PRINTED: 01/09/2024 FORM APPROVED

Division of Health Service Regulation					FORIVI AFFROV	LD
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL074041	B. WING		R 12/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
CLEMMIE	'S FAMILY CARE HOME	II 110 PEA GREEN	ARL DR VILLE, NC 27834			
(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 COMPLET	ΓE
{C 000}	Initial Comments		{C 000}			
	The Adult Care Licenfollow-up survey from through December 13					
{C 249}	10A NCAC 13G .0902	2(c)(3)(4) Health Care	{C 249}			
	following in the reside (3) written procedure a physician or other li and (4) implementation o	assure documentation of the				
	This Rule is not met FOLLOW-UP TO TYPE					
	Based on these findir was not abated.	ngs, the previous B Violation				
	reviews, the facility	ns, interviews, and record illed to ensure physician nted for 2 of 3 sampled an order for a wound ee times a week, an order to sock and an ankle illy, and an order to elevate ily (#1), and an order for gs to be worn daily and (#2) were implemented.				
		nt #1's current FL-2 dated				
		agnosis included diabetes n the inside of his left ankle				

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

TITLE (X6) DATE

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL074041	B. WING		R 12/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE	
CLEMMIE	'S FAMILY CARE HOME	110 PEA I GREENV	RL DR /ILLE, NC 27834		
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
{C 249}	(a statis ulcer is a vas due to problems with artery disease, and a thrombosis (DVT) and Review of Resident # revealed the resident on 09/21/23. Review of Resident # 09/25/23 revealed the care to his left ankle. Review of Resident # Professional Support 09/28/23 revealed wo checked off as an LHI Review of Resident # 11/04/23 revealed wo checked off as an LHI a. Review of a physic dated 10/10/23 revealed wo checked off as an LHI a. Review of a physic dated 10/10/23 revealed wo checked in a physic dated 10/10/23 revealed wo checked (Vashe is a wo for irrigating and mois gauze with Vashe, ap gauze, place the gauze minutes, then remove non-adherent dressin week. Review of a physician 10/24/23 revealed:	cular ulcer that develops blood circulation), coronary history of deep vein dipulmonary embolism. 1's Resident Register was admitted to the facility 1's Care Plan dated resident received wound 1's Licensed Health (LHPS) evaluation dated und care was listed and PS task. 1's LHPS evaluation dated und care was listed and PS task. cian order for Resident #1 led: en at a local wound clinic for	{C 249}		
	a wound on his left ar				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY IPLETED	
		FCL074041	B. WING			R 2/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CLEMMIE	'S FAMILY CARE HOME	II OPEAN				
	OLIMANDY OF		/ILLE, NC 27834	DDOMDEDIO DI ANI OFI	OODDECTION	
(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 ((EACH CORRECTIVE ACTI) CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{C 249}	Continued From page	2	{C 249}			
	resident's wound dres	ssing three times a week.				
	11/21/23 revealed: -The resident was se a wound on his left at -There was an order Vashe, moisten gauz the wound for five midressing, change three Review of Resident # administration record revealed there was n care was provided to three times a week. Review of Resident # 2023 revealed there was provided there was n care was provided to the times a week.	to cleanse the wound with e with Vashe and apply to nutes, apply a non-adherent ee times a week. 1's electronic medication (eMAR) for November 2023 o documentation that wound the resident's left ankle 1's eMAR for December was no documentation that rided to the resident's left				
	at 11:32am revealed: -The medication aide change to the resider -There was white gau the middle portion of -There was dark brow through the white gau ankle that was 2 ½ in -The MA removed the resident's left footThere was a wound that was 2 ½ inches i -There was a brown of wound to the left, right-There was not a crust the wound.	(MA) provided a dressing nt's left foot. Ize that was wrapped around his left foot and ankle. Ize that was wrapped around his left foot and ankle. Ize from the inside of his left ches in diameter. Ize white gauze from the control of the resident's left ankle				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			D. Wave		R	
FCL074041		B. WING		12/13/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CLEMMIE	'S FAMILY CARE HOME	II 110 PEAR				
			LE, NC 27834			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{C 249}	Continued From page	3	{C 249}			
{C 249}	resident's left ankleAfter the MA remove resident's left ankle, t forgot the peroxide." -The MA asked the AdperoxideThe Administrator residentle of peroxideThe MA poured perowound on the inside of the wound with a pieceThe MA poured the Non the resident's left a non-adherent dressin wrapped it with gauze. Interview with Reside revealed: -The MA completed helf foot and ankle about the management of the MA usually charfoot and ankle a few the support of the MA always pour help remove the dead	d the gauze wrap from the he resident told the MA "you dministrator to bring her the turned to the MA with a xide directly to the resident's of his left ankle and blotted are of gauze. //ashe directly to the wound ankle, placed a g to the wound, and are the wound to wo	{C 249}			
	every nightMost nights he woke					
	his mid-calf." -The pain woke him u	p "out of a dead sleep" and From a scale of 1 to 10 with				
	revealed: -She poured peroxide and applied the Vashe because that is how s	on 12/12/23 at 11:35am e onto the resident's wound e directly to the wound she observed the staff at the they changed the resident's				

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bandage.

