Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL001113	B. WING		R 09/13/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
WE CARE	FAMILY CARE		RGANTON ROAI		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
{C 000}	Initial Comments		{C 000}		
		sure Section conducted a 9/12/23 to 09/13/23 with an 09/13/23.			
C 246	10A NCAC 13G .0902	2(b) Health Care	C 246		
	` '	Prealth Care Sure referral and follow-up and acute health care needs			
	This Rule is not met a TYPE B VIOLATION	as evidenced by:			
	reviews, the facility far care provider for 1 of inhalation medication,	is, interviews and record iled to notify the primary 3 sampled residents (#1) an and a transdermal pain ble for administration to the			
	The findings are:				
	Review of Resident # 04/13/23 revealed dia and chronic abdomina	gnoses included hypoxia			
	Review of Resident # revealed the resident on 05/08/23.	1's Resident Register was admitted to the facility			
	notes dated 05/08/23 -Resident #1 had bee for hypoxia. -Resident #1's primary	n admitted to the hospital			
	Review of Resident #	1's primary care provider			

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

TITLE (X6) DATE

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		· · · · · · · · · · · · · · · · ·	A. BUILDING: _		
		FCL001113	B. WING		R 09/13/2023
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET AD			TE, ZIP CODE	
WE CARE	EAMILY CADE	1718 MOR	GANTON ROA	D	
WE CARE	FAMILY CARE	BURLING [*]	TON, NC 27217	,	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
C 246	Continued From page	e 1	C 246		
	(PCP) after visit notes there was an order fo	s dated 08/03/23 revealed r albuterol sulfate (used to s) 2.5/.0.5ml solution via			
	Review of Resident #1's August 2023 medication administration record (MAR) revealed: -There was no entry for albuterol sulfate 2.5/0. 5mL via nebulizer twice daily as ordered on 08/03/23. -There was no documentation albuterol sulfate via nebulizer was administered from 08/03/23 to 08/31/23. Review of Resident #1's MAR dated 09/01/23 to 09/12/23 revealed: -There was an entry for albuterol sulfate 2.5mg/3ml nebulizer 0.083 percent use one vial via nebulizer twice daily scheduled at 8:00am and 8:00pm. -There was documentation albuterol sulfate was administered via nebulizer twice daily on 09/01/23 to 09/08/23. -There was no documentation of administration for albuterol sulfate on 09/09/23 to 09/12/23.				
	was no documentatio	1's record revealed there n of contact with Resident vider (PCP) regarding his fate via a nebulizer.			
	hand on 09/12/23 at 2 -There was an opene sulfate 2.5mg/3ml wit sulfate vials.	d foil package of albuterol h 29 unopened albuterol			
	date and it was not in -There was no medicate	s not dated with an open a box or resealable bag. ation label indicating the dosage, the frequency, the			

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 2 of 25

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		FCL001113	B. WING		09	R 9/ 13/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE		
WE CARE	WE CARE FAMILY CARE					
WE CARE FAMILY CARE BURLING		TON, NC 27217				
(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 TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 246	Continued From page	2	C 246			
		the dispensed date on the				
		ent #1's room on 09/12/23 at e was no nebulizer in his				
	another facility, but he admitted to the currer -His PCP had told hin needed a nebulizer for not gotten one yetHe really needed the nebulizer before bedt experiencing increase nightHe tossed and turner sleep because it felt lie "I really need that needed the nebulizer before bedt experiencing increase nightHe tossed and turner sleep because it felt lie "I really need that needed he about the recomplained about not facility staff since he will be about the recomplained about the recomplained about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facility staff since he will be about the recomplained about not facilit	revealed: read a nebulizer machine at ad not had one since he was nt facility. In at his last appointment he or his breathing, but he had a albuterol sulfate via ime, because he was ad difficulty breathing at d at night when he tried to like his lungs were "closed". Abbulizer machine bad". Inebulizer machine and at being able to breath to the awas admitted to the facility. Ininistrator was checking on a awas an insurance problem. Ing and complaining; "I have not to worry about it too d not think he was going to albuterol at night or at least rould help his breathing.				
		vith the facility's contracted any on 09/12/23 at 4:39pm				

