IN A) CONTRICT OF SUMMARY STATEMENT OF DEPOLENCES (PRETTY IN A) CONTRICT OF SUMMARY STATEMENT OF DEPOLENCES (PRETTY IN A) CONTRICT OF SUMMARY STATEMENT OF DEPOLENCES (PRETTY IN A) CONTRICT OF SUMMARY STATEMENT OF DEPOLENCES (PRETTY IN A) CONTRICT OF SUMMARY STATEMENT OF DEPOLENCES (PRETTY IN A) CONTRICT OF SUMMARY STATEMENT OF DEPOLE OF SUMMARY STATEMENT OF DEPOLE OF SUMMARY STATEMENT OF SUMMARY SUMMARY STATEMENT OF SUMMARY SUMMARY STATEMENT OF SUMMARY SUMMARY SUMMARY SUMMARY STATEMENT OF SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUM		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
MAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2105 NC 410 HWY  BLADENBORO, NC 28320  (X41)  (X41)  GEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 341  C 34				A. BOILDING.			Б
TURNER'S FAMILY CARE HOME # 1  SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 341  C 3			FCL009030	B. WING		08	
TURNER'S FAMILY CARE HOME # 1  SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  C 341	NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
DELADERBORO, NC 28320    CALL   CALL   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION   (EACH DEPICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCE IT OT HE APPROPRIATE   CALL			2105 NC				
PREFIX TAG	TURNER'	S FAMILY CARE HOME #	1 BLADEN	BORO, NC 28320			
revealed: -There was an entry for olanzapine 5mg daily scheduled for 8:00am with documentation a dose was administered daily 08/01/23 through 08/09/23There was an entry for olanzapine 5mg daily scheduled for 8:00pm with documentation a dose was administered every evening 08/01/23 through 08/08/23There was an entry for olanzapine 10mg daily at bedtime scheduled for 8:00pm with documentation a dose was administered every evening 08/01/23 through 08/08/23.  Observations of Resident #2's medications on hand on 08/09/23 at 11:52am revealed: -There was a bubble pack with a pharmacy label that had Resident #2's name and instructions for olanzapine 5mg dailyThe pharmacy label indicated 28 olanzapine 5mg tablets were dispensed on 07/13/23 and there were 12 tablets remainingThere was a bubble pack with a pharmacy label that had Resident #2's name and instructions for olanzapine 10mg daily at bedtimeThe pharmacy label indicated 28 olanzapine 10mg tablets were dispensed on 07/13/23 and there were 4 tablets remaining.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETE
08/09/23 at 11:52am revealed: -Resident #2 was ordered to take olanzapine 5mg every morning and 10mg daily at bedtimeShe missed the additional entry on Resident #2's MAR for olanzapine 5mg daily at bedtimeResident #2 used to take olanzapine 5mg daily at bedtime and the dose was increased.  Telephone interview with the primary care provider (PCP) on 08/09/23 at 2:03pm revealed:	C 341	revealed: -There was an entry is scheduled for 8:00am was administered dai 08/09/23There was an entry is scheduled for 8:00pm was administered even 08/08/23There was an entry is bedtime scheduled for documentation a dosevening 08/01/23 through the compact of the compact	for olanzapine 5mg daily in with documentation a dose ally 08/01/23 through for olanzapine 5mg daily in with documentation a dose ary evening 08/01/23 through for olanzapine 10mg daily at or 8:00pm with e was administered every ough 08/08/23.  Ident #2's medications on 11:52am revealed: pack with a pharmacy label is name and instructions for or indicated 28 olanzapine pensed on 07/13/23 and remaining. pack with a pharmacy label is name and instructions for ly at bedtime. Indicated 28 olanzapine spensed on 07/13/23 and remaining.  Indicated 28 olanzapine spensed on 07/13/23 and remaining.	C 341			

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION		E SURVEY PLETED
		FCL009030	B. WING		08	R 8/ <b>09/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
TURNER'S	S FAMILY CARE HOME #	<b># 1</b>	410 HWY			
			NBORO, NC 28320			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 341	Continued From pag	e 8	C 341			
	mental health provide renewal order for ola bedtime around the e -Refill requests for R come directly to her	esident #2's medications had from the pharmacy.				
	facility's contracted p 4:59pm revealed: -The pharmacy had a	with a pharmacist from the harmacy on 08/10/23 at a renewed order dated ine 5mg every morning for				
	-The pharmacy dispersion on monthly of 07/06/23 and 08/03/2 -The pharmacy had a 08/06/23 for olanzap	ensed olanzapine 5mg every cycle fills on 06/08/23, 23 for Resident #2. a renewed order dated ine 10mg daily at bedtime for				
		ensed olanzapine 10mg daily ly cycle fills on 06/08/23, 23 for Resident #2.				
		nt #2's FL-2 dated 04/24/23 levothyroxine 75mcg daily.				