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ABUILDING- FCLO74041 STREET ADDRESS, CITY, STATE, ZIP CODE TO PEARL DR GRENVILLE, NC 27834 CLEMMIE'S FAMILY CARE HOME II GRENVILLE, NC 27834 CLEMMIE'S FAMILY CARE HOME II GRENVILLE, NC 27834 COMPLETED PREFIX TAG COMPLETED PROVIDER'S PLAN OF CORRECTION GRENVILLE, NC 27834 COMPLETED CROSS-REPERICED TO THE APPROPRIATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE DEFICIENCY) CONTINUED CROSS-REPERICED TO THE APPROPRIATE DATE DATE DATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE DATE COMPLETE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE DATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE DATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE DATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE DATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE CROSS-REPERICED TO THE APPROPRIATE DATE DATE DATE DATE DATE DATE THE TAGE TO SHOULD SE CROSS-REPERICED TO SHOULD SE CROSS-REPE		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 PEARL DR GREENVILLE, NC 27834 CALL DR SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (C 249) (C 249) CONTINUED From page 4 -She did not know that she should not apply peroxide directly to the resident's wound on his left ankleShe was not aware that pouring peroxide directly to the resident's wound on his left ankleShe had always applied Vashe directly to the resident's woundShe changed the resident's dressing for his woundShe changed the resident's dressing for his wound three times a week but had never documented that she changed his dressing. Telephone interview with a nurse at the wound clinic on 12/13/23 at 8:05am revealed: -The MAs should never pour peroxide directly to the resident's open wound because there was not an order for it, the peroxide kills the good and bad bacteriaPeroxide should not be used on chronic wounds because using peroxide can harm the tissue and delay healing. Interview with the Administrator on 12/13/23 at 4:14pm revealed: -She was not aware that MA should not pour peroxide to the resident's open wound.	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 PEARL DR GREENVILLE, NC 27834 CALL DR SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (C 249) (C 249) CONTINUED From page 4 -She did not know that she should not apply peroxide directly to the resident's wound on his left ankleShe was not aware that pouring peroxide directly to the resident's wound on his left ankleShe had always applied Vashe directly to the resident's woundShe changed the resident's dressing for his woundShe changed the resident's dressing for his wound three times a week but had never documented that she changed his dressing. Telephone interview with a nurse at the wound clinic on 12/13/23 at 8:05am revealed: -The MAs should never pour peroxide directly to the resident's open wound because there was not an order for it, the peroxide kills the good and bad bacteriaPeroxide should not be used on chronic wounds because using peroxide can harm the tissue and delay healing. Interview with the Administrator on 12/13/23 at 4:14pm revealed: -She was not aware that MA should not pour peroxide to the resident's open wound.						_B
NAME OF PROVIDER OR SUPPLIER CLEMMIE'S FAMILY CARE HOME II CARE HOME II CAR			FCL074041	B. WING		
CLEMMIE'S FAMILY CARE HOME II SUMMARY STATEMENT OF DEFICIENCES PREFIX SUMMARY STATEMENT OF DEFICIENCES PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION REGULATORY OR LISC IDENTIFYING INFORMATION REGULATORY OR LISC IDENTIFYING INFORMATION PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION REGULATORY OR LISC IDENTIFY INFORMATION REGULATORY OR				DE00 0171/ 071/	TE 7/2 000E	1 12 13 2 2 2
CALIFORMERS FAMILY CARE HOME II GREENVILLE, NC 27834	NAME OF P	ROVIDER OR SUPPLIER			TE, ZIP CODE	
SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG CROSS-REFERENCE OT THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCE OT THE APPROPRIATE DEFICIENCY	CLEMMIE	'S FAMILY CARE HOME				
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPILET BEFLICIENCY)			GREENVIL	LE, NC 27834		
-She did not know that she should not apply peroxide directly to the resident's wound on his left ankle. -She was not aware that pouring peroxide directly to the resident's wound on his left ankle killed the good and bad bacteria of the resident's wound. -She had always applied Vashe directly to the resident's wound on his left ankle. -She did not realize that the order was to apply the Vashe to gauze and hold the gauze with the Vashe to the wound. -She changed the resident's dressing for his wound three times a week but had never documented that she changed his dressing. Telephone interview with a nurse at the wound clinic on 12/13/23 at 8:05am revealed: -The MAs should never pour peroxide directly to the resident's open wound because there was not an order for it, the peroxide kills the good and bad bacteria. -Peroxide should not be used on chronic wounds because using peroxide can harm the tissue and delay healing. Interview with the Administrator on 12/13/23 at 4:14pm revealed: -She was not aware that the MA should not pour peroxide onto the resident's open wound.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE
-She did not know that she should not apply peroxide directly to the resident's wound on his left ankle. -She was not aware that pouring peroxide directly to the resident's wound on his left ankle killed the good and bad bacteria of the resident's wound. -She had always applied Vashe directly to the resident's wound on his left ankle. -She did not realize that the order was to apply the Vashe to gauze and hold the gauze with the Vashe to the wound. -She changed the resident's dressing for his wound three times a week but had never documented that she changed his dressing. Telephone interview with a nurse at the wound clinic on 12/13/23 at 8:05am revealed: -The MAs should never pour peroxide directly to the resident's open wound because there was not an order for it, the peroxide kills the good and bad bacteria. -Peroxide should not be used on chronic wounds because using peroxide can harm the tissue and delay healing. Interview with the Administrator on 12/13/23 at 4:14pm revealed: -She was not aware that the MA should not pour peroxide onto the resident's open wound.	{C 249}	Continued From page	e 4	{C 249}		
observed the staff at the wound clinic when they changed his dressing. -She and the MA had missed these orders and did not implement them correctly. -She should have paid closer attention to the resident's orders and visit notes. -She was ultimately responsible for ensuring that orders were implemented correctly to ensure the	{C 249}	-She did not know that peroxide directly to the left ankleShe was not aware to to the resident's wour good and bad bacterities. She had always apported in the Vashe to gauze at Vashe to the woundShe changed the resident wound three times and documented that she to the wound three times and documented that she to the wound three times and documented that she to the was should never the resident's open was norder for it, the perbacteriaPeroxide should not because using peroxidelay healing. Interview with the Adra 4:14pm revealed: -She was not aware to peroxide onto the resident was not aware to the should have pairesident's orders and the MA had did not implement the should have pairesident's orders and she was ultimately resident's orders and she was ultim	at she should not apply the resident's wound on his wound on his left ankle killed the a of the resident's wound. It wound the died Vashe directly to the his left ankle. The hat the order was to apply and hold the gauze with the sident's dressing for his week but had never changed his dressing. With a nurse at the wound 3:05am revealed: The pour peroxide directly to round because there was not roxide kills the good and bad the used on chronic wounds and can harm the tissue and the ministrator on 12/13/23 at the matter of the mound was following what she the wound clinic when they have missed these orders and the ministrator to the visit notes. The wound was responsible for ensuring that	{C 249}		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		, ,	E SURVEY PLETED
	FCL074041	B. WING		12	R 2/13/2023
NAME OF PROVIDER OR SUPPLIER	110 PEA	ADDRESS, CITY, STATE	E, ZIP CODE		
CLEMMIE'S FAMILY CARE HOME II		/ILLE, NC 27834			
PREFIX (EACH DEFICIENCY	ITEMENT 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
dated 10/24/23 revealation of Resident #2023 revealed there was no entry that the ankle applied to the resident #2023 revealed there was no entry that the ankle applied to the resident #2023 revealed there was no entry that the ankle coapplied to the resident #2023 revealed there was no entry that the ankle coapplied to the resident #2023 revealed there was no entry that the ankle applied to the resident Was revealed there was no entry that the ankle applied to the resident Was revealed there was no entry that the ankle applied to the resident Was revealed there was no entry that the ankle applied to the resident Was revealed there was no entry that the ankle applied to the resident Was revealed the ankle compression was Observation of Reside at 10:49am revealed the ankle compression was on Interview with Resider 10:48am revealed: His left foot felt better	ed: en at a local wound clinic for kle. o continue to wear an ankle the left ankle (the ankle a medical compression welling). order for Resident #1 dated en at a local wound clinic for kle. or the resident to continue pression wrap on the left 1's electronic medication (eMAR) for November 2023 or documentation and no empression wrap was t's left ankle daily. 1's eMAR for December was no documentation and ecompression wrap was t's left ankle daily. ent #1 on 12/12/23 at resident did not have an ap on his left foot. ent #1's dresser on 12/12/23 here was an ankle top of his dresser.	{C 249}			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			A. BUILDING	A. BUILDING:		_
		FCL074041	B. WING		12	R 2 /13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
OI EMMIE	IO FAMILY CARE HOME	110 PEA	RL DR			
CLEMMIE	'S FAMILY CARE HOME	II GREENV	ILLE, NC 27834			
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{C 249}	Continued From page	e 6	{C 249}			
	left foot because it refoot and ankle and defoot and ankle. -The MA placed the ahis left foot when she -The MA usually chartimes a weekHe took a bath this nworn his ankle compression w Interview with a medi 12/12/23 at 11:00am -She applied the reside wrap to his left ankle -Resident #1 was supcompression wrap dates and the compression wrap this left ankle with the Adresident with the Adresident had an order wrap to be worn daily compression sock dated 10/10/23 reveation was seen a wound on the inside the compression sock dated the was an order of the compression sock dated the was not compression when the society the compression which was not compression when the compression was not compression when the compression was not compre	duced the swelling in his left acreased the pain in his left ankle compression wrap on changed his bandage. Inged his bandage a few anorning and thought had last ression wrap two days ago. In the MA had not placed his rap on his left ankle today. It cation aide (MA) on revealed: Indent's ankle compression every morning. In posed to wear his ankle was morning (12/12/23). In inistrator on 12/13/23 at was not aware that the refor an ankle compression in the for an ankle compression in the formula of the fo				
	resident's left foot dai	• •				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
,		.52.***********************************	A. BUILDING: _		00 22.125
			B WING		R
		FCL074041	B. WING		12/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CI EMMIT	'S EAMILY CARE LIONE	110 PEAR	L DR		
CLEWINIE	'S FAMILY CARE HOME	GREENVI	LLE, NC 27834		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
{C 249}	Continued From page	÷ 7	{C 249}		
,	2023 revealed there v	was no documentation and ession sock was applied to			
	Observation of Reside 10:46am revealed the compression sock on	e resident did not have a			
	(MA) placed the comp because it reduced th	r when the medication aide pression sock on his left foot he swelling in his left foot and the pain in his left foot and			
	because it helped red and ankle; if he did no sock at night, he woke made it hard for him t -The MA placed the c foot when she change	luce the pain in his left foot of wear the compression e up with throbbing pain that o sleep. ompression sock on his left			
	worn his compressior -He was not wearing because he thought it	n sock two days ago. his compression sock			
	independently after sl change to his left ank	revealed: his compression sock on ne completed his dressing le.			
	before he went to bec -She checked daily to his compression sock -Resident #1 was sup compression sock dai	be sure the resident wore coposed to wear his fily and remove it at night. Resident #1 to put on his			

