	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:	DNSTRUCTION		E SURVEY PLETED
		FCL091018	B. WING		04	/04/2024
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	F BLESSINGS FAMILY C	ARE HOME 1421 RO	SS MILL ROAD			
		HENDEF	RSON, NC 27537			
(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 ACT CROSS-REFERENCED TO 1 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	The Adult Care Licen annual survey on 04/	sure Section conducted an 04/24.				
C 246	10A NCAC 13G .090	2(b) Health Care	C 246			
		2 Health Care assure referral and follow-up nd acute health care needs				
	facility failed to ensur meet the routine need	and record reviews, the e referral and follow-up to				
	The findings are:					
		3's FL2 dated 07/25/23 ncluded gastroesophageal				
	•	ted 01/03/24 revealed eduled for a colonoscopy				
	-There was an entry to 350 electrolyte combi	3's February 2024 ation record (MAR) revealed: for polyethylene glycol (PEG) ination solution (used to fore certain medical test)				
	begin at 5:00pm the e procedure; drink 8 ou minutes until half of t	evening before the inces of mix every 10 to 20				
	drinking again five ho procedure and must	ours before scheduled complete all of mixture. ritten note "prep cancelled				

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

(X6) DATE

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL091018	B. WING			/04/2024
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		04	////2024
		1421 RC	SS MILL ROAD			
HOUSE O	F BLESSINGS FAMILY C	HENDE	RSON, NC 27537			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETI DATE
C 246	Continued From page	e 1	C 246			
	01/26/24 per guardia	n".				
	Resident #3's gastro 04/04/24 at 3:37pm r -Resident #3 had a c scheduled for 02/15/2 -The facility called ar colonoscopy on 01/2 -The facility had not r colonoscopy. -The facility would ha gastroenterologist to Interview with Reside revealed:	revealed: colonoscopy procedure 24. nd cancelled Resident #3's 6/24. rescheduled Resident #3's				
	admitted to the facilit long ago. -He did not know the colonoscopy from be facility. -He had a family mer colon cancer. -He had a routine col	y, but he did not know how				
	issues and his guard to have the colonosc -He did not know if th colonoscopy had bee -He did not know who reschedule the colon	ian told him he did not have opy procedure. he appointment for the en rescheduled. o was supposed to oscopy. he procedure, so he was				
vision of Us	on 04/04/24 at 12:49 -She requested the fa colonoscopy procedu	with Resident #3's guardian pm revealed: acility cancel Resident #3's ure scheduled in February s out of sorts and depressed				

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL091018	B. WING		0/	1/04/2024
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, 2		04	+/04/2024
	F BLESSINGS FAMILY C	APE HOME 1421 RC	SS MILL ROAD			
	T BEEGSINGS TAMIET C	HENDER	RSON, NC 27537			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 246	Continued From page	e 2	C 246			
	-She had not heard fir rescheduled date for -The facility was resp colonoscopy for Resi -She assumed the far rescheduled the proc cancel in February 20 -The facility should heappointment for Resi the ones who transport appointments and pro- him and knew what the -She was not sure which care provider (PCP) for colonoscopy. -She expected the far #3's colonoscopy and Interview with the mea aide/supervisor-in-cheat 12:12pm revealed: -Resident #3 had a co 02/15/24. -She thought the gas scheduled the colono if there was a concerr -The appointment was Resident #3 became said to cancel it. -Resident #3 had not taken the prep medic appointment was car appointment date. -The PEG was return -She had not resched	bonsible for rescheduling the ident #3. cility would have sedure when they called to 024. ave rescheduled the dent #3 because they were borted him to his ocedures and stayed with hey could schedule. hy Resident #3's primary had scheduled the cility to reschedule Resident d then notify her of the date. edication arge (MA/SIC) on 04/04/24 colonoscopy scheduled for troenterologist had bscopy, but she did not know n or if it was routine. as cancelled because depressed and his guardian content the preparation or cation because the neelled a few days before the med to the pharmacy. duled the appointment for the e Resident #3's guardian had				

