| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL046021 | A. BUILDING: _____ B. WING _____ | R 10/04/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| STEPHENSON FAMILY CARE HOME | 316 EAST RICHARD STREET AHOSKIE, NC 27910 |

| (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 |
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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and follow-up survey on 10/04/23. | C 000 | | |
| C 100 | 10A NCAC 13G .0316 (e) Fire Safety And Disaster Plan<br><br>10A NCAC 13G .0316 Fire Safety And Disaster Plan<br><br>(e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure that fire evacuation plans (fire drills) were rehearsed at least four times yearly resulting in 4 of 4 residents being unable to evacuate the facility without prompting.<br><br>The findings are:<br><br>Review of the facility's State of North Carolina Department of Health and Human Services, Division of Health Service Regulation license certificate revealed:<br>-The facility's license was issued on 01/01/23.<br>-The facility's licensed capacity was 5 residents and all ambulatory. | C 100 | | |

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| C 100 | Continued From page 1<br>Interview with the Administrator on 10/04/23 at 8:15am revealed the current census was 4.<br><br>Requests for the facility's fire safety policy on 10/04/23 revealed there was no facility fire safety policy available for review.<br><br>Review of the facility's fire drill rehearsal records revealed:<br>-There was documentation of a fire drill conducted on 10/02/23 at 9:30am with all residents out of the building and at the designated meeting place in 6 minutes.<br>-There was documentation of a fire drill conducted on 08/30/22 and 11/09/21 with all residents meeting at the fence (no evacuation time or time of fire drill is noted).<br><br>Observation of a fire drill conducted on 10/04/23 between 9:43am and 9:53am revealed:<br>-There were 3 residents sitting on the couch in the front living room and 1 resident in his bedroom.<br>-The Administrator sounded the fire alarm on the second story above the den at 9:43am creating a loud beeping sound.<br>-The fire alarm was audible throughout the entire facility and out in the front yard.<br>-Upon hearing the fire alarm, the three residents on the living room couch did not move but looked at each other and then looked at the Administrator and surveyors, with no independent response to evacuate.<br>-The fourth resident came from his bedroom into the den and sat in a chair, looking around at the others in the room.<br>-None of the residents evacuated immediately.<br>-The alarm silenced and was sounded again at 9:46am and 9:47am.<br>-At 9:47am, the Administrator addressed the 4 | C 100 | | |

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| C 100 | Continued From page 2 | C 100 | | |

residents in the den regarding not responding to the fire alarm and asked why they did not respond to the fire alarm.

Interview with a resident on 10/04/23 at 9:31am and 9:49am revealed:
-The facility rarely had fire drills; he thought they had fire drills about every four months, but he could not remember when the last fire drill occurred.
-He came out of his room when the alarm sounded.
-He sat down in the den when he did not see others responding to the alarm.
-He thought the alarm was being tested.
-He usually went outside to the fence but did not think it was a fire drill.

Observation of residents on 10/04/23 at 9:52am revealed:
-The fire alarm sounded again from the second story level unexpectedly at 9:52am.
-All 4 residents immediately exited through the front door of the facility and were observed to gather at the fence on the side of the facility by 09:53am without verbal prompting.

Interview with the Administrator on 10/04/23 at 4:26pm revealed:
-She conducted fire drills monthly and usually during the day.
-She was responsible for ensuring fire drills were conducted at least quarterly.
-Each fire drill should have been documented and it was an oversight that the fire drills were not documented each time they were conducted.
-She thought the residents were confused because of the survey team and did not respond immediately, as they typically did, during the fire drill on 10/04/23.

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| C 102 | 10A NCAC 13G .0317 (a) Building Service Equipment<br><br>10A NCAC 13G .0317 Building Service Equipment<br><br>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition<br><br>This Rule is not met as evidenced by:<br>TYPE B VIOLATION<br><br>Based on observations and interviews, the facility failed to ensure fire safety equipment was maintained in a safe operating condition related to a smoke detector that was not functioning properly due to a dead battery.<br><br>The findings are:<br><br>Observation of the facility on 10/04/23 intermittently from 8:15am-11:30am revealed:<br>-There was an audible beeping of a smoke detector however determining which smoke detector was beeping was unsuccessful.<br>-There was a smoke detector in the hallway, in each resident room off of the hallway and in the storage room off the hall.<br>-There was no mention of the smoke detector beeping by staff.<br><br>Interview with a resident on 10/04/23 revealed the smoke detector was beeping for a few days but he could not remember when it began. | C 102 | | |