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 3 of 25

PECINITIAN BOUNDING: R		F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
NAME OF PROVIDER OR SUPPLIER THE MORGANTON ROAD BURLINGTON, NC 27217 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (PREFIX TAG) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 246 Continued From page 3				A. BUILDING: _			
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WE CARE FAMILY CARE SUMMARY STATEMENT OF DEFICIENCISS (AS JID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY BY SULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) C 246 C 246 Continued From page 3 -Resident #1 was issued a nebulizer on 05/31/22 at the address of his previous facility. -The previous nebulizer was fully covered by his insurance provider; insurance typically only covered the cost of one nebulizer per five years. -There had not been any inquiries about a nebulizer or a request for a nebulizer for Resident #1 from the current facility. -A new nebulizer could be requested with new physician's orders and could be purchase out of pocket if the insurance did not cover the cost. Telephone interview with Resident #1's PCP on 09/13/23 at 1:16pm revealed: -Resident #1 had a diagnosis of COPD. -She observed the resident wheezing during his exam on 08/03/23. -He was administered 3ml of albuterol sulfate via nebulizer while in the office on 08/03/23. -Resident #1 complained of shortness of breath and complained of not having medication for his COPD; including a nebulizer.	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WE CARE FAMILY CARE SUMMARY STATEMENT OF DEFICIENCISS (AS JID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY BY SULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) C 246 C 246 Continued From page 3 -Resident #1 was issued a nebulizer on 05/31/22 at the address of his previous facility. -The previous nebulizer was fully covered by his insurance provider; insurance typically only covered the cost of one nebulizer per five years. -There had not been any inquiries about a nebulizer or a request for a nebulizer for Resident #1 from the current facility. -A new nebulizer could be requested with new physician's orders and could be purchase out of pocket if the insurance did not cover the cost. Telephone interview with Resident #1's PCP on 09/13/23 at 1:16pm revealed: -Resident #1 had a diagnosis of COPD. -She observed the resident wheezing during his exam on 08/03/23. -He was administered 3ml of albuterol sulfate via nebulizer while in the office on 08/03/23. -Resident #1 complained of shortness of breath and complained of not having medication for his COPD; including a nebulizer.			1718 MOR	GANTON ROA	D		
C 246 Continued From page 3 C 246	WE CARE FAMILY CARE						
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at the address of his previous facility. -The previous nebulizer was fully covered by his insurance provider; insurance typically only covered the cost of one nebulizer per five years. -There had not been any inquiries about a nebulizer or a request for a nebulizer for Resident #1 from the current facility. -A new nebulizer could be requested with new physician's orders and could be purchase out of pocket if the insurance did not cover the cost. Telephone interview with Resident #1's PCP on 09/13/23 at 1:16pm revealed: -Resident #1 had a diagnosis of COPD. -She observed the resident wheezing during his exam on 08/03/23. -He was administered 3ml of albuterol sulfate via nebulizer while in the office on 08/03/23. -Resident #1 complained of shortness of breath and complained of not having medication for his COPD; including a nebulizer.	C 246	Continued From page	e 3	C 246			
-She ordered albuterol sulfate 2.5mg/3ml nebulizer administer one vial via nebulizer twice dailyShe had ordered the albuterol to be administered via nebulizer because the nebulizer made the albuterol into a finer mist and was a longer treatment than an inhalerShe also ordered the albuterol via nebulizer because Resident #1 would be more compliant with a nebulizer than an inhalerThe order she wrote should have covered the obtaining of a nebulizer and the albuterolThe facility was responsible for securing a nebulizer for Resident #1 through a medical supply company.	C 240	-Resident #1 was issuat the address of his at the address of his at the previous nebulizinsurance provider; in covered the cost of ormore and the cost of ormore and the correct of a request #1 from the current formore and physician's orders and pocket if the insurance and provided in the complete and the complete and complete an	ued a nebulizer on 05/31/22 previous facility. zer was fully covered by his asurance typically only ne nebulizer per five years. any inquiries about a t for a nebulizer for Resident acility. Id be requested with new d could be purchase out of the did not cover the cost. With Resident #1's PCP on the evealed: the agnosis of COPD. The sident wheezing during his d 3ml of albuterol sulfate via the office on 08/03/23. The of shortness of breath the having medication for his the bulizer. The sident was a longer aler. The albuterol via nebulizer would be more compliant an inhaler. Should have covered the the rand the albuterol. The onsible for securing a	C 240			

#1.

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 4 of 25

DIVISION	n Health Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
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			D WING		R	
		FCL001113	B. WING		09/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE		
			GANTON ROA			
WE CARE FAMILY CARE						
		BURLING	ON, NC 27217			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
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				,		
C 246	Continued From page	e 4	C 246			
	Ol	:::::::::::::::::::::::::::::::::::::::				
		cility to notify her anytime			ļ	
	· ·	with an order she wrote.			ľ	
		cility to call her immediately			ļ	
	<u>-</u>	ty getting a nebulizer for				
	Resident #1 because	he needed the nebulizer for				
	the albuterol sulfate to					
	-She would have done everything she could to					
	get Resident #1 the nebulizer.					
	-She thought his albuterol sulfate was					
	administered all this time and it was not.					
	-She could have called the equipment supply					
	company herself to find out what needed to be					
	done to get a nebulizer for Resident #1 if she had					
	known.					
	Interviews with the Mo	edication Aide (MA) on				
		and 1:03pm revealed:				
	-She had not adminis					
		ebulizer because he did not				
	have a nebulizer mac					
		had a nebulizer since he				
	was admitted to the fa					
		d called the PCP about the				
	nebulizer sometime ir					
		•				
		as responsible for calling the				
	PCP.					
		ninistrator on 09/12/23 at				
	3:52pm revealed:					
	-She had attempted to	•				
		take his albuterol; she had				
		named oxygen equipment				
	supply company in Ju	•				
	-She thought the nam					
	company told her the	re was an issue with				
	insurance coverage.					
		re information so Resident				
	#1 went to an appoint	ment with the PCP on				
	08/03/23		1		ľ	