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL091018	B. WING			104/2024
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE	04	4/04/2024
		1421 RC	OSS MILL ROAD			
HOUSEO	F BLESSINGS FAMILY C	HENDER	RSON, NC 27537			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 246	Continued From page	e 3	C 246			
	2:21pm and 4:03pm -Resident #3's PCP I gastroenterologist for because of his family -The SIC/MA was res appointments for the -Resident #3's gastro the colonoscopy scre colonoscopy prepara -Resident #3 was hat so his guardian calle cancel the colonosco much for him to hand -The SIC/MA cancell -The PCP made the colonoscopy procedu -The facility staff calle and she was suppos colonoscopy. -She was going to for guardian within four to cancelled procedure -She had not followe because it had not be	had referred him to the r a colonoscopy screening r history of colon cancer. sponsible for scheduling residents. benterologist had scheduled eening and had ordered the tion medication. ving some emotional issues d the facility and told them to opy because she felt was too fle. ed the appointment. appointment for the ure that was cancelled. ed Resident #3's guardian ed to reschedule his flow-up with Resident #3's to six weeks from the date. d up with the guardian yet				
C 330	10A NCAC 13G .100 Administration	4(a) Medication	C 330			
	 (a) A family care hor preparation and adm prescription and non- by staff are in accord (1) orders by a licens 	4 Medication Administration ne shall assure that the inistration of medications, prescription and treatments ance with: sed prescribing practitioner d in the resident's record; and				

Division of Health Service Regulation STATE FORM

6899

If continuation sheet 4 of 9

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL091018	B. WING		04	/04/2024
AME OF PF	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE,	ZIP CODE		
OUSE OI	F BLESSINGS FAMILY	CARE HOME	SS MILL ROAD SON, NC 27537			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 330	Continued From pag	le 4	C 330			
	(2) rules in this Secti and procedures.	on and the facility's policies				
	reviews, the facility f	ns, interviews, and record ailed to ensure medications s ordered for 1 of 3 sampled				
	The findings are:					
	06/06/23 revealed di	#1's current FL-2 dated agnoses included metabolic betes, hypertension and				
		#1's after visit report from his r (PCP) dated 01/09/24				
	middle ear infection) ears (inflammation o	,				
	infection) 0.3% eard bilateral ears twice d					
		for ofloxacin 0.3% eardrops ilateral ears once daily.				
	-There was a hand-w	ration record (MAR) revealed: written entry for ofloxacin five				
	had been scratched -Ofloxacin was docu	mented as administered				
	01/16/24; ofloxacin v	6/24 to 01/15/24 and once on vas administered 11 times. vas hand-written across the es.				
		ntry for ofloxacin 0.3%				