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| C 102 | Continued From page 4<br><br>Interview with the Administrator at on 10/04/23 at 8:44am revealed:<br>-The smoke detectors were replaced in February 2023.<br>-She contacted the company that replaced the smoke detectors in February 2023 the during the previous week after a construction survey was completed because of concerns with the heat detector in the attic.<br>-The beeping began the week prior, but it had stopped until yesterday (10/03/23).<br>-She bought batteries for replacement but did not change out the batteries because the beeping stopped.<br><br>Second interview with the Administrator on 10/04/23 at 4:26pm revealed:<br>-There was no fire policy available except for a process for fire drills.<br>-She contacted the facility's maintenance staff regarding the smoke detector beeping on 10/03/23, but he had been unable to come out to the facility.<br>-The company that replaced the smoke detectors had not been contacted about the beeping smoke detectors.<br>-It was important the smoke detectors functioned properly in case there was a fire so everyone could get out quickly.<br><br>_____<br>The facility failed to ensure fire safety equipment was maintained in safe operating condition as evidenced by a beeping smoke detector that was ignored by staff. This was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation.<br><br>_____<br>The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/04/23 for this violation. | C 102 | | |

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| C 102 | Continued From page 5<br><br>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED November 18, 2023. | C 102 | | |
| C 148 | 10A NCAC 13G .0406 (a)(8) Other Staff Qualifications<br><br>10A NCAC 13G .0406 Other Staff Qualifications<br>(a) Each staff person of a family care home shall:<br>(8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file;<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure examination and screening for the presence of controlled substances was completed upon hire and results documented for 1 of 2 staff (A) sampled.<br><br>The findings are:<br><br>Review of Staff A's (Administrator) personnel record revealed:<br>-There was no hire date documented.<br>-Staff A was the Administrator and a medication aide (MA) at the facility.<br>-There was no documentation that an examination and screening for the presence of a controlled substance had been completed.<br><br>Observation of the Administrator's personnel record revealed:<br>-There was an empty box labeled at home drug | C 148 | | |

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| C 148 | Continued From page 6<br>test for marijuana.<br>-The Administrator's name was written with an ink pen across the top of the empty box.<br>-There was an expiration date stamped at the end of the box with 11/2016.<br><br>Interview with the Administrator on 10/04/23 at 4:16pm revealed:<br>-She was the Administrator of the facility and an MA.<br>-She administered medications at the facility.<br>-She thought the at home drug test for marijuana was sufficient for the required drug screening.<br>-She thought she had written on the box of the at home drug test for marijuana the date she took the test and the results.<br>-She had forgotten to complete a form documenting the date of her test and the results.<br>-She had not completed a drug screening for controlled substances.<br>-She was not aware that a drug screening needed to be completed that included controlled substances. | C 148 | | |
| C 201 | 10A NCAC 13G .0701 (b) Admission Of Residents<br><br>10A NCAC 13G .0701 Admissions Of Residents<br><br>(b) Exceptions. People are not to be admitted:<br>(1) for treatment of mental illness, or alcohol or drug abuse;<br>(2) for maternity care;<br>(3) for professional nursing care under continuous medical supervision;<br>(4) for lodging, when the personal assistance and supervision offered for the aged and disabled are not needed; or<br>(5) who pose a direct threat to the health or | C 201 | | |

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| C 201 | Continued From page 7<br>safety of others.<br><br>This Rule is not met as evidenced by:<br>Based on interviews, and record reviews, the facility failed to ensure 1 of 3 sampled residents (#1) was not admitted for the treatment of a mental illness.<br><br>The findings are:<br><br>Review of Resident #1's current FL-2 dated 08/31/22 revealed:<br>-Diagnoses included autism spection disorder without intellectual impairment and major depressive disorder.<br>-There was an order for 1 medication that was used to treat depression.<br><br>Review of Resident #1's Resident Register revealed he was admitted on 03/26/21.<br><br>Review of Resident #1's assessment and care plan dated 08/21/23 revealed he was independant with eating, toileting, ambulation, bathing dressing and transfering and required staff supervision for grooming.<br><br>Review of Resident #1's Referral Screening Verificaton Process dated 03/19/21 revealed Resident #1 was being referred for placement by a social worker with the psychiatric hospital where he was admitted on 01/21/20.<br><br>Interview with Resident #1 on 10/04/23 at 12:32pm revealed he had no medical problems and was only prescribed 1 medication.<br><br>Interview with the Administrator on 10/04/23 at | C 201 | | |