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
FCL074041		B. WING		R 12/13/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLEMMIE	'S FAMILY CARE HOME	110 PEARL	. DR LE, NC 27834			
	OLIMANA DV. OT					
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{C 249}	Continued From page	e 8	{C 249}			
	4:13pm revealed: -She gave Resident # told him to place it on -The resident was har compression sock on Administrator applied -The Administrator pla on the resident's left f Interview with the Adr 4:14pm revealed: -She thought the reside compression sock on he needed assistance -She and the MAs ne compression sock on -She was not aware t order for a compressi d. Review of a physic dated 10/10/23 reveal -The resident was see a wound on the inside -There was an order f Review of a physician 11/21/23 revealed: -The resident was see a wound on his left ar -There was an order f daily. Review of Resident # administration record revealed there was no	ving difficulties placing the his left foot and the the compression sock. aced the compression sock foot. ministrator on 12/13/23 at dent was able to put the himself and did not realize e. eded to put the resident's for him. hat the resident had an on sock to be worn daily. cian order for Resident #1 led: en at a local wound clinic for e of his left ankle. to elevate legs daily. n order for Resident #1 dated en at a local wound clinic for				
	Review of Resident #	1's eMAR for December				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		
		FCL074041	B. WING		R 12/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE	
01 5141415	O FAMILY OADE HOME	110 PEA	RL DR		
CLEMMIE	'S FAMILY CARE HOME	II GREEN\	/ILLE, NC 27834		
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
{C 249}	Continued From page	e 9	{C 249}		
		was no documentation and dent's legs were elevated			
		ent #1 on 12/12/23 at resident was sitting in the buch without his feet			
		ent #1 on 12/12/23 at was not aware that he left foot during the day.			
	clinic on 12/12/23 at -There was a physicia Resident #1 to wear a ankle compression wevery dayThe ankle compress sock helped prevent from swellingWhen the resident hand foot it made the veleft ankle worseResident #1 had a himportant to reduce sankle to prevent anot-The physician order staff to place the com-	an order on 10/10/23 for a compression sock and rap on his left foot and ankle ion wrap and compression the resident's foot and ankle ad swelling of his left ankle wound on the inside of his istory of a DVT and it was welling of his left foot and			
	revealed: -She reviewed orders from an appointment to follow physician or better.	when the resident returned because she was supposed ders to help the resident get			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE	·	
CLEMMIE	S'S FAMILY CARE HOME	110 PEA	RL DR VILLE, NC 27834			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{C 249}	clinic physician's order compression wrap and and to elevate Reside Interview with the Adr 4:14pm revealed she resident had an order Attempted telephone #1's primary care phy 4:06pm and 12/13/23 unsuccessful. 2. Review of Resider 06/15/23 revealed dia hypertension and obe Review of Resident #revealed the resident on 05/01/23. Review of an internal note for Resident #2 -Resident #2 was dialegs and weight gainThere was an order therself daily; there we Review of an internal note for Resident #2 -Resident #2 had swe -There was an order to compression stocking legs daily. Review of Resident # administration record revealed there was neentry to apply compression stocking legs daily.	ers to apply the ankle and compression sock daily ent #1's feet during the day. ministrator on 12/13/23 at was not aware that the to elevate his feet daily. interviews with Resident escian (PCP) on 12/12/23 at at 1:48pm were at 1:48pm were at #2's current FL-2 dated agnoses included esity. 2's Resident Register was admitted to the facility medicine physician visit dated 11/06/23 revealed: gnosed with swelling of both for Resident #2 to weigh ere no parameters listed. medicine physician visit dated 11/20/23 revealed: medicine physician visit dated 11/20/23 revealed:	{C 249}			

