

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL009030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TURNER'S FAMILY CARE HOME # 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 NC 410 HWY BLADENBORO, NC 28320</b>
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C 000	Initial Comments  The Adult Care Licensure Section conducted an annual and follow up survey on August 9, 2023.	C 000		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents (#1) completed a two-step tuberculosis test on admission to the facility in compliance with the control measures adopted by the Commission for Public Health.</p> <p>The findings are:</p> <p>Review of the facility's policy on Two-Step Tuberculosis (TB) Test revealed: -A two-step TB skin test was required prior to admission and annually thereafter. -Refusal of completing the two-step TB skin test would result in discharge from the facility. -The form was signed by Resident #1's guardian and the Administrator and dated 02/20/17.</p> <p>Review of Resident #1's current FL-2 dated</p>	C 202	<p>#C202</p> <p>Residents that do not have a 2 step skin test located in their chart will receive the test. Residents that only have one skin test located in their chart will receive another test. Any resident that refuses the skin test will be given a 30 day notice of discharge. The Administrator, Kelly Turner, R.N. will be responsible.</p>	09/30/23

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kelly Turner, RN <i>Kelly Turner, RN</i>	Administrator	09/07/23

*Reviewed and acknowledged 11 September 2023*

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C 202	<p>Continued From page 1</p> <p>04/24/23 revealed diagnoses included hypertension, depression, hyperlipidemia, multiple sclerosis, and vitamin D deficiency.</p> <p>Review of Resident #1's Resident Register revealed the resident was admitted to the facility on 02/20/17 from her home.</p> <p>Review of Resident #1's tuberculosis (TB) testing revealed there was documentation for one TB skin test placed on 04/29/19 with a negative result on 05/02/19.</p> <p>Interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:04am revealed: -She could not find the second TB skin test for Resident #1. -She spoke to the Administrator that morning (08/09/23). -The Administrator had contacted the county health department (HD) for Resident #1's TB skin test documentation. -The county HD would not release the information without consent from the resident's guardian. -The Administrator was contacting the resident's guardian.</p> <p>Telephone interview with the Administrator on 08/09/23 at 3:20pm revealed: -She called the local HD for documentation of TB skin test and results for Resident #1 on 08/09/23. -The HD would not provide information to her because she was not the resident's guardian. -She left a voice message for the resident's guardian on 08/09/23. -She was responsible for ensuring all residents had a two-step TB skin test documented in their record on admission to the facility. -Resident #1 was admitted to the facility in 2019, had received one TB skin test and did not have</p>	C 202		



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C 202	Continued From page 2 any symptoms. -She did not see the need to have a two-step TB skin test done.	C 202		
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support  10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist, respiratory care practitioner, or physical therapist in the on-site review and evaluation of the residents' health status, care plan, and care provided, as required in Paragraph (a) of this Rule, is completed within 30 days after admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure the participation of a licensed health professional in a quarterly evaluation of 1 of 1 sampled resident (#1) with licensed health professional support	C 254	#C254 Resident #1 Has been scheduled for MS infusion treatments but has continuously refused. Refusals have been documented and signed by resident and family was informed. Resident has no knowledge deficient and is able to make her own decisions.  #C254 LHPS assessments and evaluations were completed by Kelly Turner, RN but not in chart. They were placed in the charts.  Southern Pharmacy's Nurse normally completes our LHPS assessments but since covid and personal reasons she has been unable to do them. She has agreed to restart in October. Kelly Turner, RN (Administrator) is responsible for making sure these are completed and in the chart.	08/10/23

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C 254	<p>Continued From page 3</p> <p>(LHPS) tasks including assistive devices for ambulation and transfers requiring staff assistance.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 04/24/23 revealed diagnoses included hypertension, depression, hyperlipidemia, multiple sclerosis, and vitamin D deficiency.</p> <p>Review of Resident #1's current care plan dated 04/24/23 revealed:</p> <ul style="list-style-type: none"> <li>-She was ambulatory with a walker.</li> <li>-She had limited strength in her left upper extremity.</li> <li>-She was forgetful and needed reminders.</li> <li>-She required extensive assistance from staff with transfers, ambulation, and toileting.</li> </ul> <p>Interview with Resident #1 on 08/09/23 at 9:20am revealed:</p> <ul style="list-style-type: none"> <li>-She had multiple sclerosis (MS).</li> <li>-She had difficulty talking with slurred speech.</li> <li>-She needed help getting up out of the bed sometimes.</li> <li>-She was able to walk using her rollator.</li> <li>-She needed help with bathing and dressing.</li> </ul> <p>Review of Resident #1's licensed health professional support (LHPS) quarterly assessments and evaluations revealed:</p> <ul style="list-style-type: none"> <li>-There was one LHPS assessment and evaluation completed dated 01/05/23.</li> <li>-LHPS tasks included transfers and assistive devices with staff assistance.</li> <li>-There were no recommendations.</li> </ul> <p>Interview with the Supervisor in Charge (SIC) on 08/09/23 at 12:34pm revealed:</p>	C 254		