Division of Health Service Regulation

-The PCP had written new orders for albuterol via

STATE FORM 6899 I4PJ13 If continuation sheet 5 of 25

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
	FCL001113		B. WING		09	R 9/13/2023
NAME OF E	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
TO THE OT 1	NOVIDEN ON GOLLEIN		RGANTON ROAD	, 211 0002		
WE CARE	E FAMILY CARE		GTON, NC 27217			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 246	nebulizer and she fat- She did not know Re administered his albushe did not know he administer the albute- She did not contact after 08/03/23 because Resident #1 never re b. Review of a physic revealed there was a percent patch (used patch to the affected and then remove patch administration recording the first entry on the lidocaine pad 5 % particular patch was a covered by insurance also in the entry. There was no docur lidocaine patch was a second apply 1 patch topical on for 12 hours off for apply at 8:00am and appl	esident #1 had not been uterol sulfate via nebulizer; did not have the nebulizer to erol. the PCP about the nebulizer se she did not know exceived a nebulizer. cian's order dated 05/05/23 an order for lidocaine 5 to relieve pain) apply one area only for 12 hours daily exch. #1's August 2023 medication of (MAR) revealed: a MAR was an entry for each place 1 patch on skin except feeted area for 12 hours except except and except for lidocaine step place area for 12 hours except feeted area for 12 hours except feeted area for 12 hours except for lidocaine patch except for lidocaine patch ly once daily to affected area, for 12 hours scheduled to remove at 8:00pm. mentation Resident #1's applied from 08/01/23 to	C 246			

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 6 of 25

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1718 MORGANTON ROAD WE CARE FAMILY CARE STREET ADDRESS, CITY, STATE, ZIP CODE 1718 MORGANTON ROAD SURLINGTON, NC 27277 (X41)D (RACH DEFICIENCY MUST AE PRICCIDED BY PULL REGULATORY OR ISC IDENTIFYING INFORMATION) C 246 C 246 C 246 C 246 C 247 C 248 by insurance in quotations marks was also in the entry. -There was no documentation Resident #1's lidocaine patch apply 1 patch topically once daily to affected area, on for 12 hours off for 12 hours scheduled to apply at 8:00am and remove at 8:00pm. -There was no documentation Resident #1's lidocaine patch was applied from 09/01/23 to 09/12/23 on 109/12/23 o		OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVE	
NAME OF PROVIDER OR SUPPLIER STREETADDRESS, CITY, STATE, ZIP CODE 1718 MORGANTON ROAD BURLINGTON, NC 27217 (ALI) PREFIX TAG (EACH DEFICIENCY MUST 8E PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 248 C 248 C 248 C 248 D PROVIDER SPLAN OF CORRECTIVE ACTION SHOULD BE COMPLETE. REGULATORY OR LSC IDENTIFYING INFORMATION) C 248 D PRICE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE AND CROSS-REFERENCED TO THE APPROPRIATE DATE DAT				A. BOILDING.			
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C 246 Continued From page 6 C 246	WE CARE	FAMILY CADE	1718 MORG	SANTON ROA	D		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 246 C	WE CARE FAMILY CARE BURLINGT		ON, NC 27217	,			
by insurance in quotations marks was also in the entry. -There was no documentation Resident #1's lidocaine patch was applied from 09/01/23 to 09/12/23. -There was a second entry for lidocaine patch apply 1 patch topically once daily to affected area, on for 12 hours off for 12 hours scheduled to apply at 8:00am and remove at 8:00pm. -There was no documentation Resident #1's lidocaine patch was applied from 09/01/23 to 09/12/23 on the second entry. Review of Resident #1's record on 09/12/23 revealed there was no documentation of contact with Resident #1's primary care provider (PCP) regarding his lidocaine patch order. Observation of Resident #1's medication on hand on 09/12/23 at 10:44am revealed there were no lidocaine 5% patches available for application. Interview with Resident #1 on 09/12/23 at 8:23am revealed: -He had severe and continuous pain in his hip. -He used a walker and a cane to walk, because of the hip pain. -He did not know he had an order for a lidocaine patch.	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE CO	OMPLETE
entry. -There was no documentation Resident #1's lidocaine patch was applied from 09/01/23 to 09/12/23. -There was a second entry for lidocaine patch apply 1 patch topically once daily to affected area, on for 12 hours off for 12 hours scheduled to apply at 8:00am and remove at 8:00pm. -There was no documentation Resident #1's lidocaine patch was applied from 09/01/23 to 09/12/23 on the second entry. Review of Resident #1's record on 09/12/23 revealed there was no documentation of contact with Resident #1's primary care provider (PCP) regarding his lidocaine patch order. Observation of Resident #1's medication on hand on 09/12/23 at 10:44am revealed there were no lidocaine 5% patches available for application. Interview with Resident #1 on 09/12/23 at 8:23am revealed: -He had severe and continuous pain in his hipHe used a walker and a cane to walk, because of the hip painHe did not know he had an order for a lidocaine patch.	C 246	Continued From page	e 6	C 246			
-He would have used the lidocaine patch if he had known about it; it would have helped his hip pain. Telephone interview with the pharmacist from Resident #1's contracted pharmacy on 09/12/23 at 11:40am revealed: -Resident #1 had an order for lidocaine 5% patch dated 05/05/23.	C 246	by insurance in quota entry. -There was no docum lidocaine patch was a 09/12/23. -There was a second apply 1 patch topically on for 12 hours off for apply at 8:00am and a 1-there was no docum lidocaine patch was a 09/12/23 on the second Review of Resident # revealed there was no with Resident #1's pri regarding his lidocain Observation of Reside on 09/12/23 at 10:44a lidocaine 5% patches Interview with Reside revealed: -He had severe and conditional the hip pain. -He did not know he had patch. -He would have used known about it; it would have used at 11:40am revealed: -Resident #1's contract at 11:40am revealed: -Resident #1 had an of the second at 11:40am revealed:	tions marks was also in the nentation Resident #1's applied from 09/01/23 to entry for lidocaine patch y once daily to affected area, 12 hours scheduled to remove at 8:00pm. nentation Resident #1's applied from 09/01/23 to nd entry. 1's record on 09/12/23 o documentation of contact mary care provider (PCP) e patch order. ent #1's medication on hand am revealed there were no available for application. nt #1 on 09/12/23 at 8:23am continuous pain in his hip. d a cane to walk, because had an order for a lidocaine the lidocaine patch if he had alld have helped his hip pain. with the pharmacist from sted pharmacy on 09/12/23	C 246			