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STATE FORM 6899 4Y9J13 If continuation sheet 11 of 27

IDER OR SUPPLIER AMILY CARE HOME I SUMMARY STA	110 PEAR	A. BUILDING: _ B. WING		R
AMILY CARE HOME I	STREET AD			
AMILY CARE HOME I	110 PEAR	DDESS CITY STA		12/13/2023
	. 110 PEAR	DRESS, CITT, STA	TE, ZIP CODE	
		L DR		
SUMMARY STA	GREENVI	LLE, NC 27834		
	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 APPROPI DEFICIENCY)	BE COMPLETE
ontinued From page	11	{C 249}		
00pm.				
оории.				
p23 revealed there was mpression stocking emorning at 8:00an here was an entry figure of the morning at 100am to apply composident's legs and at a mpression stocking there was no docum mpression stocking on stocking or more stocking on stocking or more stocking on stocking or more stocking	vas documentation to apply s to the resident's legs in and to remove at 8:00pm. rom 12/7/23 to 12/12/23 at pression stockings to the 8:00pm to remove the s. entation or entry that s were applied to the			
45pm revealed she	was not wearing			
30pm revealed she	was not wearing			
vealed: he usually placed he ach morning. taff at the facility hat the facility hat the weighed herself eakfast and told the ach day. When she wore her complete her legs and facere not swollen. The had one pair of the thought her complete her legs and facere her thought her complete her thought her complete her thought her complete her legs and facere her thought her complete her legs and facere her leg	er compression stockings d never put compression each morning before MA what her weight was compression stockings it eet feel better because they compression stockings. pression stockings were in			
or e horsin honside of the order of the control of	23 revealed there was pression stocking morning at 8:00 and ere was an entry from the apply compident's legs and at appression stocking ere was no docum pression stocking ident's legs or remole/23. Servation of Reside of the appression stocking servation of Reside open revealed she appression stocking erview with Reside ealed: The appression stocking ealed: The appression stocking ealed in the facility has considered to the ealed of the ealed in the facility has considered to the ealed of the ealed in the facility has considered to the ealed of the eale	servation of Resident #2 on 12/12/23 at 5pm revealed she was not wearing inpression stockings. Servation of Resident #2 on 12/13/23 at 5pm revealed she was not wearing inpression stockings. Enview with Resident #2 on 12/13/23 at 3:30pm ealed: Be usually placed her compression stockings each morning. Entire at the facility had never put compression ockings on her feet. Be weighed herself each morning before akfast and told the MA what her weight was she day. Then she wore her compression stockings it bed her legs and feet feel better because they be not swollen. Be had one pair of compression stockings were in laundry, so she did not wear them yesterday oday.	R3 revealed there was documentation to apply in pression stockings to the resident's legs in morning at 8:00am and to remove at 8:00pm. Here was an entry from 12/7/23 to 12/12/23 at 100am to apply compression stockings to the ident's legs and at 8:00pm to remove the inpression stockings. Here was no documentation or entry that inpression stockings were applied to the ident's legs or removed from 12/01/23 to 106/23. Reservation of Resident #2 on 12/12/23 at 155pm revealed she was not wearing inpression stockings. Reservation of Resident #2 on 12/13/23 at 100pm revealed she was not wearing inpression stockings. Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review with Resident #2 on 12/13/23 at 3:30pm herealed: Review of the feet hereal hereal feet hereal feet hereal hereal feet hereal hereal feet hereal hereal hereal feet hereal hereal hereal feet hereal	23 revealed there was documentation to apply pression stockings to the resident's legs in morning at 8:00am and to remove at 8:00pm. ere was an entry from 12/7/23 to 12/12/23 at 0am to apply compression stockings to the ident's legs and at 8:00pm to remove the appression stockings. ere was no documentation or entry that appression stockings were applied to the ident's legs or removed from 12/01/23 to 06/23. Servation of Resident #2 on 12/12/23 at 5pm revealed she was not wearing appression stockings. Servation of Resident #2 on 12/13/23 at 5pm revealed she was not wearing appression stockings. Serview with Resident #2 on 12/13/23 at 3:30pm eview with Resident #2 on 12/13/23 at 3:30pm