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C 254	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-Resident #1 was able to get up from her bed, ambulate with her rollator and use the bathroom.</li> <li>-The resident required standby assistance or supervision with transfers, ambulation, and toileting.</li> <li>-Resident #1 had balance issues and generalized weakness.</li> </ul> <p>Observations of Resident #1 on 08/09/23 at 12:54pm revealed:</p> <ul style="list-style-type: none"> <li>-The SIC stood to the side of the rollator of front Resident #1.</li> <li>-Resident #1 rocked back and forth on the side of her bed while holding onto the rollator before being able to stand.</li> <li>-The resident walked with a steady, shuffling gait using the rollator toward the bathroom.</li> </ul> <p>Second interview with the SIC on 08/09/23 at 12:54pm revealed:</p> <ul style="list-style-type: none"> <li>-She was scheduled for an appointment for an infusion to help her symptoms of multiple sclerosis (MS).</li> <li>-Normally she just supervised Resident #1 when she got up to use the bathroom.</li> </ul> <p>Interview with the SIC on 08/09/23 at 11:04am revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator had the resident's LHPS quarterly assessment and evaluation with her.</li> <li>-She could fax a copy the morning of 08/10/23.</li> </ul> <p>Telephone interview with the Administrator on 08/09/23 at 3:20pm revealed:</p> <ul style="list-style-type: none"> <li>-She was a Registered Nurse (RN) and was able to complete LHPS assessments and evaluations.</li> <li>-The quarterly LHPS assessment and evaluation should be in the resident's record.</li> <li>-The pharmacy had been contracted to complete LHPS assessments and evaluations but was</li> </ul>	C 254		

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C 254	Continued From page 5  stopped during the pandemic. -She had been completing them and was not aware the quarterly LHPS assessment and evaluation were not done for Resident #1.	C 254		
C 341	10A NCAC 13G .1004 (I) Medication Administration  10A NCAC 13G .1004 Medication Administration  (I) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure documentation of medications including a thyroid hormone replacement, an antipsychotic (#2), a mood stabilizer, and an antihypertensive (#3) for 2 of 3 sampled residents (#2 and #3) was accurate including the medication and dose administered.  The findings are:  1. Review of Resident #2's current FL-2 dated 04/24/23 revealed diagnoses included major depressive order, autism spectrum disorder, mild cognitive disability, and Asperger's disease.	C 341		



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C 341	<p>Continued From page 6</p> <p>a. Review of Resident #2's FL-2 dated 04/24/23 revealed: -There was an order for olanzapine 5mg daily. -There was an order for olanzapine 10mg daily at bedtime.</p> <p>Review of Resident #2's physician's orders revealed there were no subsequent orders for olanzapine.</p> <p>Review of Resident #2's June 2023 medication administration record (MAR) revealed: -There was an entry for olanzapine 5mg daily scheduled for 8:00am with documentation a dose was administered daily 06/01/23 through 06/30/23. -There was an entry for olanzapine 5mg daily scheduled for 8:00pm with documentation a dose was administered every evening 06/01/23 through 06/30/23. -There was an entry for olanzapine 10mg daily at bedtime scheduled for 8:00pm with documentation a dose was administered every evening 06/01/23 through 06/30/23.</p> <p>Review of Resident #2's July 2023 MAR revealed: -There was an entry for olanzapine 5mg daily scheduled for 8:00am with documentation a dose was administered daily 07/01/23 through 07/31/23. -There was an entry for olanzapine 5mg daily scheduled for 8:00pm with documentation a dose was administered every evening 07/01/23 through 07/31/23. -There was an entry for olanzapine 10mg daily at bedtime scheduled for 8:00pm with documentation a dose was administered every evening 07/01/23 through 07/31/23.</p> <p>Review of Resident #2's August 2023 MAR</p>	C 341	<p>#C341 Our Plan is as follows. Compare the monthly MARS with the current FL2.</p> <p>Compare the monthly medication drop with the current MAR</p> <p>We presently are keeping new medication orders/changes behind that monthly MAR, making changes on the MAR as needed, and faxing the orders to Southern Pharmacy. Medications are dropped that night.</p> <p>Effective this month, if a resident has had any medication changes, a new FL2 will be completed, sent to the Doctor for accuracy/signature, and faxed to pharmacy for accuracy. If resident has no monthly med changes and MAR matches FL2, the current FL2 will remain active.</p> <p>This plan will become one of our Medication policies.</p> <p>April Locklear, Med. Teck will be responsible for completing this policy.</p> <p>Kelly Turner, RN (administrator) is ultimately responsible for the policy being completed.</p> <p>Southern Pharmacy's nurse (or a RN) will monitor this policy quarterly.</p>	<p>will begin 09/01/23 and continue monthly.</p>	