		#2's physician's orders no subsequent orders for				
	administration record an entry for levothyro for 7:00am with docu	#2's June 2023 medication I (MAR) revealed there was exine 88mcg daily scheduled mentation a dose was 6/01/23 through 06/30/23.				
	there was an entry fo	#2's July 2023 MAR revealed or levothyroxine 88mcg daily n with documentation a dose ily 07/01/23 through				

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NAME OF PROVIDER OR SUPPLIER  TURNER'S FAMILY CARE HOME #1  STREET ADDRESS, CITY, STATE, ZIP CODE  2105 NC 410 HWY BLADENBORO, NC 28320  (A4) ID  WHITE SUMMARY STATEMENT OF DEPICIENCIES  (EACH DEPICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 341  C		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED
TURNER'S FAMILY CARE HOME # 1  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  C 341  C 341  Continued From page 9  07/31/23.  Review of Resident #2's August 2023 MAR revealed there was an entry for levothyroxine 88mcg daily scheduled for 7:00am with documentation a dose was administered daily 08/01/23 through 08/09/23.  Observations of Resident #2's medications on hand on 08/09/23 at 11:52am revealed: -There was a bubble pack with a pharmacy label that had Resident #2's name and instructions for levothyroxine 88mcg dailyThe pharmacy label indicated 28 levothyroxine 88mcg tablets were dispensed on 07/13/23 and there were 12 tablets remaining.  Telephone interview with the primary care provider (PCP) on 08/09/23 at 2:03pm revealed: -Resident #2's current order for levothyroxine was for 88mcg dailyShe had increased the levothyroxine from 75mcg to 88mcg in April 2023; she was not sure of the date she increased the dose.  Telephone interview with a pharmacy on 08/10/23 at			FCL009030	B. WING		0:	
CAJID   SUMMARY STATEMENT OF DEFICIENCIES   DEFICIENCY   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   CROSS-REFERENCED TO THE APPROPRIATE   DATE	NAME OF P	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 341  C ontinued From page 9  07/31/23.  Review of Resident #2's August 2023 MAR revealed there was an entry for levothyroxine 88mcg daily scheduled for 7:00am with documentation a dose was administered daily 08/01/23 through 08/09/23.  Observations of Resident #2's medications on hand on 08/09/23 at 11:52am revealed: -There was a bubble pack with a pharmacy label that had Resident #2's name and instructions for levothyroxine 88mcg dailyThe pharmacy label indicated 28 levothyroxine 88mcg tablets were dispensed on 07/13/23 and there were 12 tablets remaining.  Telephone interview with the primary care provider (PCP) on 08/09/23 at 2:03pm revealed: -Resident #2's current order for levothyroxine was for 88mcg dailyShe had increased the levothyroxine from 75mcg to 88mcg in April 2023; she was not sure of the date she increased the dose.  Telephone interview with a pharmacist from the facility's contracted pharmacy on 08/10/23 at	TURNER'	S FAMILY CARE HOME	<b># 1</b>				
O7/31/23.  Review of Resident #2's August 2023 MAR revealed there was an entry for levothyroxine 88mcg daily scheduled for 7:00am with documentation a dose was administered daily 08/01/23 through 08/09/23.  Observations of Resident #2's medications on hand on 08/09/23 at 11:52am revealed: -There was a bubble pack with a pharmacy label that had Resident #2's name and instructions for levothyroxine 88mcg dailyThe pharmacy label indicated 28 levothyroxine 88mcg tablets were dispensed on 07/13/23 and there were 12 tablets remaining.  Telephone interview with the primary care provider (PCP) on 08/09/23 at 2:03pm revealed: -Resident #2's current order for levothyroxine was for 88mcg dailyShe had increased the levothyroxine from 75mcg to 88mcg in April 2023; she was not sure of the date she increased the dose.  Telephone interview with a pharmacist from the facility's contracted pharmacy on 08/10/23 at	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	COMPLETE