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| C 201 | Continued From page 8<br>1:44pm revealed:<br>-Resident #1 was admitted from a state psychiatric hospital.<br>-Resident #1 did not have a medical diagnosis.<br>-She was not aware a resident could not be admitted for the treatment of mental illness. | C 201 | | |
| C 246 | 10A NCAC 13G .0902(b) Health Care<br><br>10A NCAC 13G .0902 Health Care<br>(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 3 residents (#2) who was newly admitted attended an appointment with a podiatrist for a closed nondisplaced fracture of the second metatarsal bone on the left foot without routine healing and attended a follow up appointment with a psychiatrist following a discharge from an inpatient behavioral health hospitalization.<br><br>The findings are:<br><br>Review of Resident #2's current FL-2 dated 08/09/23 revealed:<br>-Diagnoses included schizoaffective disorder bipolar type, mild intellectual disability, and asthma.<br>-The resident was intermittently disoriented and ambulatory.<br><br>Review of Resident #2's resident register revealed the resident was admitted on 08/11/23.<br><br>Review of Resident #2's Care Plan dated | C 246 | | |

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| C 246 | Continued From page 9<br><br>08/31/23 revealed:<br>-The resident required limited assistance with toileting and grooming.<br>-The resident required extensive assistance with bathing.<br>-The resident received mental health services and was referred for mental health services.<br><br>a. Review of a discharge summary for Resident #2 dated 08/10/23 revealed:<br>-The resident was discharged from an inpatient behavioral health hospital on 08/10/23 with a diagnosis of schizoaffective disorder bipolar type without a good prognosis and a closed nondisplaced fracture of the second metatarsal bone on the left foot without routine healing (the second metatarsal bone is the long thin bone of the second two located between the toes and the ankle).<br>-The resident had a follow up appointment scheduled with a podiatrist on 09/05/23 for a fracture of the second metatarsal bone in his left foot.<br><br>Observation of Resident #2's feet on 10/04/23 at 1:58pm revealed:<br>-The resident was able to remove his shoes.<br>-His great toenail on his right foot was ¾ inch long extended from the tip of his toenail.<br>-His second toenail on his right foot was ½ inch long extended from the tip of his toenail.<br>-There was a black dried substance in the form of a thin line that began at the inside of his right foot from the arch of his foot that wrapped around the back of his heel; when the resident had his shoes on the black dried substance that formed a line was where his skin was exposed above where his shoe covered his foot.<br>-His great toenail on his left foot was jagged and ¼ inch long extended from the tip of his toenail. | C 246 | | |

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| C 246 | Continued From page 10 | C 246 | | |

-The cuticles on his great toenail on his left foot ¼ inch extended from the base of his toenail extending upward.
-There was dried, cracking skin around his left great toenail.
-There was dried, cracking skin to the right of his second right toe.

Interview with Resident #2 on 10/04/23 at 1:37pm revealed:
-His left foot felt achy at times, but he was able to walk without any problems.
-He had not been to a podiatrist appointment since he was admitted to the facility.

Telephone interview with a receptionist at a local podiatrist office on 10/04/23 at 2:25pm revealed:
-Resident #2 had a follow up appointment scheduled with the podiatrist on 09/05/23.
-The resident was a no show for the appointment.

Interview with the Administrator on 10/04/23 at 10:56am revealed:
-The resident's walked often but his feet hurt at times and were achy where he had a fracture.
-When she received the resident's discharge paperwork at his admission, she reviewed his discharge information but did not see the follow up appointment scheduled with a podiatrist.
-She should have added the resident's podiatrist appointment to the facility calendar to ensure he attended his appointment with the podiatrist.

b. Review of a discharge summary for Resident #2 dated 08/10/23 revealed:
-The resident was discharged from an inpatient behavioral health hospital on 08/10/23
-The resident had a follow up appointment scheduled with a psychiatrist on 09/22/23.