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C 341	<p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for olanzapine 5mg daily scheduled for 8:00am with documentation a dose was administered daily 08/01/23 through 08/09/23.</li> <li>-There was an entry for olanzapine 5mg daily scheduled for 8:00pm with documentation a dose was administered every evening 08/01/23 through 08/08/23.</li> <li>-There 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.</li> </ul> <p>Observations of Resident #2's medications on hand on 08/09/23 at 11:52am revealed:</p> <ul style="list-style-type: none"> <li>-There was a bubble pack with a pharmacy label that had Resident #2's name and instructions for olanzapine 5mg daily.</li> <li>-The pharmacy label indicated 28 olanzapine 5mg tablets were dispensed on 07/13/23 and there were 12 tablets remaining.</li> <li>-There was a bubble pack with a pharmacy label that had Resident #2's name and instructions for olanzapine 10mg daily at bedtime.</li> <li>-The pharmacy label indicated 28 olanzapine 10mg tablets were dispensed on 07/13/23 and there were 4 tablets remaining.</li> </ul> <p>Interview with the Supervisor In Charge (SIC) on 08/09/23 at 11:52am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 was ordered to take olanzapine 5mg every morning and 10mg daily at bedtime.</li> <li>-She missed the additional entry on Resident #2's MAR for olanzapine 5mg daily at bedtime.</li> <li>-Resident #2 used to take olanzapine 5mg daily at bedtime and the dose was increased.</li> </ul> <p>Telephone interview with the primary care provider (PCP) on 08/09/23 at 2:03pm revealed:</p>	C 341		



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C 341	<p>Continued From page 8</p> <p>-Olanzapine was primarily managed by the mental health provider, but she had written a renewal order for olanzapine 10mg daily at bedtime around the end of July 2023.</p> <p>-Refill requests for Resident #2's medications had come directly to her from the pharmacy.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 08/10/23 at 4:59pm revealed:</p> <p>-The pharmacy had a renewed order dated 08/06/23 for olanzapine 5mg every morning for Resident #2.</p> <p>-The pharmacy dispensed olanzapine 5mg every morning on monthly cycle fills on 06/08/23, 07/06/23 and 08/03/23 for Resident #2.</p> <p>-The pharmacy had a renewed order dated 08/06/23 for olanzapine 10mg daily at bedtime for Resident #2.</p> <p>-The pharmacy dispensed olanzapine 10mg daily at bedtime on monthly cycle fills on 06/08/23, 07/06/23 and 08/03/23 for Resident #2.</p> <p>b. Review of Resident #2's FL-2 dated 04/24/23 revealed an order for levothyroxine 75mcg daily.</p> <p>Review of Resident #2's physician's orders revealed there were no subsequent orders for levothyroxine.</p> <p>Review of Resident #2's June 2023 medication administration record (MAR) revealed there was an entry for levothyroxine 88mcg daily scheduled for 7:00am with documentation a dose was administered daily 06/01/23 through 06/30/23.</p> <p>Review of Resident #2's July 2023 MAR revealed there was an entry for levothyroxine 88mcg daily scheduled for 7:00am with documentation a dose was administered daily 07/01/23 through</p>	C 341			