Division of Health Service Regulation

-The pharmacy spoke to staff at the facility by

STATE FORM 6899 I4PJ13 If continuation sheet 7 of 25

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
			A. BOILDING		R	
		FCL001113	B. WING		I	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WE CARE	FAMILY CARE		GANTON ROA			
		BURLINGT	ON, NC 27217	7		
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
C 246	Continued From page	÷ 7	C 246			
	telephone on or arour staff of the insurance reach out to the physi-The pharmacy never facility. -The pharmacy printe the note "not covered lidocaine entry. -Lidocaine patches we applied to a specific a joint pain relief. -If the lidocaine patch the resident would no and would have contil Telephone interview wo9/13/23 at 1:22pm re-Resident #1 had sev knee and needed a re-Resident #1 relied or to the joint pain. -Resident #1 was on a limit to the oral pain. -Resident #1 was on a limit to the oral pain. -It was extremely impanytime there was an medication. -The facility should has the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy told insurance issue with has continued in the pharmacy to the	and 05/18/23 and notified issue so the facility could ician. Thad a response from the add the MARs and included by insurance" on the area for muscle or arthritis area. With Resident #1's PCP on everaled: Were joint pain in a hip or eplacement. In a cane for ambulation due a cane for ambulation due blood thinners so there was a medications he could take. The area for her to be notified a issue with Resident #1's area contacted her as soon them there was an his medications. Cility to reach out to her if cinued pain or couldn't get ason; all the facility had to use she could have figured or Resident #1.				
	Interviews with the mo	edication aide (MA) on nd 3:51pm revealed:				

Division of Health Service Regulation

-The pharmacy called her and told her insurance

STATE FORM 6899 I4PJ13 If continuation sheet 8 of 25

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(3) DATE SURVEY COMPLETED	
	ECI 004443		B. WING			R
		FCL001113	5		09	/13/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
WE CARE FAMILY CARE			RGANTON ROAD			
	T	BURLING	STON, NC 27217			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 246	Continued From page	e 8	C 246			
0 240	would not cover Resididocaine patch when -She did not contact the patch; the Administratic contacting the PCPShe told the Administ told herShe did not know if the patches were not disposed in the patches with the patches the patches wi	dent #1's order for a it was first ordered. the PCP about the lidocaine tor was responsible for trator when the pharmacy the PCP knew the lidocaine				
	care provider when the for a nebulizer which experiencing shortness breathing and lidocain due to insurance coveresident experiencing	otify Resident #1's primary nere were issues with orders resulted in the resident as of breath and difficulty ne patches not dispensed erage which resulted in the i increased back and knee detrimental to the health,				

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 9 of 25

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R
		FCL001113	B. WING		09/13/2023
NAME OF PI				TE, ZIP CODE	
WE CARE FAMILY CARE		SANTON ROA ON, NC 27217			
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
C 246	Continued From page	9	C 246		
	safety and welfare of constitutes a Type B				
	The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/12/23 for this violation.				
	CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 28, 2023.				
{C 330}	10A NCAC 13G .1004 Administration	4(a) Medication	{C 330}		
	10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.				
	This Rule is not met TYPE A2 VIOLATION				
	reviews, the facility fa were administered as	ns, interviews, and record illed to ensure medications ordered for 1 of 3 sampled inhaler nebulizer medication tch medication (#1).			
	The findings are:				
		1's current FL-2 dated agnoses included hypoxia al pain.			

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 10 of 25

Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		FCL001113	B. WING		09/13/2023
		1 02001110			03/13/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
WE CADE	EAMILY CADE	1718 MO	RGANTON ROA	D	
WE CARE FAMILY CARE BURLING		TON, NC 27217	7		
(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 COMPLETE
{C 330}	Continued From page	e 10	{C 330}		
	Review of Resident # revealed the resident on 05/08/23.	1's Resident Register was admitted to the facility			
	a. Review of Resident #1's hospital discharge notes dated 05/08/23 revealed: -Resident #1 had been admitted to the hospital for hypoxia (the absence of enough oxygen in the tissues to sustain body functions) -Resident #1's primary diagnoses included chronic obstructive pulmonary disease (COPD), end stage renal disease (ESRD) and				
	hypertension.	,			
	• .	order for albuterol (used to			
	treat COPD) 2.5mg m	ng/3mL nebulizer (a small			
		uid medication into a mist			
	,	nhale 3mL every four hours			
	as needed for shortne				
	 There was an end da albuterol. 	ate of 06/04/23 for the			
	aibuteroi.				
	(PCP) after visit notes -The resident had a d -There was an order f	for albuterol sulfate			
	end date.	nebulizer twice daily with no			
	cha date.				
	administration record	•			
		or albuterol sulfate er twice daily as ordered on			
	08/03/23.	contation albutors! -::!f-t-			
		nentation albuterol sulfate ninistered from 08/03/23 to			
	08/31/23.	IIIIII3(6160 110111 00/03/23 10			
	00/31/23.				
	Review of Resident # from 09/01/23 to 09/1	1's September 2023 MAR 2/23 revealed:			