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		_	
		FCL074041	B. WING		R 12/13/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
CI EMMIE	'S FAMILY CARE HOME	110 PEAF	RL DR			
OLLIMINIL	OTAMIET GARETIGME	GREENV	ILLE, NC 27834			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{C 249}	Continued From page	e 12	{C 249}			
	nightstand next to her	r bed today at 3:30pm.				
	on 12/13/23 at 2:15pr -Resident #2 put her each morningShe was not aware to compression stockingShe had not checked she was wearing comordered by her physicShe had not asked the legs as ordered by he reading that in the phimplemented the order she and the Administreviewing physician of implemented for residence weigh herself daily stockings and elevated to weigh herself daily stockings and elevated she was not aware to ordered her weight to -She missed the order implemented the daily resident.	hat the resident did not have go yesterday and today. It with the resident to ensure appression stockings as sian. The resident to elevate her er physician, she had missed yesician orders and had not er. Strator were responsible for orders to ensure orders were elents. The orders for Resident #2, wear compression e her legs daily. The hat Resident #2's PCP had be checked daily. The rand should have yoweight checks for the ere responsible for reviewing ere responsible for reviewing				
	-It was her responsible for a resident were immunderstood they are corders. Attempted telephone	lity to ensure that any orders aplemented and the MAs expected to follow physician interviews with Resident physician on 12/13/23 at				
	2:00pm was unsucce					

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STATE FORM 6899 4Y9J13 If continuation sheet 13 of 27

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71. BOILBING		R	
		FCL074041	B. WING		1	3/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CLEMMIE'	S FAMILY CARE HOME	II GREENVI	L DR LLE, NC 27834			
(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 249}	Continued From page	÷ 13	{C 249}			
C 330	wound dressing chan wear an ankle compression sock da were implemented for diabetes type II, coron history of deep vein the embolism and a resid hypertension with a bigain order was impler compression stocking. This failure was detrinand welfare of the restricted by the social type B Violation.	ily, and elevate legs daily r a resident diagnosed with nary artery disease, and a prombosis and pulmonary ent with a diagnosis of ilateral edema and weight mented to wear and elevate legs daily. The mental to the health, safety, sidents and constitutes a plan of protection in 131D-34 on 12/13/23 for	C 330			
	(a) A family care hom preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained	4 Medication Administration ne shall assure that the nistration of medications, prescription and treatments ance with: ed prescribing practitioner in the resident's record; and on and the facility's policies				
	reviews, the facility fa were administered as	as evidenced by: ns, interviews, and record iled to ensure medications ordered for 2 of 3 residents edications used to treat				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		FCL074041	B. WING		1:	R 2/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CLEMMIE	'S FAMILY CARE HOME	II GREEN	ARL DR VILLE, NC 27834			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 330	hypertension, insomi schizophrenia (#1) a The findings are: 1. Review of Resided 10/26/23 revealed dischizophrenia and hy Review of Resident arevealed the resident on 09/21/23. a. Review of Resident arevealed the resident on 09/21/23. a. Review of Resident arevealed two times a daused to treat minor and Review of Resident arevealed there was an Strength 500mg lister Review of Resident arevealed there was an Strength 500mg lister Review of Resident arevealed there was an Strength 500mg lister Review of Resident arevealed there was an Strength 500mg lister Review of Resident arevealed there was an Strength 500mg lister Review of Resident arevealed there was an Strength 500mg lister Review of Resident arevealed there was an Strength 500mg lister Review of Resident arevealed there was a strength 500mg lister Review of Resident arevealed there was a strength 500mg lister Revealed there was a strength 500mg lister Re	nia, pain, and paranoid and hypertension (#2). Int #1's current FL-2 dated agnosis included paranoid ypertension. #1's Resident Register to was admitted to the facility and t	C 330			

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STATE FORM 6899 4Y9J13 If continuation sheet 15 of 27

