Division of Health Service Regulation

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVICE COMPLETED C					
7.1.12 . 2.1.1		15211111107111011152111	A. BUILDING: _		30 22.	
		FCL054042	B. WING		11/30/	2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HOBBS HELPING HANDS			ERHILL ROAD NC 28501			
(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	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	The Adult Care Licens	sure Section conducted an vember 30, 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 as evidenced by: Based on observations, interviews, and record reviews the facility failed to administer medications as ordered for 2 of 3 sampled residents (#2, #3) including a medication used to treat urinary retention.					
	The findings are:					
	01/30/23 revealed: -Diagnosis included e	for tamsulosin (used to treat				
	to resident sheet reversible. -There was an entry of will discontinue tamsor (used to treat urinary)	dated 11/02/23 which read ulosin and start alfuzosin				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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AND DUAN OF CORRECTION IDENTIFICATION NUMBER		1 ' '	(X2) MULTIPLE CONSTRUCTION (X3) D A. BUILDING: C			
			P WING			
		FCL054042	B. WING		<u> </u>	1/30/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HORRS H	ELPING HANDS	2504 TO	WERHILL ROAD			
HODBOTI	ELI ING HANDO	KINSTO	N, NC 28501			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From page	e 1	C 330			
	dated 11/02/23 revea -Under today's medic taking alfuzosinUnder medication lis dailyTamsulosin was not Review of Resident # was a prescription for 11/06/23. Review of Resident # medication administra -There was an entry f scheduled for adminis -Alfuzosin 10mg was administered at 8:00a	t it read alfuzosin 10mg listed on the medication list. 2's record revealed there ralfuzosin 10mg daily dated 2's November 2023 ation record (MAR) revealed: for alfuzosin 10mg every day stration at 8:00am.				
	revealed: -Twenty-two tablets of dispensed for Reside -The facility's contract dispensed 22 tablets because the resident cycle fill and the 22 tahim until the next bate delivered to the facilitities. Resident #2's alfuzo canceled by the Regi resident's primary car 11/06/23Since they received	on 11/30/23 at 2:07pm of alfuzosin 10mg was ent #2 on 11/02/23. ted pharmacy only of alfuzosin on 11/02/23 's medications were on a sablets would be enough for each of medications were ey.				

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			(X3) DATE SURVEY COMPLETED		
			B. WINC		
		FCL054042	B. WING		11/30/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
HOBBS H	ELPING HANDS	2504 TOV	VERHILL ROAD		
		KINSTON	, NC 28501		
(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	2	C 330		
	to the facility on the n	ext cycle fill.			
		nt #2 on 11/30/23 at 3:24pm nad any problems urinating so.			
	2:15pm revealed: -She had called Resid spoke to the RN on 1 hard copy of his prescould place it in his re-The PCP's office usuresident's prescription they did not do so at Fon 11/02/23When the PCP's office prescription to her it hinstead of the date it v-When she received by facility's contracted ph	rally provided a hard copy of as at the appointment but Resident #2's appointment be sent the hard copy of the hard the date of 11/06/23 on it was ordered.			
	medications on the re- She thought she saw the batch medication facility's contracted ph She should have not receive alfuzosin with medications that were contracted pharmacy. If she had noticed the receive alfuzosin with medications he receiv the facility's contracte did not receive it.	sident's MAR. Resident #2's alfuzosin in last received from the narmacy. iced that Resident #2 did not the last batch of e delivered by the facility's at Resident #2 did not			
	•	/23 at 2:11pm revealed:			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		FCL054042	B. WING		11	/30/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
HOBBS H	ELPING HANDS	2504 TO\	WERHILL ROAD			
		KINSTON	I, NC 28501			
(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 ACT CROSS-REFERENCED TO DEFICIENCED TO DEFICIENCED TO DEFICIENCED TO DEFICIENCED TO TO THE PROVIDER OF T	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 330	-She received a call fi 11/06/23 requesting a #2's AlfuzosinResident #2's alfuzosi medication and had n -She did not call Resi contracted pharmacy alfuzosinAlfuzosin was used t -Resident #2 not rece him to have problems Attempted telephone PCP on 11/30/23 at 2 2. Review of Residen revealed diagnoses in Review of Resident # revealed there was at Afluzosin (a medication	rom the Administrator on a prescription for Resident sin was still an active not been discontinued. dent #2's facility's and discontinue his no treat urinary retention. siving alfuzosin could cause a urinating. interview with Resident #2's ::11pm was unsuccessful. It #3's FL-2 dated 01/30/23 included adaptive deficit. 3's medication orders in order dated 11/02/23, for on used to treat the reged prostate) 10mg once	C 330			
	medication administra -There was an entry f scheduled for adminis	ation record (MAR) revealed: for Afluzosin 10mg every day stration at 8:00am. nented as administered at				
	hand on 11/30/23 at 2 no Afluzosin 10mg av	ent #3's medications on 2:35pm revealed there was vailable for administration. with a pharmacist at the				
	facility's contracted pl 2:07pm revealed:	harmacy on 11/30/23 at weed the order for Alfuzosin				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL054042	B. WING		11/30/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	TE, ZIP CODE		
HORRS H	ELPING HANDS	2504 TOV	VERHILL ROAD			
		KINSTON	, NC 28501			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	Ξ
	tablets of Alfuzosin will-The order for Alfuzosin primary care provider -Alfuzosin had not be 11/02/23. Interview with the Adr 2:25pm revealed: -She was not aware A-Afluzosin was not ad 11/25/23 through 11/2-She had documented administered to Resid 11/29/23 on the MAR Telephone interview will (RN) at Resident #3's 2:11pm revealed:	ministrator on 11/30/23 at Alfuzosin was not on hand. Iministered to Resident #3 29/23. d Alfuzosin was dent #3 11/25/23 through				
C 342	at the facility's contract -She did not know ho got canceled at the fat -She would call the fat and have Resident #3 -Alfuzosin was used t -Resident #3 not rece ordered could cause furinating. Interview with Reside revealed he had not re-	w Resident #3's alfuzosin acility's contracted pharmacy. Acilty's contracted pharmacy B's alfuzosin restarted. So treat urinary retention. Evining his alfuzosin as thim to have problems on the #3 on 11/30/23 at 3:05pm anoticed any symptoms or ot taking Alfuzosin 11/25/23	C 342			
0 042	Administration	TU) MOGIOGIOTI	0 072			