Division of Health Service Regulation

-There was an entry for albuterol sulfate

STATE FORM 6899 I4PJ13 If continuation sheet 11 of 25

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		FCL001113	B. WING		09/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
	1718 MO			D	
WE CARE	FAMILY CARE		ON, NC 27217		
040.15			1	PROVIDER'S PLAN OF CORRECTION	1 0/5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{C 330}	Continued From page	e 11	{C 330}		
{C 330}	2.5mg/3mL nebulizer via nebulizer twice da 8:00pm. -There was document administered via nebulito 09/08/23. -There was no document for albuterol sulfate from the following of Reside hand on 09/12/23 at and the following of the	0.083percent use one vial illy scheduled at 8:00am and station albuterol sulfate was ulizer twice daily on 09/01/23 mentation of administration om 09/09/23 to 09/12/23. Lent #1's medications on 10:44am revealed: d foil package of albuterol ened albuterol sulfate vials as not dated with an open a box or resealable bag. Lation label indicating the dosage, the frequency, the the dispensed date on the extering the albuterol sulfate. Lent #1's room on 09/12/23 at the was no nebulizer machine ent #1 on 09/13/23 at the evealed: and a nebulizer machine at ad not had one since he was not facility. Let twice a day when he was on at his last appointment he	{C 330}		
	Observation of Resident #1's room on 09/12/23 at 8:28am revealed there was no nebulizer machine				
	stored in the room.				
	another facility, but ha	ad not had one since he was			
	-He used his nebulize	er twice a day when he was			
	-His PCP had told hin needed a nebulizer fo				
	not gotten one yetHe really needed the	albuterol sulfate via			

Division of Health Service Regulation

nebulizer before bedtime because he was

STATE FORM 6899 I4PJ13 If continuation sheet 12 of 25

Division of	<u>of Health Service Regu</u>	lation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SUR COMPLETI	
			A. BOILBING.		_	
		FCL001113	B. WING		R 09/13/	2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
WE CARE	FAMILY CARE	1718 MOF	RGANTON ROAD)		
WE OAKE	TAMILI VAIL	BURLING	STON, NC 27217			
(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	(X5) COMPLETE DATE
{C 330}	Continued From page	e 12	{C 330}			
	night. -He tossed and turner sleep because it felt if the had an emergency had difficulty breathin bit; the nebulizer treath better. -When he used a nebulate and at the PCP's office open up" as he used albuterol. -He had used a nebulate pCP office about a more than the heather. - "I really need that not heather asked about the recomplained about not facility staff since heather was told the Adminebulizer but there was the had stopped asking given up and just try much", because heather asked if he could o machine to inhale his as needed (PRN) it was needed (PRN) it was needed (PRN) it was needed that needed: -Resident #1 so contract at 11:40am revealed: -Resident #1 had an of 2.5mg/3mL inhale one twice daily dated 08/0. -The order was received facility on 08/03/23.	albuterol at night or at least yould help his breathing. with a pharmacist from cted pharmacy on 09/12/23 order for albuterol sulfate e 3mL vial via nebulizer 03/23. wed via facsimile from the				

-The pharmacy did not provide the nebulizer

STATE FORM 6899 I4PJ13 If continuation sheet 13 of 25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BOILDING.		R
FCL001113		B. WING		09/13/2023
NAME OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
WE CARE FAMILY CARE	1718 MOI	RGANTON ROA	D	
WE CARE FAMILY CARE	BURLING	TON, NC 27217	7	
PREFIX (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 COMPLETE
{C 330} Continued From page	e 13	{C 330}		
machine, only the me -The facility would ha machine from anothe -Albuterol sulfate was treat breathing issues breath associated wit bronchi so the reside -An expected outcom administered correctly breath and difficulty b Telephone interview woxygen supply comparevealed: -Resident #1 was issues at the address of his -The nebulizer was function of the providerInsurance typically onebulizer per five year -The nebulizer became Resident once it was by the insurance provider and the current farence in	redication. ve ordered a nebulizer r source for Resident #1. s a bronchodilator used to s caused by shortness of h COPD by dilating the nt can breathe easier. e of albuterol sulfate not y could be shortness of reathing. with the facility's contracted any on 09/12/23 at 4:39pm used a nebulizer on 05/31/22 previous facility. fully covered by his insurance and covered the cost of one firs. the the property of the purchased and paid in full rider. any inquiries about a t for a nebulizer for Resident ficility. If does requested with new d could be purchased out of the did not cover the cost. with a representative from the clinic on 09/13/23 at en at the dialysis clinic three	(C 330)		