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 PEARL DR GREENVILLE, NC 27834 CUAJID SUMMARY STATEMENT OF DEFICIENCIES REQUILATION Y MUST BE PRECEDED BY PULL PRECIVATION OF THE PRECEDED BY PULL TAG C 330 Continued From page 15 10 being the worse pain. -He recently had an appointment with a pain doctor to help manage his foot and ankle pain with a different medication. b. Review of a physician order dated 09/22/23 revealed there was an order for Trazodone 100mg, take one tablet at 8:00am every day for mood (Trazodone 150mg, take one tablet at 8:00am every day for mood. -Trazodone 150mg, take one tablet at 8:00am. -There was an entry for Trazodone 150mg listed on the eMAR. Review of Resident #1's December 2023 eMAR revealed: -There was an entry for Trazodone 150mg listed on the eMAR. Review of Resident #1's December 2023 a MAR revealed: -There was an entry for Trazodone 150mg listed on the eMAR. Observation of medications on hand on 12/13/23 at 8:00am. -There was no entry for Trazodone 100mg, take one tablet at 8:00am every day for mood. -Trazodone 100mg was documented as administered on 12/10/23 to 12/12/23 at 8:00am. -There was no entry for Trazodone 100mg, take one tablet on the eMAR. Observation of medications on hand on 12/13/23 at 8:11:30am revealed Trazodone 150mg was available for administration but Trazodone 150mg was not available for administration but Traz	AND DUAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE C		, , ,	E SURVEY PLETED	
NAME OF PROVIDER OR SUPPLIER CLEMMIE'S FAMILY CARE HOME II (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES TAG REENVILLE, NC 27834 CAN TAG SUMMARY STATEMENT OF DEFICIENCIES BY TAG READLATORY OR LOS DESTITYMEN INFORMATION. DID PREFIX TAG COntinued From page 15 10 being the worse pain. He recently had an appointment with a pain doctor to help manage his foot and ankle pain with a different medication. D. Review of a physician order dated 09/22/23 revealed there was an order for Trazodone 100mg, take one tablet at 8:00am every day for mood (Trazodone is used to treat depression and anxiety). Review of Resident #1's November 2023 eMAR revealed: -There was an entry for Trazodone 100mg, take one tablet at 8:00am west of the good on the deficiency of Trazodone 100mg was documented as administered on 11/01/23 to 11/30/23 at 8:00amThere was an entry for Trazodone 150mg listed on the eMAR. Review of Resident #1's December 2023 eMAR revealed: -There was an entry for Trazodone 100mg, take one tablet at 8:00am every day for moodTrazodone 100mg was documented as administered on 11/01/23 to 11/30/23 at 8:00amThere was on entry for Trazodone 150mg listed on the eMAR. Review of Resident #1's December 2023 eMAR revealed: -There was on entry for Trazodone 150mg listed on the eMAR. Observation of medications on hand on 12/13/23 at 11:30am revealed Trazodone 150mg was available for administration but Trazodone 150mg			FCL074041	B. WING		1:	
CLEMMIE'S FAMILY CARE HOME II SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG CROSS-REFERENCE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FUIL, TAG TAG CROSS-REFERENCE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) BEPICIENCY TAG CROSS-REFERENCE ACTION SHOULD BE CROSS-REFERENCE	NAME OF P	ROVIDER OR SUPPLIER		DDRESS CITY STATE	ZIP CODE		.710/2020
C 330 SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY SUMMARY STATEMENT OF DEFICIENCY DEFICI			110 PEA		, 211 0002		
C 330 Continued From page 15 10 being the worse pain. He recently had an appointment with a pain doctor to help manage his foot and ankle pain with a different medication. b. Review of a physician order dated 09/22/23 revealed there was an order for Trazodone 100mg, take one tablet at 8:00am every day for mood (Trazodone 150mg, take one tablet at 8:00pm. Review of Resident #1's physician order sheet dated 109/26/23 revealed there was an order for Trazodone 100mg, take one tablet at 8:00pm. Review of Resident #1's November 2023 eMAR revealed: -There was an entry for Trazodone 150mg, take one tablet at 8:00am every day for moodTrazodone 150mg was documented as administered on 11/01/23 to 11/02/32 at 8:00amThere was an entry for Trazodone 150mg listed on the eMAR. Review of Resident #1's December 2023 eMAR revealed: -There was no entry for Trazodone 150mg listed on the eMAR. Review of Resident #1's December 2023 eMAR revealed: -There was no entry for Trazodone 150mg listed on the eMAR. Observation of medications on hand on 12/13/23 at 11:30am revealed Trazodone 150mg listed on the eMAR. Observation of medications on hand on 12/13/23 at 11:30am revealed Trazodone 100mg was available for administration but Trazodone 150mg	CLEMMIE	'S FAMILY CARE HOME	II GREENV	ILLE, NC 27834			
10 being the worse painHe recently had an appointment with a pain doctor to help manage his foot and ankle pain with a different medication. b. Review of a physician order dated 09/22/23 revealed there was an order for Trazodone 100mg, take one tablet at 8:00am every day for mood (Trazodone is used to treat depression and anxiety). Review of Resident #1's physician order sheet dated 10/26/23 revealed there was an order for Trazodone 150mg, take one tablet at 8:00pm. Review of Resident #1's November 2023 eMAR revealed: -There was an entry for Trazodone 100mg, take one tablet at 8:00am every day for moodTrazodone 100mg was documented as administered on 11/01/23 to 11/30/23 at 8:00amThere was ne entry for Trazodone 150mg listed on the eMAR. Review of Resident #1's December 2023 eMAR revealed: -There was an entry for Trazodone 100mg, take one tablet at 8:00am every day for moodTrazodone 100mg was documented as administered on 12/01/23 to 12/12/32 at 8:00amThere was one ontry for Trazodone 150mg listed on the eMAR. Observation of medications on hand on 12/13/23 at 11:30am revealed Trazodone 150mg listed on the eMAR. Observation of medications on hand on 12/13/23 at 11:30am revealed Trazodone 150mg was available for administration but Trazodone 150mg	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE
c. Review of Resident #1's physician order dated 09/22/23 revealed there was an order for Ferrous	C 330	10 being the worse p -He recently had an a doctor to help manag with a different medic b. Review of a physic revealed there was a 100mg, take one tabl mood (Trazodone is anxiety). Review of Resident # dated 10/26/23 revea Trazodone 150mg, ta Review of Resident # revealed: -There was an entry one tablet at 8:00am -Trazodone 100mg w administered on 11/0 -There was no entry on the eMAR. Review of Resident # revealed: -There was an entry on the eMAR. Review of Resident # revealed: -There was an entry on the eMAR. Observation of medic at 11:30am revealed available for administ was not available for c. Review of Resident	ain. appointment with a pain ge his foot and ankle pain cation. Sian order dated 09/22/23 on order for Trazodone let at 8:00am every day for used to treat depression and fil's physician order sheet aled there was an order for ake one tablet at 8:00pm. It's November 2023 eMAR for Trazodone 100mg, take every day for mood. It's December 2023 eMAR for Trazodone 150mg listed for Trazodone 150mg listed for Trazodone 150mg listed for Trazodone 150mg listed as 1/23 to 12/12/23 at 8:00am. For Trazodone 150mg listed for Trazodone 150mg	C 330			