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| C 246 | Continued From page 11<br><br>Telephone interview with a receptionist with the psychiatrist office on 10/04/23 at 1:24pm revealed:<br>-Resident #2 had a follow up appointment scheduled with the psychiatrist on 09/22/23.<br>-The resident was a no show for the appointment.<br><br>Interview with Resident #2 on 10/04/23 at 1:37pm revealed:<br>-He had been at the facility for a month and a half.<br>-He had not been to see a psychiatrist since he was admitted to the facility.<br><br>Interview with the Administrator on 10/04/23 at 10:56am revealed:<br>-She reviewed the resident's discharge paperwork when he was admitted but had overlooked the follow up appointment with a psychiatrist that was scheduled by inpatient behavioral health hospital.<br>-She should have added the resident's psychiatrist appointment to the facility calendar to ensure he attended his scheduled appointment with the psychiatrist. | C 246 | | |
| C 249 | 10A NCAC 13G .0902(c)(3)(4) Health Care<br><br>10A NCAC 13G .0902 Health Care<br>(c) The facility shall assure documentation of the following in the resident's record:<br>(3) written procedures, treatments or orders from a physician or other licensed health professional; and<br>(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. | C 249 | | |

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| C 249 | Continued From page 12<br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed ensure the implementation of a physician's order for 1 of 3 residents (#2) with orders to soak the resident's feet in Epson salt at bedtime for 15 minutes and then apply ointment.<br><br>The findings are:<br><br>Review of Resident #2's current FL-2 dated 08/09/23 revealed:<br>-Diagnoses included schizoaffective disorder bipolar type, mild intellectual disability, and asthma.<br>-The resident was intermittently disoriented and ambulatory.<br>-There was an order to soak the resident's feet in Epson salt at bedtime for 15 minutes and then apply aquaphor ointment.<br><br>Review of Resident #2's Resident Register revealed the resident was admitted on 08/11/23.<br><br>Review of Resident #2's Care Plan dated 08/31/23 revealed:<br>-The resident required limited assistance with toileting and grooming.<br>-The resident required extensive assistance with bathing.<br>-The resident received mental health services and was referred for mental health services.<br><br>Review of Resident #2's medication administration record (MAR) for August 2023 revealed:<br>-There was an electronic entry for epsom salt to be used to soak feet for 15 minutes at bedtime and apply Aquaphor ointment and scheduled for 8:00pm. | C 249 | | |

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|---|---|
| STEPHENSON FAMILY CARE HOME | 316 EAST RICHARD STREET AHOSKIE, NC 27910 |

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| C 249 | Continued From page 13<br>-There was no documentation the foot soaks were completed or refused.<br><br>Review of Resident #2's MAR for September 2023 revealed:<br>-There was an electronic entry for Aquaphor ointment to be applied to at bedtime after soaking both feet for 15 minutes in epsom salt bath and scheduled for 8:00pm.<br>-There was documentation of administration each day from 09/01/23 through 09/27/23.<br><br>Review of Resident #2's MAR for September 2023 revealed:<br>-There was an electronic entry for Aquaphor ointment to be applied to at bedtime after soaking both feet for 15 minutes in epsom salt bath and scheduled for 8:00pm.<br>-There was no documentation the foot soaks were completed or refused.<br><br>Observation of Resident #2's feet on 10/04/23 at 1:58pm revealed:<br>-There was a black dried substance in the form of a thin line that began at the inside of the resident's right foot from the arch of his foot that wrapped around the back of his heel; when the resident had his shoes on the black dried substance that formed a line was where his skin was exposed above where his shoe covered his foot.<br>-There was dried, cracking skin around his left great toenail.<br>-There was dried, cracking skin to the right of his second right toe.<br><br>Interview with Resident #2 on 10/04/23 at 1:37pm revealed:<br>-He had not received foot soaks since he had been admitted to the facility. | C 249 | | |

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| C 249 | Continued From page 14<br><br>-He reported that the facility staff "don't ever bring out the tub to me" to soak his feet.<br>-The last time the resident had his feet soaked was when he was in a local hospital.<br>-He refused baths at times because he did not like taking the time to bathe.<br>-The Administrator had to remind him of the importance of taking baths and he liked to wait a few weeks before he took a bath.<br><br>Interview with the Administrator on 10/04/23 at 10:56am revealed:<br>-Resident #2 refused to take baths, but she continued to encourage him and reminded him of the importance of practicing good hygiene.<br>-Resident #2 had refused foot soaks and the application of ointment several times.<br>-She documented when the resident refused to allow her to soak his feet but was unable to provide any documentation of the resident's refusals.<br>-She had not notified the resident's primary care physician (PCP) that he frequently refused to take a bath, to get his feet soaked a night and have ointment applied to his feet. | C 249 | | |
| C 342 | 10A NCAC 13G .1004(j) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(j) The resident's medication administration record (MAR) shall be accurate and include the following:<br>(1) resident's name;<br>(2) name of the medication or treatment order;<br>(3) strength and dosage or quantity of medication administered;<br>(4) instructions for administering the medication or treatment; | C 342 | | |