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C 341	<p>Continued From page 9</p> <p>07/31/23.</p> <p>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.</p> <p>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 daily. -The pharmacy label indicated 28 levothyroxine 88mcg tablets were dispensed on 07/13/23 and there were 12 tablets remaining.</p> <p>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 daily. -She had increased the levothyroxine from 75mcg to 88mcg in April 2023; she was not sure of the date she increased the dose.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 08/10/23 at 4:59pm revealed: -The pharmacy had an order dated 02/27/23 for levothyroxine 88mcg every morning for Resident #2. -The pharmacy dispensed levothyroxine 88mcg daily on monthly cycle fills on 06/08/23, 07/06/23 and 08/03/23 for Resident #2.</p> <p>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.</p> <p>Review of Resident #2's June 2023 medication</p>	C 341		



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C 341	<p>Continued From page 10</p> <p>administration record (MAR) revealed there were two entries for ammonium lactate 12% cream topically to dry feet and heels twice daily scheduled for 8:00am and 8:00pm with documentation doses were administered daily 06/01/23 through 06/30/23 on both entries.</p> <p>Review of Resident #2's July 2023 MAR revealed there were two entries for ammonium lactate 12% cream topically to dry feet and heels twice daily scheduled for 8:00am and 8:00pm with documentation doses were administered daily 07/01/23 through 07/31/23 on both entries.</p> <p>Review of Resident #2's August 2023 MAR revealed there were two entries for ammonium lactate 12% cream topically to dry feet and heels twice daily scheduled for 8:00am and 8:00pm with documentation doses were administered daily 08/01/23 at 8:00am through 08/08/23 at 8:00am on both entries.</p> <p>Observations of Resident #2's medications on hand on 08/09/23 at 11:52am revealed there was a tube of cream with a pharmacy label that had Resident #2's name and instructions for ammonium lactate 12% cream topically to dry skin twice daily.</p> <p>Interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:52am revealed she did not notice that ammonium lactate was on Resident #2's MAR twice.</p> <p>Refer to interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:52am.</p> <p>Refer to telephone interview with a pharmacist from the facility's contracted pharmacy on 08/10/23 at 4:59pm.</p>	C 341		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL009030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>TURNER'S FAMILY CARE HOME # 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 NC 410 HWY BLADENBORO, NC 28320</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 341	Continued From page 11  Refer to telephone interview with the Administrator on 08/09/23 at 3:20pm.  2. Review of Resident #3's current FL-2 dated 04/24/23 revealed diagnoses included hypertension, hyperthyroidism, incontinence, and insomnia.  a. Review of Resident #3's FL-2 revealed an order for hydroxyzine 25mg daily at bedtime.  Review of Resident #3's physician's orders revealed there were no subsequent orders for hydroxyzine.  Review of Resident #3's June 2023 medication administration record (MAR) revealed there was an entry for hydroxyzine 25mg two tablets daily at bedtime scheduled for 8:00pm with documentation a dose was administered every evening 06/01/23 through 06/30/23.  Review of Resident #3's July 2023 MAR revealed there was an entry for hydroxyzine 25mg two tablets daily at bedtime scheduled for 8:00pm with documentation a dose was administered every evening 07/01/23 through 07/31/23.  Review of Resident #3's August 2023 MAR revealed there was an entry for hydroxyzine 25mg two tablets 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 #3's medications on hand on 08/09/23 at 11:52am revealed: -There was a bubble pack with a pharmacy label that had Resident #3's name and instructions for hydroxyzine 25mg two tablets daily at bedtime.	C 341		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL009030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>	
NAME OF PROVIDER OR SUPPLIER  <b>TURNER'S FAMILY CARE HOME # 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 NC 410 HWY BLADENBORO, NC 28320</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 341	<p>Continued From page 12</p> <p>-The pharmacy label indicated 56 hydroxyzine tablets were dispensed on 07/13/23 and there were 0 tablets remaining.</p> <p>Interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:52am revealed:</p> <p>-Resident #3 was ordered to take hydroxyzine 25mg 2 tablets daily at bedtime.</p> <p>-She must have entered the wrong dosage on the new FL-2.</p> <p>Telephone interview with the primary care provider (PCP) on 08/09/23 at 2:03pm revealed Resident #3's current order for hydroxyzine was 50mg daily at bedtime.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 08/10/23 at 4:59pm revealed:</p> <p>-The pharmacy had a renewed order dated 08/03/23 for hydroxyzine 50mg daily at bedtime for Resident #3.</p> <p>-The pharmacy dispensed hydroxyzine 50mg daily at bedtime on monthly cycle fills on 06/08/23, 07/06/23 and 08/03/23 for Resident #3.</p> <p>b. Review of Resident #3's FL-2 dated 04/24/23 revealed there was no order for metoprolol 50mg daily.</p> <p>Review of Resident #3's physician's orders revealed there were no subsequent orders for metoprolol.</p> <p>Review of Resident #3's June 2023 medication administration record (MAR) revealed there was an entry for metoprolol 50mg daily scheduled for 8:00am with documentation a dose was administered daily 06/01/23 through 06/30/23.