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	OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL074041	B. WING		R 12/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CI EMMIE	S FAMILY CARE HOME	110 PEARL	. DR		
CLLIVIIVIIL	STAMILI CARLITOMIL	GREENVIL	LE, NC 27834		_
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
C 330	Continued From page	2 16	C 330		
		one tablet every day at ate is used to treat iron			
	dated 10/26/23 reveal Ferrous Sulfate 325m every 48 hours. Review of Resident # revealed: -There was an entry for take one tablet every -Ferrous Sulfate 325m administered on 11/0-1 take one tablet every -There was no entry for take one tablet every -There was an entry for take one tablet at 8:00 -Ferrous Sulfate 325m administered on 12/0-1	ng was documented as 1/23 to 11/30/23 at 8:00am. Ferrous Sulfate 325mg, 48 hours. 1's December 2023 eMAR for Ferrous Sulfate 325mg, 0am every at 8:00am. Ing was documented as 1/23 to 12/12/23 at 8:00am.			
	-There was no entry for Ferrous Sulfate 325mg, take one tablet every 48 hours. Observation of medications on hand on 12/13/23				
	at 11:30am revealed l available for administ	Ferrous Sulfate 325mg was ration.			
	Interview with the med 12/13/23 at 8:15am readministered Resider every morning at 8:00	evealed she had nt #1 Ferrous Sulfate 325mg			
		·			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
		FCL074041	B. WING		R 12/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CLEMMIE	'S FAMILY CARE HOME	II 110 PEAR				
		GREENVIL	LE, NC 27834			
(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 330	Continued From page	e 17	C 330			
	Review of a physiciar	n order dated 11/17/23 n order for Melatonin 10mg,				
	Review of Resident # revealed:	1's November 2023 eMAR				
	_	or Melatonin 5mg, take one				
	tablet at 8:00pm as no -Melatonin 5mg was o	•				
	administered at 8:00p					
	Review of Resident # revealed:	1's December 2023 eMAR				
		or Melatonin 5mg, take one				
	tablet at 8:00pm as no	eeded for sleep. nentation Melatonin 5mg				
	was documented as a	•				
	at 11:30am revealed	_				
	was not available for	ration but Melatonin 10mg administration.				
	Interview with a MA o revealed:	n 12/13/23 at 8:15am				
	as ordered for Reside					
	-She was not aware t physician (PCP) had 10/26/23.	hat his primary care updated his orders on				
		d PCP orders after a resident pintment.				
		y she did not fax the new				
	_	contracted pharmacy. to fax any new orders to				
	I	check medications with the				
	order once medication	ns were delivered.				
	-She had just assume					
	administering the cori	rect medications to Resident				

Division of Health Service Regulation

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL074041	B. WING		R 12/13/2023	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	12/13/2023	
CI EMMIE	'S FAMILY CARE HOME	110 PEARI				
OLLIMINIL	TAIMET GARE HOME	GREENVIL	LE, NC 27834			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	
C 330	Continued From page	e 18	C 330			
	9:47am revealed: -She thought that Rest the eMAR were the co-She completed an at about a week ago but #1's physician orders medications on handShe had not sent order primary care physicial because she thought them to the pharmacyShe did not realize the sending new orders to the sending new orders to the should have dorn physician orders with the shead not noticed medications were charted the medications were char	udit of resident medications it did not compare Resident with the eMAR and lers from the resident's in (PCP) to the pharmacy the resident's PCP had sent of the pharmacy. The pharmacy is a better job with reviewing the eMAR. That Resident #1's anged on his most recent is e responsible for ensuring ived his medications as the responsibility to ensure that correct medications as the inistered medications as interviews with Resident interviews with Resident at 1:48pm were				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	, , ,	SURVEY PLETED
			A. BOILBING.			_
		FCL074041	B. WING		12	R :/ 13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
CLEMMIE	'S FAMILY CARE HOME	110 PEAF				
		GREENV	ILLE, NC 27834			
(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 ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From page	: 19	C 330			
	Review of Resident # revealed the resident on 05/01/23.	2's Resident Register was admitted to the facility				
		etic used to treat				
	note for Resident #2 of -Resident #2 had swe -There was an order the Furosemide from to 6	o increase the resident's Omg, take one tablet at s, then return to taking one				
	revealed: -There was an entry fone tablet at 8:00am -Furosemide 40mg wadministered on 11/2i -There was no documwas listed on the eMA 11/23/23There was no docum	as documented as 0/23 to 11/23/23 at 8:00am. nentation Furosemide 60mg				
	at 11:30am revealed available for administ	ations on hand on 12/13/23 Furosemide 40mg was ration. nt #2 on 12/1323 at 3:30pm				
	legs and pain in her le	doctor for swelling in her egs. hrobbed when her legs				