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| C 342 | Continued From page 15<br>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;<br>(6) date and time of administration;<br>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and<br>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records were accurate for 1 of 3 residents (#2) who had a medication used to control psychotic symptoms.<br><br>The findings are:<br><br>Review of Resident #2's current FL-2 dated 08/09/23 revealed:<br>-Diagnoses included schizoaffective disorder bipolar type, mild intellectual disability, and asthma.<br>-There was an order for Clozapine 200mg to be administered twice a day at (Clozapine is an antipsychotic medication used to treat symptoms of schizophrenia).<br><br>Review of Resident #2's Resident Register revealed the resident was admitted on 08/11/23.<br><br>Review of Resident #2's physicians order dated 08/09/23 revealed Clozapine 200mg to be administered twice a day at 8:00am and 8:00pm.<br><br>Review of Resident #2's medication | C 342 | | |

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| C 342 | Continued From page 16 | C 342 | | |

administration record (MAR) for August 2023 revealed:
-There was an entry for Clozapine 200mg, take one tablet two times a day for schizophrenia at 8:00am and 8:00pm, there was documentation Clozapine 200mg was to be administered at 8:00am and 8:00pm.
-There was no documentation that Clozapine 200mg tablet was administered on 08/29/23 at 8:00pm, and the MAR was left blank.
-There was no documentation that Clozapine 200mg tablet was administered on 08/30/23 at 8:00am and 8:00pm, and the MAR was left blank.
-There was no documentation that Clozapine 200mg tablet was administered on 08/31/23 at 8:00am, and the MAR was left blank.

Review of Resident #2's MAR for September 2023 revealed:
-There was an entry for Clozapine 200mg, take one tablet two times a day for schizophrenia at 8:00am and 8:00pm, there was documentation that Clozapine 200mg was to be administered at 8:00am and 8:00pm.
-There was no documentation that Clozapine 200mg tablet was administered on from 09/06/23 to 09/09/23 at 8:00pm, and the MAR was left blank.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 10/04/23 at 3:08pm revealed:
-Resident #2 Clozapine 200mg prescription was dispensed every week for a 7 day supply of 14 tablets on 08/21/23.
-Clozapine helped control hallucinations, delusions, and disorganized thinking.

Interview with the Administrator on 09/26/23 at 3:04pm revealed:

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| C 342 | Continued From page 17<br>-She forgot to document the administration of Clozapine 200mg two times a day on the resident's MAR.<br>-Resident #2 did not refuse his medications and it was her mistake not to properly document the administration of his Clozapine 200mg on the resident's MAR.<br>-She should not have left Resident #2's MAR blank, she should have placed her initials each time the medication was administered.<br>-It was her responsibility to ensure there was correct documentation of administration of medications on the MAR.<br><br>Attempted telephone interview with Resident #2's primary care provider (PCP) on 10/04/23 at 3:28pm was unsuccessful. | C 342 | | |
| C 367 | 10A NCAC 13G .1008(a) Controlled Substances<br><br>10A NCAC 13G .1008 Controlled Substances<br>(a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to ensure records of the receipt and administration of controlled substances were maintained, accurate, and reconciled for 1 of 1 sampled resident ( #3) with an order for a medication used to treat anxiety.<br><br>The findings are: | C 367 | | |

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| C 367 | Continued From page 18 | C 367 | | |

Review of Resident #3's current FL-2 dated 01/31/23 revealed diagnoses included schizophrenia, mild intellectual disability and neurocognitive disorder.

Review of Resident #3's physician's order dated 06/05/23 revealed Lorazepam 0.5mg was to be administered twice daily.

Observation of medications on hand for Resident #3 on 10/04/23 at 11:55pm revealed:
-There were 2 cards of Lorazepam 0.5mg available for Resident #3 with a dispense date of 09/08/23 for a total quantity of 60 tablets in 2 cards (30 tablets each).
-There were 4 doses remaining in each card for a total of 8 doses.

Review of Resident #3's medication administration record for August 2023 revealed:
-There was an entry Lorazepam 0.5mg to be administered twice daily.
-There was documentation Lorazepam 0.5mg was administered each day at 8:00am and 8:00pm on 08/01/23 through 08/31/23.