Division of Health Service Regulation

-He contacted the Administrator via telephone in

STATE FORM 6899 I4PJ13 If continuation sheet 14 of 25

Division of Fleatin Service Regulation		_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		ECI 004442	B. WING		R
		FCL001113		-	09/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		1718 MOR	GANTON ROA	D	
WE CARE	FAMILY CARE	BURLING	TON, NC 27217	7	
()(1) ID	SLIMMADV STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
{C 330}	Continued From page	<u> 14</u>	{C 330}		
(,	. •		(5 555)		
		uested she send Resident			
	#1's medications related	_			
	-	with him to the clinic for			
	review.				
	-The facility sent table	ets, but did not send inhalers			
	or vials for a nebulize	r and did not send the MAR.			
	-On 07/17/23, he con	tacted a pulmonary			
	physician and schedu	ıled an appointment for			
	09/26/23 for Resident	t #1 due to his difficulty			
	breathing.				
	-	vith Resident #1's PCP on			
	09/13/23 at 1:16pm re				
		en in her office on 08/03/23.			
	-He had a diagnosis of				
	-He was observed wh 08/03/23.	neezing during his exam on			
	-He was administered	d 3mL of albuterol sulfate via			
	nebulizer while in the	office on 08/03/23.			
	-Resident #1 complain	ned of shortness of breath			
		t having medication for his			
	COPD; including a ne				
		he had a previous order for			
		r PRN for shortness of			
	breath and difficulty b				
	•	nhaler scheduled once daily,			
	an emergency inhaler				
		administer one vial via			
	nebulizer twice daily.				
	•	albuterol to be administered			
		the nebulizer made the			
	albuterol into a finer n				
	treatment than an inh	-			
		e albuterol via nebulizer			
		would be more compliant			
	with a nebulizer than				
		e could do to keep Resident			
		erbation of his COPD and			
	keeping him out of the				
	Respiring mini out of the	o noopital.	1		

Division of Health Service Regulation

-She expected the facility to follow the orders she

STATE FORM 6899 I4PJ13 If continuation sheet 15 of 25

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN C	OF CORRECTION	DENTIFICATION NUMBER:			COMPLI	
			_		_	_
		F01 004449	B. WING		F 00/4	
		FCL001113	D. 1111.0		09/1	3/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	ſE, ZIP CODE		
		1718 MO	RGANTON ROAD	ס		
WE CARE	FAMILY CARE		STON, NC 27217			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
IAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		IAG	DEFICIENCY)	W =	
{C 330}	Continued From page	 - 15	{C 330}			
(,						
	wrote for Resident #1	for his albuterol via				
	nebulizer.					
	l					
		edication aide (MA) on				
		and 1:03pm revealed:				
		ny the albuterol sulfate was not labeled; she did not				
	know where the label					
		nen or how many albuterol				
	sulfate vials had beer	-				
		stered Resident #1 his				
		ebulizer because he did not				
	have a nebulizer mac					
		w many vials of albuterol				
		had dispensed for Resident				
	#1.	·				
	-Resident #1 had not	had a nebulizer since he				
	was admitted to the fa	acility.				
	-Resident #1 had ask	ed about a nebulizer.				
	-The Administrator wa	as responsible for ordering				
	the nebulizer.					
		ad called the PCP about the				
	nebulizer sometime ir					
		zer would be supplied by an				
		any, but she did not know				
	which one.					
		orders to the pharmacy.				
		nad written a new order for nuse she saw the after-visit				
	report.	use sile saw tile after-visit				
	II	nat happened to Resident				
	#1's other 31 albutero					
	-	ed Resident #1 an albuterol				
		but not via the nebulizer				
	because he did not ha					
		inhaler with him to dialysis				
		culty breathing while at				

emergency inhaler.

dialysis and he said the clinic told him to bring his

-Resident #1 had not complained to her about not

STATE FORM 6899 I4PJ13 If continuation sheet 16 of 25

Division of	of Health Service Regu	lation				
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
	!		A. BOILDING		_	
		FCL001113	B. WING		09/1	R 3/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
WE CADE	· FAMILY CADE	1718 MOF	RGANTON ROAD)		
WE CARE	FAMILY CARE	BURLING	TON, NC 27217			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{C 330}	Continued From page	÷ 16	{C 330}			
	being able to sleep at day.	t night; he slept most of the				
	3:52pm revealed: -She had attempted to nebulizer so he could called the PCP and an company in July 2023 -She thought the oxyg company told her thei insurance coverageThe PCP needed mot #1 went to an appoint 08/03/23She did not go to the #1 was she did not kn albuterol via a nebulize-The PCP had written nebulizer and she fax -She did not know Re administered his albuterol she had not contacted company after the 08/03 a nebulizer for Reside	Itake his albuterol; she had an oxygen equipment supply 3. gen equipment supply are was an issue with a supply a				
	was not at the facilityShe had not called the since July 2023The facility should had oxygen supply compate the nebulizer never call the insurance would nebulizer machine for would have covered to	he named supply company ave followed up with the any and the PCP because ame. Id not have paid for a r Resident #1 then the facility				

breath while at dialysis; the dialysis clinic had requested a copy of his MAR not his albuterol

STATE FORM 6899 I4PJ13 If continuation sheet 17 of 25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
FCL001113		B. WING		R 09/13/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WE CADE	FAMILY CARE	1718 MOR	GANTON ROA	D		
WE CARE	FAMILI CARE	BURLING	TON, NC 27217	7		
(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 APPROPE DEFICIENCY)	BE COMPL	LETE
{C 330}	Continued From page	e 17	{C 330}			
(0 000)	inhalerResident #1 had not breathing or shortnes complained about not b. Review of Residen notes dated 05/08/23 -Resident #1's diagnochronic obstructive pend stage renal disea hypertensionResident #1 had and (used to treat) apply darea only for 12 hours patch.	complained of difficulty s of breath and he had not t being able to sleep at night. It #1's hospital discharge revealed: Discoses included hypoxia, almonary disease (COPD), ase (ESRD) and Discorder for lidocaine 5% patch one patch to the affected is daily and then remove	(© 330)			
	revealed there was a	n's order dated 05/05/23 n order for lidocaine 5% n to the affected area only I then remove patch.				
	Review of Resident #1's August 2023 medication administration record (MAR) revealed: -The first entry on the MAR was an entry for lidocaine pad 5% place 1 patch on skin once daily apply to affected area for 12 hours each day then remove scheduled at 8:00am.; not covered by insurance in quotations marks was also in the entry. -There was no documentation Resident #1's lidocaine patch was applied from 08/01/23 to 08/31/23. -There was a second entry for lidocaine patch apply 1 patch topically once daily to affected area, on for 12 hours off for 12 hours scheduled to apply at 8:00am and remove at 8:00pm. -There was no documentation Resident #1's lidocaine patch was applied from 08/01/23 to 08/31/23 on the second entry.					