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STATEMEN	F OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL054042	B. WING		11/30/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
HOBBS HELPING HANDS 2504 TOV			VERHILL ROAD		
		KINSTON	, NC 28501		
(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 342	Continued From page	÷ 5	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 administe (4) instructions for ad or treatment; (5) reason or justifical medications or treatmedocumenting the result (6) date and time of a (7) documentation of medications or treatmomission, including reason (8) name or initials of the medication or treasignature equivalent the documented and main administration record. This Rule is not met Based on observation reviews, the facility far administration for medication for medication of the medication of the medication record. This Rule is not met Based on observation reviews, the facility far administration for medication for medications in the findings are: 1. Review of Residen 01/30/23 revealed: -Diagnosis included each of the medication for medication for medications included each of the medication for medication for medications included each of the medication for medication for medications included each of the medication for medications included each of the medication for medication for medications in the medication for medication for medications or treatment for medications or	red; ministering the medication tion for the administration of tents as needed (PRN) and alting effect on the resident; dministration; any omission of tents and the reason for the affusals; and the person administering atment. If initials are used, a to those initials is to be intained with the medication (MAR). as evidenced by: as, interviews, and record illed to ensure medication is were accurate for 2 of 3 2, #3) including inaccurate addications used to treat at #2's current FL-2 dated anlarged prostate. for tamsulosin (used to treat			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRAND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED			
			A. BOILDING.			
		FCL054042	B. WING		11/30/	2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
HOBBS H	ELPING HANDS		/ERHILL ROAD , NC 28501			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
C 342	Continued From page	e 6	C 342			
	to resident sheet rever- -There was an entry of will discontinue tamsor (used to treat urinary	dated 11/02/23 which read ulosin and start alfuzosin				
	Review of Resident #2's after visit summary dated 11/02/23 revealed: -Under today's medication changes it read start taking alfuzosinUnder medication list it read alfuzosin 10mg dailyTamsulosin was not listed on the medication list.					
		2's record revealed there alfuzosin 10mg daily dated				
	-There was an entry f scheduled for adminis -Alfuzosin 10mg was	ation record (MAR) revealed: or alfuzosin 10mg every day stration at 8:00am.				
	•	ent #2's medications on I:40pm revealed there was				
	revealed: -Twenty-two tablets of dispensed for Reside -The facility's contract dispensed 22 tablets because the resident'	on 11/30/23 at 2:07pm f alfuzosin 10mg was nt #2 on 11/02/23.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		FCL054042	B. WING			/30/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HOBBS H	ELPING HANDS		WERHILL ROAD N, NC 28501			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 342	him until the next badelivered to the faci-Resident #2's alfuz canceled by the Regresident's primary canceled by the Regresident's primary canceled by the Regresident's primary canceled they received #2's alfuzosin on 11 to the facility on the Interview with the Ac 2:15pm revealed: -When she received facility's contracted compare the medical medications on the -She thought she sate the last batch medications that we contracted pharmacy she documented in alfuzosin to Resident 2. Review of Resident revealed there was Afluzosin (a medical symptoms urinary redonce a day. Review of Resident revealed there was Afluzosin (a medical symptoms urinary redonce a day.	atch of medications were lity. osin 10mg had been gistered Nurse (RN) at the are provider's (PCP) office on the cancellation for Resident (706/23 they did not send any next cycle fill. dministrator on 11/30/23 at the labatch medications from the pharmacy, she would ations she received with the resident's MAR. It was Resident #2's alfuzosin in retain received from the pharmacy. On the last batch of the last batch of the last batch of the received by the facility's received in the administered at #3 on 11/25/23 to 11/30/23.	C 342			

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scheduled for administration at 8:00am.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		FCL054042	B. WING		11	/30/2023
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
HOBBS H	ELPING HANDS		WERHILL ROAD N, NC 28501			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 342	-Alfuzosin was docur 8:00am daily 11/03/2 Observation of Resid hand on 11/30/23 at no Alfuzosin available Telephone interview facility's contracted p 2:07pm revealed: -The pharmacy recei on 11/02/23The current dispens tablets of Alfuzosin w-The order for Alfuzoprimary care provide-Alfuzosin had not be 11/02/23. Interview with the Ad 2:25pm revealed: -She confirmed Alfuz-Afluzosin was not ac 11/25/23 through 11/1-She had documente	mented as administered at 3 through 11/29/23. Jent #3's medications on 2:35pm revealed there was e for administration. With a pharmacist at the harmacy on 11/30/23 at ved the order for Alfuzosin ing records showed 22 vere dispensed on 11/02/23. sin was "canceled" by the r's office on 11/06/23. sen dispensed since ministrator on 11/30/23 at osin was not on hand. dministered to Resident #3 29/23. dd Alfuzosin was dent #3 on 11/25/23 through	C 342			

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