-The pharmacy had an order dated 02/27/23 for levothyroxine 88mcg every morning for Resident #2The pharmacy dispensed levothyroxine 88mcg daily on monthly cycle fills on 06/08/23, 07/06/23 and 08/03/23 for Resident #2.  c. Review of Resident #2's FL-2 dated 04/24/23 revealed an order for ammonium lactate 12% cream topically to dry skin twice daily.  Review of Resident #2's June 2023 medication	C 341	Review of Resident a revealed there was a 88mcg daily schedul documentation a dos 08/01/23 through 08/01/23 at There was a bubble that had Resident #2 levothyroxine 88mcg The pharmacy label 88mcg tablets were 12 tablets.  Telephone interview provider (PCP) on 08-Resident #2's currer for 88mcg daily.  She had increased to 88mcg in April 202 date she increased to 159pm revealed:  Telephone interview facility's contracted put 4:59pm revealed:  The pharmacy had a levothyroxine 88mcg #2.  The pharmacy dispersion of Resider revealed an order for cream topically to driver a series of the series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver a series of Resider revealed an order for cream topically to driver and the series of Resider revealed an order for cream topically to driver and the series of Resider revealed an order for cream topica	#2's August 2023 MAR In entry for levothyroxine ed for 7:00am with se was administered daily '09/23.  ident #2's medications on 11:52am revealed: pack with a pharmacy label 's name and instructions for daily. indicated 28 levothyroxine dispensed on 07/13/23 and s remaining.  with the primary care 8/09/23 at 2:03pm revealed: nt order for levothyroxine was the levothyroxine from 75mcg 23; she was not sure of the he dose.  with a pharmacist from the sharmacy on 08/10/23 at an order dated 02/27/23 for every morning for Resident ensed levothyroxine 88mcg the fills on 06/08/23, 07/06/23 sident #2.  at #2's FL-2 dated 04/24/23 ammonium lactate 12% by skin twice daily.	C 341			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		FCL009030	B. WING		R 08/09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THOMED	S FAMILY CARE HOME #	2105 NC 4	110 HWY		
TORNER	3 TAMILI CARL HOME #	BLADENE	3ORO, NC 2832	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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
C 341	Continued From page	e 10	C 341		
0.341	administration record two entries for ammo topically to dry feet ar scheduled for 8:00am documentation doses 06/01/23 through 06/3 Review of Resident # there were two entrie cream topically to dry scheduled for 8:00am documentation doses 07/01/23 through 07/3 Review of Resident # revealed there were to lactate 12% cream to	(MAR) revealed there were nium lactate 12% cream nd heels twice daily and 8:00pm with were administered daily 30/23 on both entries.  2's July 2023 MAR revealed as for ammonium lactate 12% feet and heels twice daily and 8:00pm with were administered daily	0.341		
	with documentation d	oses were administered am through 08/08/23 at			
	hand on 08/09/23 at a tube of cream with a Resident #2's name a	dent #2's medications on 11:52am revealed there was a pharmacy label that had and instructions for !% cream topically to dry			
	08/09/23 at 11:52am	pervisor in Charge (SIC) on revealed she did not notice te was on Resident #2's			
	Refer to interview with (SIC) on 08/09/23 at	n the Supervisor in Charge 11:52am.			
	Refer to telephone in from the facility's con 08/10/23 at 4:59pm.	terview with a pharmacist tracted pharmacy on			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C  A. BUILDING:			SURVEY PLETED
		FCL009030	B. WING		08	R / <b>09/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
THOMED	S FAMILY CARE HOME #	2105 NC	410 HWY			
TORNER	STAWNET CARETIONIE#	BLADEN	IBORO, NC 28320			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 341	Continued From page	÷ 11	C 341			
	Refer to telephone int Administrator on 08/0					
	04/24/23 revealed dia	t #3's current FL-2 dated agnoses included ayroidism, incontinence, and				
		t #3's FL-2 revealed an 25mg daily at bedtime.				
		3's physician's orders no subsequent orders for				
	administration record an entry for hydroxyzi bedtime scheduled fo	e was administered every				
	there was an entry for tablets daily at bedtim	3's July 2023 MAR revealed r hydroxyzine 25mg two ne scheduled for 8:00pm dose was administered 23 through 07/31/23.				
	revealed there was at two tablets daily at be	3's August 2023 MAR n entry for hydroxyzine 25mg edtime scheduled for 8:00pm dose was administered 23 through 08/08/23.				
	hand on 08/09/23 at a -There was a bubble that had Resident #3'	dent #3's medications on 11:52am revealed: pack with a pharmacy label s name and instructions for o tablets daily at bedtime.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		_		R		
		FCL009030	B. WING		08/09/20	23
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TURNER'S	FAMILY CARE HOME #	2105 NC 4 <sup>2</sup>				
			ORO, NC 2832		.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE CO	(X5) MPLETE DATE
C 341	Continued From page	: 12	C 341			
		indicated 56 hydroxyzine ed on 07/13/23 and there ing.				