</p>	C 341		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL009030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TURNER'S FAMILY CARE HOME # 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 NC 410 HWY</b> <b>BLADENBORO, NC 28320</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 341	<p>Continued From page 13</p> <p>Review of Resident #3's July 2023 MAR revealed there was an entry for metoprolol 50mg daily scheduled for 8:00am with documentation a dose was administered daily 07/01/23 through 07/31/23.</p> <p>Review of Resident #3's August 2023 MAR revealed there was an entry for metoprolol 50mg daily scheduled for 8:00am with documentation a dose was administered daily 08/01/23 through 08/09/23.</p> <p>Observations of Resident #3's medications on hand on 08/09/23 at 11:52am revealed: -There was a bubble pack with a pharmacy label that had Resident #3's name and instructions for metoprolol 50mg daily. -The pharmacy label indicated 28 metoprolol tablets were dispensed on 07/13/23 and there were 12 tablets remaining.</p> <p>Interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:52am revealed she missed entering metoprolol on Resident #3's FL-2; metoprolol 50mg daily should have been on the FL-2 dated 04/24/23.</p> <p>Telephone interview with the primary care provider (PCP) on 08/09/23 at 2:03pm revealed Resident #3's current order for metoprolol was 50mg daily.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 08/10/23 at 4:59pm revealed: -The pharmacy had a renewed order dated 08/03/23 for metoprolol 50mg daily for Resident #3. -The pharmacy dispensed metoprolol 50mg daily on monthly cycle fills on 06/08/23, 07/06/23 and</p>	C 341		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL009630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 08/09/2023
NAME OF PROVIDER OR SUPPLIER  TURNER'S FAMILY CARE HOME # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 NC 410 HWY BLADENBORO, NC 28320		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 341	<p>Continued From page 14</p> <p>08/03/23 for Resident #3.</p> <p>Refer to Interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:52am.</p> <p>Refer to telephone interview with a pharmacist from the facility's contracted pharmacy on 08/10/23 at 4:59pm.</p> <p>Refer to telephone interview with the Administrator on 08/09/23 at 3:20pm.</p> <p>Interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:52am revealed:</p> <ul style="list-style-type: none"> <li>-The pharmacy entered all orders on the MARs.</li> <li>-The MARs reflected all current medication orders.</li> <li>-She reviewed the new MARs prior to the new month.</li> <li>-She completed FL-2s and then sent them to the PCP to be signed.</li> <li>-She did not send/fax the FL-2s dated 04/24/23 to the pharmacy.</li> <li>-She normally faxed the FL-2 to the pharmacy but forgot that time.</li> <li>-Normally she reviewed FL-2s several times before sending to the PCP and did not usually make mistakes.</li> <li>-She documented medications that she administered and did not realize the documentation errors.</li> </ul> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 08/10/23 at 4:59pm revealed:</p> <ul style="list-style-type: none"> <li>-There was not a pharmacy record of FL-2's dated 04/24/23 for Resident #2 and Resident #3.</li> <li>-The pharmacy did not require facilities to send an FL-2 annually.</li> <li>-The pharmacy required prescription orders to fill</li> </ul>	C 341		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL009030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>TURNER'S FAMILY CARE HOME # 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 NC 410 HWY BLADENBORO, NC 28320</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 341	Continued From page 15  medication orders for insurance purposes. -The pharmacy encouraged facilities to complete a 6-month medication review to reconcile medication orders and ensure accurate MARs. -The pharmacy required a discontinuation order to remove orders from the MAR. -The staff only needed to contact the pharmacy to have duplicate medications removed from the MAR.  Telephone interview with the Administrator on 08/09/23 at 3:20pm revealed: -The SIC was responsible for sending FL-2s to the pharmacy. -The pharmacy was responsible for entering all current medication orders on the MARs. -The SIC was responsible for checking MARs each month to ensure the MARs were accurate. -The SIC was responsible for documenting medications administered on the MAR. -FL-2s were done annually, after hospitalizations and more frequently if there were increased medication changes. -The SIC was responsible for reconciling medications orders, MARs, and medications on hand each month when medications came in from the pharmacy.  [Refer to tag 375, 10A NCAC 13G .1009(a) Pharmaceutical Care]	C 341		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care  10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by	C 375		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL009030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>TURNER'S FAMILY CARE HOME # 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 NC 410 HWY BLADENBORO, NC 28320</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 375	Continued From page 16  the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (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 ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record;  This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a licensed pharmacist, provider or registered nurse completed a 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:	C 375	#C375 Quarterly reviews were completed at the same time as LHPS assessments but not in chart. They were placed in the charts. Kelly Turner, R.N. completed these Quarterly reviews.  Southern Pharmacy's Nurse normally completes our Quarterly reviews but since covid and personal reasons she has been unable to do them. She has agreed to restart in October. Kelly Turner, RN (Administrator) is responsible for making sure these are completed and in the chart.	08/10/23