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVI	
			A. BUILDING			
		FCL074041	B. WING		R 12/13/20	023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLEMMIE	'S FAMILY CARE HOME	II 110 PEARL				
		GREENVIL	LE, NC 27834			
(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 C	(X5) COMPLETE DATE
C 330	relephone interview on 12/13/23 at 2:15pr -She was not sure wh #2's order to the phar was increased from 4 -Resident #2 had prof for a few weeks, she would have helped de -She thought she had pharmacy but evident -She was responsible #2 received medication Interview with the Adr 11:50am revealed: -Resident #2 had exp legs and weight gainShe did not realize R ordered an increase i from 40mg daily to 60 -She and the MAs we orders when a reside appointmentShe and the MA sho for Furosemide 60mg pharmacyShe and the MA review when residents return but they had missed t resident's Furosemide -It was her responsible orders were implement	e weight and the doctor eigh herself each morning. with a medication aide (MA) in revealed: by she did not send Resident macy when her Furosemide omg to 60mg for three days. It is believed by the did not realize Furosemide ecrease her edema. It is sent the order to the ely just forgot. If for ensuring that Resident ons as ordered. In the resident #2's PCP had in the resident's Furosemide omg for three days. It is reresponsible for reviewing interest returned from an an appointment, the order to increase the	C 330			
		interviews with Resident				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		FCL074041	B. WING		12/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLEMMIE	S FAMILY CARE HOME	110 PEARL				
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	LE, NC 27834	PROVIDER'S PLAN OF CORRECTION	l (ve	:\
(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 APPROPE DEFICIENCY)	BE COMPI	LETE
C 330	Continued From page	21	C 330			
	#2's internal medicine 2:00pm was unsucce	e physician on 12/13/23 at ssful.				
C 350	10A NCAC 13G .1009 Self-Administration O	,	C 350			
	Medications (a) The facility shall prompetent and physic their medications if the met: (1) the self-administration of their physician or other perprescribe medications documented in the recommedication medication medication label. (b) The facility shall recommedication label. (c) the resident is not physician's orders; or commedication policies and medication policies and medication policies and medication policies and physician's orders.	rson legally authorized to s in North Carolina and sident's record; and ons for administration of ons are printed on the notify the physician when: a in the resident's mental or administer; on-compliant with the on-compliant with the facility's and procedures.				
	reviews, the facility fa assessment and phys for 1 of 3 sampled res	ns, interviews and record illed to ensure an sician's order was in place				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		
		FCL074041	B. WING		R 12/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CLEMMIE	'S FAMILY CARE HOME	II COEENVII	. DR .LE, NC 27834		
	CLIMMADY CT		<u>, </u>		NI OUT
(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 APPROP DEFICIENCY)	BE COMPLETE
C 350	Continued From page	e 22	C 350		
	nerve pain.				
	The findings are:				
	06/15/23 revealed:	2's current FL-2 dated hypertension and obesity. ation documented for			
		2's Resident Register was admitted to the facility			
	care plan dated 06/02 -Resident #2 required for bathing and groon	d total assistance from staff ning. I limited assistance with			
	there was no docume	2's resident record revealed entation of a physician's tration of any medication.			
	12/01/23 revealed a p Lidocaine 5% patch, a the affected area eve	2's physician order dated obysician's order for apply one patch topically to ry morning and remove in for pain (Lidocaine is used to			
	administration record revealed: -There was an entry f one patch topically to and remove in 12 hou-There was documen	2's electronic medication (eMAR) for December 2023 for Lidocaine 5% patch apply affected area every morning urs at bedtime for pain. tation of administration each 00pm from 12/02/23 to			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		_	
		FCL074041	B. WING		R 12/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLEMMIE	'S FAMILY CARE HOME	II 110 PEARI	. DR			
		GREENVIL	LE, NC 27834			
(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 COMPLETE	
C 350	Continued From page	23	C 350			
C 350	8:00am on 12/12/23. Interview with Reside revealed: -She asked the medic Lidocaine patch every-Once she received the MA each morning, she removed the Lidocain lower backShe removed the Lidocain lower back.	nt #2 on 12/13/23 at 3:30pm cation aide (MA) for a y morning. ne Lidocaine patch from the e opened the package, ne patch and placed it on her locaine patch every night laced a new Lidocaine ng. with a medication aide (MA) m revealed: e to place her Lidocaine	C 350			
	to self-administer the	hat she needed an order ne resident to				
	Interview with the Adr 12:12pm revealed: -She had given Reside to place on her lower was able to apply the -She wanted to respe allow the resident to per her lower back by her -She made a mistake allowed Resident #2	lent #2 her Lidocaine patch back because the resident patch independently. ct the resident's privacy and blace the Lidocaine patch to reself.				

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		FCL074041	B. WING		12	R 2/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE	·	
CLEMMIE	'S FAMILY CARE HOME	110 PEA				
		GREEN'	VILLE, NC 27834			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 350	C 350 Continued From page 24 order to self-administer the patch.		C 350			
		interviews with Resident physician on 12/13/23 at ssful.				
C 367	10A NCAC 13G .1008(a) Controlled Substances		C 367			
	10A NCAC 13G .1008 Controlled Substances (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.					
	interviews, the facility retrievable record of maintained and recor	ns, record reviews, and failed to ensure the controlled substances were nailed accurately with the and administration of a control pain for 1 of 1				
	The findings are:					
	10/26/23 revealed dia type II, stasis ulcer or (a statis ulcer is a vas due to problems with artery disease, hyper	1's current FL-2 dated agnosis included diabetes in the inside of his left ankle scular ulcer that develops blood circulation), coronary tension, and a history of the (DVT) and pulmonary				
	Review of Resident#	1's physician order sheet				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074041		` '	(X2) MULTIPLE Co	. ,	(X3) DATE SURVEY COMPLETED		
		BENTI IOATION NOMBER.	A. BUILDING:			OCIVII EETEB	
		B. WING			R 12/13/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE			
CI EMMIE	CADE HOME	110 PEAF	RL DR				
CLEIVIIVIIE	'S FAMILY CARE HOME	GREENV	ILLE, NC 27834				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (COM			
C 367	67 Continued From page 25		C 367				
	Xtampza ER 13.5mg	led there was an order for capsule sprinkle, take one for pain (Xtampza is used to					
	ER 13.5mg for Resid -A quantity of 14 table was filled on 12/08/23 -There was a circle a controlled drug recore -There was no signat controlled drug recore	ets of Xtampza ER 13.5mg 3. round the number 14 on the d for doses present. ure documented on the d. nentation on the controlled					
	(eMAR) revealed: -There was an entry to one tablet every 12 h radiculopathy at 8:00 radiculopathy is an in the lower back)Xtampza 13.5mg was administered at 8:00a	administration record for Xtampza 13.5mg take ours for lumbar am and 8:00pm (lumbar flammation of a nerve root in					
	hand on 12/12/23 at 4 -Fourteen tablets of X on 12/08/23The medication card Xtampza 13.5mg. Interview with the Adi 4:59pm revealed: -She forgot to date ar controlled drug record						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			_			R	
		FCL074041	B. WING		12	/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STA	TE, ZIP CODE			
CLEMMIE	'S FAMILY CARE HOME	II GREENV	RL DR ILLE, NC 27834				
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
C 367	pharmacyShe did not realize the on the controlled drug administered Xtampz 12/11/23She should have can she needed to provid controlled substance facilityShe was ultimately rof medications for resumedications were addithere was no drug divided.	nat she forgot to document grecord that she a 13.5mg to Resident #1 on aght her mistake because e documentation of any that was administered at the esponsible for the oversight sidents to ensure ministered as ordered and version.	C 367				

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