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 18 of 25

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
FCL001113			B. WING		09/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			RGANTON ROA			
WE CARE	FAMILY CARE		TON, NC 27217			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTION	(VE)	\dashv
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET	Ξ
{C 330}	Continued From page	e 18	{C 330}			
	Observation of Reside	ent #1's medication on hand				
	_	am revealed there were no				
	lidocaine 5% patches	available for application.				
	Interview with Reside revealed:	nt #1 on 09/12/23 at 8:23am				
		continuous pain in his hip.				
		a cane to walk because of				
	the hip pain.					
	-He took acetaminophen for the pain and had					
	once used a cream on his hip for relief.					
	-He complained of pain to the MA and she would					
	administer acetamino	•				
	 -He did not know he he patch. 	nad an order for a lidocaine				
		the lidocaine patch if he had				
	known about it; it wou	ıld have helped his hip pain.				
	Resident #1's contract at 11:40am revealed:	vith the harmacist from ted pharmacy on 09/12/23				
	-Resident #1 had an odated 05/05/23.	order for lidocaine 5% patch				
	-The order was not in					
	because the insurance					
		ttempted to reach out to the				
		reduce the dosage to 4% so				
		rchase an over the counter				
	•	cessful with an approval.				
		cted the facility on or around facility staff of the insurance				
	issue so the facility co					
	physician.	Jaia Todon Out to tile				
		had a response from the				
	physician or the facilit					
		ed the MARs and included				
	the note "not covered					
	lidocaine entry.					
-He was not sure what the facility did to provide						

Division of Health Service Regulation

the lidocaine patch for the resident; the pharmacy

STATE FORM 6899 I4PJ13 If continuation sheet 19 of 25

DIVISION	n nealth Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					_	_
		_	D WING		F	
		FCL001113	B. WING		09/1	13/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
	-		RGANTON ROA			
WE CARE	FAMILY CARE		TON, NC 2721			
			1011, 110 2721	T		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPI		DATE
1,10		,	,,,,,	DEFICIENCY)		
(0.000)			(0.000)			1
{C 330}	Continued From page	2 19	{C 330}			
	continued to put it on	the MAR.				
		ere a topical pain reliever				
		rea for extended muscle or				
	arthritis joint pain relie					
		was not applied as ordered				
		t have relief from his pain				
		nued discomfort in the area.				
	Telephone interview v	vith Resident #1's primary				
	care provider (PCP) on 09/13/23 at 1:22pm					
	revealed:					
	-She did not know Resident #1 had a discharge					
		al for a lidocaine 5% patch				
		ne had not been provided				
	with hospital notes.	·				
	T	vere joint pain in a hip or				
	knee and needed a re					
		n a cane for ambulation due				
	to the joint pain.					
		blood thinners so there was				
		medications he could take.				
		acetaminophen 1000mg four				
		out still complained of joint				
	pain.	,				
	·	atch would provide some				
	pain relief if it was ad	ministered as ordered.				
	•					
	Interviews with the me	edication aide (MA) on				
	09/12/23 at 1:03pm a	nd 3:51pm revealed:				
	-Resident #1 frequent	tly complained of hip pain.				
	-He had an order for a	acetaminophen (used to				
	treat mild pain) as ne	eded (PRN) and often				
	requested it when he	` ,				[
		the entries for the lidocaine				
	patch on the MAR or					
	insurance coverage.					
		MAR when she administered				
	medications.					
	Interview with the Adr	ministrator on 09/12/23 at				

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 20 of 25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
			A. BOILDING.			В
		FCL001113	B. WING		09	R 9/ 13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
WE CARE	FAMILY CARE		RGANTON ROAD			
		BURLING	STON, NC 27217			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
{C 330}	Continued From page	e 20	{C 330}			
	lidocaine patch because an order for it. -The order for the lidowhen he was discharted and seen it on made sure he had the the the pharmacy usual was an issue with gerilled. -When a resident had covered by their insurpaid for it. -The MA should have lidocaine patch and not the complained of patch.	lly contacted her when there tting a medication order d a medication that was not rance, the facility usually e let her know about the				
	ordered. Resident #' bronchodilator admin the resident to experi which required him to more frequently and pat night and a medica resident continuing to discomfort. This failu substantial risk of ser neglect which constit The facility provided a accordance with G.S this violation.	dminister medications as I's who had an order for a istered via nebulizer causing ence shortness of breath o use his emergency inhaler prevented him from sleeping ated patch resulting in the o experience hip pain and ure placed the residents at rious physical harm and utes a Type A2 Violation. a plan of protection in 131D-34 on 09/12/23 for E FOR THE TYPE A2 NOT EXCEED OCTOBER				