Review of Resident #3's Controlled Substance (CS) log for August 2023 revealed:
-There were 2 CS log sheets for Resident #1 labeled for Lorazepam 0.5mg to be administered twice daily with a quantity of 62 that was dispensed on 08/08/23; one sheet was designated for "am" and the other for "pm".
-There was documentation on each sheet that 60 doses were available beginning on 08/08/23.
-There was documentation that one tablet was administered each day at 8:00am from 08/08/23/23 through 09/06/23 with 30 doses remaining.
-There was documentation that one tablet was

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| C 367 | Continued From page 19 | C 367 | | |

administered each day at 8:00pm from 08/08/23/23 through 09/06/23 with 30 doses remaining.

Review of Resident #3's medication administration record for September 2023 revealed:
-There was an entry Lorazepam 0.5mg to be administered twice daily.
-There was documentation Lorazepam 0.5mg was administered each day at 8:00am and 8:00pm on 09/01/23 though 09/30/23.

Review of Resident #3's medication administration record for October 2023 revealed:
-There was an entry Lorazepam 0.5mg to be administered twice daily.
-There was documentation Lorazepam 0.5mg was administered each day at 8:00am and 8:00pm on 10/01/23 though 10/03/23 and at 8:00am on 10/04/23.

Review of Resident #3's CS log for September 2023 revealed:
-There were 2 CS log sheets for Resident #3 labeled for Lorazepam 0.5mg to be administered twice daily with a quantity of 60 that was dispensed on 09/08/23; one sheet was designated for "am" and the other for "pm".
-There was documentation on each sheet that 30 doses were available beginning on 09/07/23.
-There was documentation that one tablet was administered each day at 8:00am from 09/07/23 through 10/04/23 with 2 doses remaining.
-There was documentation that one tablet was administered each day at 8:00pm from 09/07/23 through 10/04/23 with 3 doses remaining.

Telephone interview with the pharmacist at the the facility's contracted pharmacy on 10/04/23 at

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| C 367 | Continued From page 20<br><br>3:08pm revealed:<br>-A 31 day supply of 62 tablets of Lorazepam 0.5mg were dispensed for Resident #3 on 08/01/23 to begin on 08/08/23.<br>-A 30 day supply of 60 tablets of Lorazepam 0.5mg were dispensed for Resident #3 on 09/01/23 to begin on 09/08/23.<br>-The quantity of tablets were split evenly into 2 dispensing cards, one for am and one for pm dose, and a CS log sheet was sent for each card.<br><br>Interview with the Administrator on 10/04/23 at 4:26pm revealed:<br>-Resident #3 was administered Lorazepam 0.5mg twice daily.<br>-New medication batches came to the facility each month and each batch started around the 8th of the month.<br>-She started in the wrong column on the CS log in August 2023 and was not being careful when she started the log when the new medication packs began.<br>-She expected controlled substances to be counted daily and reflect accurately on the MAR and the CS sheet.<br>-She did not know why the count of medications on hand did not match the CS log. | C 367 | | |
| C935 | G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency<br><br>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.<br><br>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a | C935 | | |

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| C935 | Continued From page 21<br>medication aide during the previous 24 months in an adult care home or successfully completed all of the following:<br>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:<br>a. The key principles of medication administration.<br>b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.<br>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.<br>(3) Within 60 days from the date of hire, the individual must have completed the following:<br>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:<br>1. The key principles of medication administration.<br>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.<br>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled medication aides (Staff B) had successfully passed the state medication aide exam within 60 days of completing the 10-hour medication aide training | C935 | | |

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| C935 | Continued From page 22<br>and validation of their medication administration competency checklist and did not have documentation of completion of the five hour medication training program.<br><br>The findings are:<br><br>Review of Staff B's medication aide (MA), personnel file revealed:<br>-She was hired on 04/17/22.<br>-She completed the 10-hour MA training on 10/06/20.<br>-She completed the medication administration competency checklist on 05/20/22.<br>-There was no documentation of Staff B taking the state MA exam.<br>-There was no documentation of Staff B completing the 5-hour MA training.<br><br>Interview with the Administrator on 10/04/23 at 5:00pm revealed:<br>-Staff B had taken the state MA exam and she did not know why there was not a record in her personnel record.<br>-She should have a copy of Staff B's state MA exam in her personnel record.<br>-Staff B passed medications independently to residents at the facility when she worked about once a week. | C935 | | |