STATE FORM

6899

If continuation sheet 5 of 9

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL091018	B. WING		04	/04/2024
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE	1 0-	
	F BLESSINGS FAMILY O	ARE HOME 1421 RC	SS MILL ROAD			
0032.0	F BLESSINGS FAMILT C	HENDEI	RSON, NC 27537			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 330	Continued From page	e 5	C 330			
	eardrops instill 10 dro daily on the MAR.	ops into bilateral ears once				
	Review of Resident # revealed:	t's February 2024 MAR				
	-There was an entry for ofloxacin 0.3% eardrops					
	instill 10 drops into bilateral ears once daily. -There was a hand-written note "finished" "no					
	refills" on the entry. -There was no entry for the ofloxacin 0.3%					
		rops into bilateral ears twice				
	Review of Resident #1's March 2024 MAR revealed:					
	-There was an entry for ofloxacin 0.3% eardrops					
	Instill 10 drops into bi -There was a hand-w	ilateral ears once daily. /ritten note "comp				
	[completed] 02/24" of	n the entry.				
		for the ofloxacin 0.3% rops into bilateral ears twice				
	Review of Resident # 04/01/24 to 04/04/24	¢1's April 2024 MAR from revealed:				
	•	for ofloxacin 0.3% eardrops ilateral ears once daily. ritten note "comp				
	[completed] 02/24 ne entry.	ed discontinue order" on the				
		for the ofloxacin 0.3% rops into bilateral ears twice				
	hand on 04/04/24 at	lent #1's medications on 12:00pm revealed there was ailable for administration.				
		with a pharmacist from the harmacy on 04/04/24 at				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
					04/04/2	
		FCL091018	B. WING		04	1/04/2024
iame of Pf	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
IOUSE O	F BLESSINGS FAMILY (CARE HOME	SS MILL ROAD RSON, NC 27537			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET DATE
C 330	Continued From pag	e 6	C 330			
	1:04pm revealed:					
	-	never received an order for				
		ops instill five drops into				
	bilateral ears twice d					
		an order for ofloxacin 0.3%				
	-	rops into bilateral ears once				
	daily with one refill but never dispensed the					
	eardrops.					
	-The order was on hold but there was no other					
	information noted and the facility never requested					
	it again.					
	-Ofloxacin eardrops were an antibiotic used to					
	treat ear infections.					
		of not administering the				
	-	s ordered could include the				
	•	orse; the eardrops would				
	have been soothing.					
	Telephone interview	with a pharmacist from the				
	facility's back up pha	rmacy on 04/04/24 at				
	2:33pm revealed:	-				
	-Resident #1 had an	order for ofloxacin 0.3%				
	instill five drops bilate	eral into ears twice daily;				
	there was one refill o	on the order.				
	-A ten-day supply of	ofloxacin eardrops instill 5				
		ice daily was dispensed on				
	01/05/24; there no of					
		der for ofloxacin 0.3%				
		ops into each ear once daily.				
		ntibiotic used to treat infection				
	and swimmers' ear.					
		ent #1 on 04/04/24 at 3:46pm				
	revealed:					
		vith an ear infection during				
	the winter.					
	-	ad; it felt like he was hearing				
	underwater.	and an a local back back and the				
		ardrops, but he took them				
	anyway.					

STATE FORM

6899

If continuation sheet 7 of 9

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL091018	B. WING		04	/04/2024
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
OUSE O	F BLESSINGS FAMILY	CARE HOME	SS MILL ROAD			
		HENDER	SON, NC 27537			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 330	Continued From pag	le 7	C 330			
	know how many day -His ears stopped hu eardrops.	ered twice daily; he did not s they were administered. urting after he took the s PCP since he had the ear				
	at 12:12pm revealed -She needed the pha Resident #1's ofloxa them from the MAR. -Resident #1 had se had a cold. -She thought the ord written for only one w -The PCP ordered o	narge (MA/SIC) on 04/04/24 l: armacy to discontinue cin eardrops and remove				
	ofloxacin was as we -When the ofloxacin request an order for -Resident #1's PCP for his ofloxacin earc -She had to contact	eardrops ran out she did not a refill. wrote the order for five refills				
	a message to reques ofloxacin.	PCP today, 04/04/24, and left st a discontinue order for the ct the PCP before 04/04/24 n.				
	-She had contacted ofloxacin from the M told they needed a d PCP.	the pharmacy to remove the AR in February 2024 but was iscontinue order from the bout the order for the				
	ofloxacin instill 10 dr	ops once daily; the pharmacy oxacin with the order to instill				

STATE FORM

TATEMEN	of Health Service Reg r of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL091018	B. WING		04	/04/2024
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
OUSE O	F BLESSINGS FAMILY	CARE HOME	RSON, NC 27537			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
C 330	Continued From pag	ge 8	C 330			
	-She had not seen tl PCP for the ofloxaci	he orders from Resident #1's n eardrops.				
	1:40pm revealed: -The SIC/MA was re- refill from the pharm medication when the medication left to ad -Resident #3 other a administered for sew -If Resident #3 had n eardrops then the Si a refill before they ra- -Resident #3 did not or problems with his eardrops were admi Attempted telephone	antibiotics that were only ven days and no refills. more refills available for his IC/MA should have requested an out. t complain of continued pain s ears after the first bottle of				