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 21 of 25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		- · · · · · · · · · · · · · · · · · · ·	A. BUILDING: _			
FCL001113		B. WING		│	3/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WE CARE	FAMILY CARE	1718 MOR	GANTON ROA	D		
WE OAKE	TAMILI VAILE	BURLING	TON, NC 27217	,		
(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 342	Continued From page	21	C 342			
C 342	10A NCAC 13G .1004 Administration	4(j) Medication	C 342			
	(j) The resident's merecord (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa medication administer (4) instructions for admort reatment; (5) reason or justificate medications or treatmed documenting the resure (6) date and time of a (7) documentation of medications or treatmed omission, including received (8) name or initials of the medication or treatmed and main administration record. This Rule is not metallocation administration administration for 1 of 3 sampled reschronic obstructive put. Review of Resident #	red; ministering the medication tion for the administration of ments as needed (PRN) and alting effect on the resident; dministration; any omission of ments and the reason for the affusals; and the person administering atment. If initials are used, a to those initials is to be antained with the medication (MAR). as evidenced by: as, interviews, and record alted to ensure the ation records were accurate ation records were ation records were accurate ation records were ation records were accurate ation records were ation records were accurate ation records at a contract were ation at a contract were accurate at				

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 22 of 25

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
A. BUILDING:	
FCL001113 B. WING	R 09/13/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
WE CARE FAMILY CARE 1718 MORGANTON ROAD BURLINGTON, NC 27217	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORI	ER'S PLAN OF CORRECTION (X5) RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
Review of Resident #1's primary care provider (PCP) after visit notes dated 08/03/23 revealed: -The resident had a diagnose of COPDThere was an order for albuterol sulfate 2.5/.05ml solution via nebulizer twice daily. Review of Resident #1's August 2023 medication administration record (MAR) revealed: -There was no entry for albuterol sulfate 2.5/0.5mL via nebulizer twice daily as ordered on 08/03/23There was no documentation albuterol sulfate via nebulizer was administered from 08/03/23 to 08/31/23. Review of Resident #1's MAR dated 09/01/23 to 09/12/23 revealed: -There was an entry for albuterol sulfate 2.5mg/3mL nebulizer 0.083percent use one vial via nebulizer twice daily scheduled at 8:00am and 8:00pmThere was documentation albuterol sulfate was administered via nebulizer twice daily on 09/01/23 to 09/08/23There was nothing documented for albuterol sulfate on 09/09/23 to 09/12/23. Observation of Resident #1's medications on hand on 09/12/23 at 10:44am revealed: -There was an opened foil package of albuterol sulfate 2.5mg/3mLThere were 29 unopened albuterol sulfate vials in the foil packageThe foil packageThe foil package was not dated with an open date and it was not in a box or resealable bagThere was no medication label indicating the resident's name, the dosage, the frequency, the amount dispensed or the dispense date on the	

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 23 of 25

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			1		R
FCL001113		B. WING		09/13/2023	
NAME OF D	ROVIDER OR SUPPLIER		DDEEC CITY CTA	TE ZID CODE	1 00.10.2020
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
WE CARE	FAMILY CARE		RGANTON ROA		
		BURLING	TON, NC 27217		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
C 342	Continued From page	e 23	C 342		
	medication for admini	istering the albuterol sulfate.			
	Observation of Resid				
	09/12/23 at 8:28am re				
	nebulizer machine sto	ored in the room.			
	Interviews with Resid	ent #1 on 09/13/23 at			
	8:28am and 1:38pm r	revealed:			
	-He had COPD.				
	-His PCP had told hin	n at his last appointment he			
	needed a nebulizer fo	or his breathing, but he had			
	not gotten one yet.				
	-He had not had a ne				
	treatment since being	admitted to the facility.			
	Telephone interview v	with a Pharmacist from			
	Resident #1's contract	cted pharmacy on 09/12/23			
	at 11:40am revealed:				
		order for albuterol sulfate			
	_	e 3mL vial via nebulizer			
	twice daily dated 08/0				
		sixty vials, of albuterol sulfate			
	were dispensed on 08	ort provide the nebulizer			
	machine, only the me				
	machine, only the me	diodion.			
	Interviews with the Me	edication Aide (MA) on			
		and 1:03pm revealed:			
	-She had not adminis	tered Resident #1 his			
	albuterol sulfate via n	ebulizer because he did not			
	have a nebulizer mad				
		ed Resident #1 an albuterol			
		but not via the nebulizer			
	because he did not ha				
		AR prior to administering			
	each medication and				
	medication to one res				
	 She documented the after she administere 	e medication administration			
	i aitei sije adminisiere	u me resident me	1	1	

Division of Health Service Regulation

medication.

STATE FORM 6899 I4PJ13 If continuation sheet 24 of 25

Division of Health Service Regulation

FCI 001113 B. WING	R
I FOLOGAGAO I B WING	
10001110	09/13/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1718 MORGANTON ROAD	
WE CARE FAMILY CARE BURLINGTON, NC 27217	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCY SPLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
C 342 -She thought she had documented the administration of the hand-held inhaler on the MAR; she did not realize she was documenting on the wrong entry. Interview with the Administrator on 09/12/23 at 3:39pm revealed: -She had not reviewed the MAR for accuracy in a few weeks. -She and the MA were the only staff who administered medications. -She had not reviewed the MARs for September 2023, so she had not found the error. -The MA should have been more careful when documenting on the MAR.	

Division of Health Service Regulation

STATE FORM 6899 I4PJ13 If continuation sheet 25 of 25