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL009030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>TURNER'S FAMILY CARE HOME # 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 NC 410 HWY</b> <b>BLADENBORO, NC 28320</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 375	Continued From page 17  1. Review of Resident #2's current FL-2 dated 04/24/23 revealed diagnoses included major depressive order, autism spectrum disorder, mild cognitive disability, and Asperger's disease.  Review of Resident #2's quarterly medication review revealed there was no documentation of a completed quarterly review.  Refer to interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:04am.  Refer to telephone interview with the Administrator on 08/09/23 at 3:20pm.  2. Review of Resident #3's current FL-2 dated 04/24/23 revealed diagnoses included hypertension, hyperthyroidism, incontinence, and insomnia.  Review of Resident #3's quarterly medication review revealed there was no documentation of a completed quarterly review.  Refer to interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:04am.  Refer to telephone interview with the Administrator on 08/09/23 at 3:20pm.  3. Review of Resident #1's current FL-2 dated 04/24/23 revealed diagnoses included hypertension, depression, hyperlipidemia, multiple sclerosis, and vitamin D deficiency.  Review of Resident #1's quarterly medication review revealed there was no documentation of a completed quarterly review.	C 375		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL009030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>TURNER'S FAMILY CARE HOME # 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 NC 410 HWY BLADENBORO, NC 28320</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 375	<p>Continued From page 18</p> <p>Refer to interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:04am.</p> <p>Refer to telephone interview with the Administrator on 08/09/23 at 3:20pm.</p> <p>Interview with the Supervisor in Charge (SIC) on 08/09/23 at 11:04am revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator had the residents' quarterly medication review with her.</li> <li>-She could fax copies the morning of 08/10/23.</li> </ul> <p>Telephone interview with the Administrator on 08/09/23 at 3:20pm revealed:</p> <ul style="list-style-type: none"> <li>-She was a Registered Nurse (RN) and was able to complete quarterly medication reviews.</li> <li>-She also contracted with another RN to complete medication reviews.</li> <li>-The quarterly medication reviews should be in the residents' record.</li> <li>-The pharmacy had been contracted to complete quarterly medication reviews but was stopped during the pandemic.</li> <li>-She had completed them last month (July 2023) and was not aware the quarterly medications reviews were not in the residents' record.</li> <li>-She was not sure if the MARs were reviewed in comparison to current orders and medications hand.</li> <li>-Resident records were audited each quarter as part of the medication review process.</li> </ul> <p>[Refer to Tag 341, 10A NCAC 13G .1004(l) Medication Administration]</p>	C 375		

## Washington, Bynithia T

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**From:** Kelly Turner <kellyturner0613@gmail.com>  
**Sent:** Friday, September 8, 2023 2:41 PM  
**To:** Washington, Bynithia T; Patrick, Dena H  
**Subject:** [External] Turners Family Care Home  
**Attachments:** SKM\_C300i23090813060.pdf

**CAUTION:** External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Sent from [Mail](#) for Windows

A copy has been mailed as well. Thank you, Kelly Turner, R.N.