	08/09/23 at 11:52am -Resident #3 was ord 25mg 2 tablets daily a	ered to take hydroxyzine				
		/09/23 at 2:03pm revealed order for hydroxyzine was				
	facility's contracted ph 4:59pm revealed: -The pharmacy had a 08/03/23 for hydroxyz for Resident #3. -The pharmacy disper daily at bedtime on m	ine 50mg daily at bedtime				
		t #3's FL-2 dated 04/24/23 o order for metoprolol 50mg				
	Review of Resident # revealed there were n metoprolol.	3's physician's orders to subsequent orders for				
	administration record an entry for metoprolo 8:00am with documer	3's June 2023 medication (MAR) revealed there was of 50mg daily scheduled for attation a dose was 1/01/23 through 06/30/23.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		FCL009030	B. WING		0:	R 8/ <b>09/2023</b>
	ROVIDER OR SUPPLIER	2105 NC	DDRESS, CITY, STATE 410 HWY BORO, NC 28320	ZIP CODE		
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 341	there was an entry fo scheduled for 8:00am was administered dai 07/31/23.  Review of Resident # revealed there was at daily scheduled for 8: dose was administered 08/09/23.  Observations of Resident #3' metoprolol 50mg daily -There was a bubble that had Resident #3' metoprolol 50mg daily -The pharmacy label tablets were dispense were 12 tablets remained interview with the Sul 08/09/23 at 11:52am entering metoprolol of metoprolol 50mg daily FL-2 dated 04/24/23.  Telephone interview with the sul of the pharmacy label tablets were dispense were 12 tablets remained interview with the Sul of the pharmacy label tablets were dispense were 12 tablets remained interview with the sul of the pharmacy label tablets were dispense were 12 tablets remained interview with the sul of the pharmacy label tablets were dispense were 12 tablets remained interview with the sul of the pharmacy label tablets were dispense were 12 tablets remained interview with the sul of the pharmacy label tablets were dispense were 12 tablets remained interview with the sul of the pharmacy label tablets were dispense were 12 tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remained interview with the sul of the pharmacy label tablets remai	3's July 2023 MAR revealed remetoprolol 50mg daily with documentation a dose by 07/01/23 through  3's August 2023 MAR enterty for metoprolol 50mg 00am with documentation and daily 08/01/23 through  dent #3's medications on 11:52am revealed: pack with a pharmacy label is name and instructions for your indicated 28 metoprolol and on 07/13/23 and there in ing.  Dervisor in Charge (SIC) on revealed she missed in Resident #3's FL-2; yo should have been on the	C 341			

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STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
A. BUILDING:			COMPLETED			
		FCL009030	B. WING		R 08/09/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
2105 NC 410 HWY						
TURNER'S FAMILY CARE HOME # 1 BLADENB			ORO, NC 2832	20		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
C 341	Continued From page	e 14	C 341			
	08/03/23 for Resident	t #3.				
	Refer to interview with (SIC) on 08/09/23 at	h the Supervisor in Charge 11:52am.				
	Refer to telephone interview with a pharmacist from the facility's contracted pharmacy on 08/10/23 at 4:59pm.					
	Refer to telephone in Administrator on 08/0					
	08/09/23 at 11:52am -The pharmacy enterderThe MARs reflected ordersShe reviewed the nemonthShe completed FL-2 PCP to be signedShe did not send/fax the pharmacyShe normally faxed the forgot that timeNormally she review.	ed all orders on the MARs. all current medication  w MARs prior to the new s and then sent them to the the FL-2s dated 04/24/23 to the FL-2 to the pharmacy but ed FL-2s several times PCP and did not usually edications that she not realize the				
	facility's contracted pl 4:59pm revealed: -There was not a pha dated 04/24/23 for Re -The pharmacy did no an FL-2 annually.	with a pharmacist from the harmacy on 08/10/23 at a serial remacy record of FL-2's resident #2 and Resident #3. The properties to send red prescription orders to fill				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
THE PERIOD CONTROL OF THE		IDEITH IO/HIGH HOMBER.	A. BUILDING: _			
		FCL009030	B. WING		R 08/09/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, STA	TE, ZIP CODE		
TURNER'S	S FAMILY CARE HOME #	2105 NC 4 BLADENB	10 HWY ORO, NC 2832	20		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
C 341	a 6-month medication medication orders and an armove orders from the staff only needed have duplicate medication MAR.  Telephone interview was a supposed to the pharmacy.  The SIC was respond the pharmacy was recurrent medication or an armove and more frequently in medications orders, was responded to the sick was responded to t	insurance purposes.  uraged facilities to complete in review to reconcile d ensure accurate MARs. red a discontinuation order in the MAR. d to contact the pharmacy to ations removed from the  with the Administrator on evealed: sible for sending FL-2s to esponsible for entering all ders on the MARs. sible for checking MARs et the MARs were accurate. sible for documenting ered on the MAR. hually, after hospitalizations of there were increased  sible for reconciling MARs, and medications on en medications came in	C 341			
C 375	10A NCAC 13G .1009 (a) The facility shall of licensed pharmacist, registered nurse for the pharmaceutical care in the state of the stat		C 375			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		FCL009030	B. WING		R 08/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TUDNEDI	C FAMILY CADE HOME #	2105 NC 4	10 HWY			
IURNER	S FAMILY CARE HOME #	BLADENE	BORO, NC 2832	20		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
C 375	C 375 Continued From page 16 the Department, based on the documentation of significant medication problems identified during		C 375			
	monitoring visits or ot the safety of the resid	her investigations in which lents may be at risk.				
	prevention and resolu	involves the identification, ition of medication related des at least the following:				
	•	tion review for each resident				
	(A) the review of information in the resident's record such as diagnoses, history and physical,					
	discharge summary, vital signs, physician's orders, progress notes, laboratory values and					
	medication administration records, including current medication administration records, to determine that medications are administered as					
	prescribed and ensur	e that any undesired side actual medication reactions				
	or interactions, and midentified and reporte	nedication errors are				
	prescribing practition					
	necessary, based on					
		er is so informed; and, results of the medication 's record;				
	This Rule is not met Based on interviews a	as evidenced by: and record reviews, the				
	provider or registered					
	quarterly onsite review for 3 of 3 sampled residents (#1, #2 and #3) which included the reconciliation of current orders, medication administration records (MARs) and medications in the facility.					
	The findings are:					

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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	
FCL00903		FCL009030	B. WING		R 08/09/2023	
	ROVIDER OR SUPPLIER	STREET ADD 2105 NC 41	RESS, CITY, STA O HWY DRO, NC 2832			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
C 375	5 Continued From page 17		C 375			٦
	04/24/23 revealed dia depressive order, auticognitive disability, ar Review of Resident # review revealed there completed quarterly recompleted quarterly recompleted quarterly recompleted of the recompleted quarterly rec	n the Supervisor in Charge 11:04am. terview with the 9/23 at 3:20pm. t #3's current FL-2 dated				
		3's quarterly medication was no documentation of a eview.				
	Refer to interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:04am.					
	Refer to telephone int Administrator on 08/0					
	04/24/23 revealed dia hypertension, depress	•				
		1's quarterly medication was no documentation of a eview.				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		FCL009030	B. WING		08/09/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE		
		2105 NC 4		,		
TURNER'S	S FAMILY CARE HOME #	<b>! 1</b>	ORO, NC 2832	20		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
C 375	Continued From page	e 18	C 375			
	Refer to interview wit (SIC) on 08/09/23 at	h the Supervisor in Charge 11:04am.				
	Refer to telephone in	terview with the				
	Administrator on 08/0					
	08/09/23 at 11:04am -The Administrator ha medication review wit -She could fax copies  Telephone interview v 08/09/23 at 3:20pm r -She was a Registere to complete quarterly -She also contracted medication reviewsThe quarterly medica the residents' recordThe pharmacy had b	ad the residents' quarterly th her. Is the morning of 08/10/23.  With the Administrator on evealed: Ed Nurse (RN) and was able medication reviews.  With another RN to complete ation reviews should be in even contracted to complete				
	quarterly medication during the pandemicShe had completed to and was not aware the reviews were not in the she was not sure if the comparison to current handResident records we part of the medication	them last month (July 2023) the quarterly medications the residents' record. the MARs were reviewed in t orders and medications the audited each quarter as the review process.  A NCAC 13G .1004(i)				

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