

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FGL-053-02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
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NAME OF PROVIDER OR SUPPLIER MEGGIE'S FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 619 GLENWOOD DRIVE SANFORD, NC 27330
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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on January 29, 2025.	C 000		
C 131	10A NCAC 13G .0403(a) Qualifications of Medication Staff 10A NCAC 13G .0403 QUALIFICATIONS OF MEDICATION STAFF (a) Family care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled medication aides (MA) (Staff C) who administered medications to residents had a medication aide employment verification or documentation of the state approved 5-hour and 10-hour or 15-hour medication administration training for adult care homes. The findings are: Review of Staff C's personnel record on 01/29/25 revealed: -Staff C was hired as the Administrator on 09/14/22. -Staff C passed the medication aide (MA) examination on 03/31/09. -There was a medication administration clinical skills checklist dated 01/25/23. -There was no medication aide employment	C 131		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Reviewed and acknowledged on 03/13/25 by JL

*Margaret Wabara
3/13/2025*

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C 131 Continued From page 1
verification.
-There was no certificate of completion for the 5-hour, 10-hour, or 15-hour medication administration training for adult care homes.

Interview with Staff C on 01/29/25 at 3:15pm revealed:
-She was the facility's Administrator and administered medication to the residents in the facility.
-She passed the MA examination in 2009.
-She had not worked as a MA continuously since passing the MA examination in 2009.
-She did not think she needed to take the 5-hour and 10-hour or 15-hour medication administration training since she had already passed the MA examination in 2009.
-She was not aware she needed to provide an employment verification or take the 5-hour and 10-hour or 15-hour medication administration training.

C 131
Training is going on now
The Nurse was sick but now she is available. Training started on 3/3/25.
And is Scheduled to continue for both Staff until its completed
We confirm the facility will make sure the training is done as required in future
3/15/25

C 145 10A NCAC 13G .0406(a)(5) Other Staff Qualifications

10A NCAC 13G .0406 Other Staff Qualifications
(a) Each staff person of a family care home shall:
(5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;

C 145
HCPR search was done on 2/23/25
Notice was found reported.
The Administrator will in future make sure the search is done according to States requirements
3/15/25

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C 145	Continued From page 2 The findings are: Review of Staff A's personnel record revealed: -Staff A was hired as a personal care aide (PCA) on 06/24/24. -There was no Health Care Personnel Registry (HCPR) check for Staff A. Telephone interview with Staff A on 01/29/24 at 3:59pm revealed: -He was hired as a PCA in June 2024. -His responsibilities at the facility included assisting residents with bathing, dressing, grooming, meal preparation, cleaning, and transportation. Interview with the Administrator on 01/29/25 at 3:15pm revealed: -She was responsible for completing HCPR checks for the facility's staff members. -The HCPR checks were completed when the staff members were hired. -She thought she had completed the HCPR check for Staff A but was unsure where the documentation was located.	C 145	Staff no longer working here and so no training is being done. But the facility hereby undertake to make sure training is done the within six months of hire 2/15/25
C 153	10A NCAC 13G .0501 (a and b)) Personal Care Training And Competency 10A NCAC 13G .0501 Personal Care Training And Competency (a) The facility shall assure that staff who provide or directly supervise staff who provide personal care to residents complete an 80-hour personal care training and competency evaluation program established by the Department. For the purpose of this Rule, "directly supervise" means being on	C 153	HCPR was done on 3/15/25 2/23/25. Nothing was found reported. The staff will check as required by law within the required time

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C 153	<p>Continued From page 3</p> <p>duty in the facility to oversee or direct the performance of staff duties. A copy of the 80-hour training and competency evaluation program is available online at https://info.ncdhhs.gov/dhsr/acls/training/index.html#80hr, at no cost. The 80-hour personal care training and competency evaluation program curriculum shall include:</p> <ol style="list-style-type: none"> (1) observation and documentation skills; (2) basic nursing skills, including special health-related tasks; (3) activities of daily living and personal care skills; (4) cognitive, behavioral, and social care; (5) basic restorative services; and (6) residents' rights as established by G.S. 131D-21. <p>(b) The facility shall assure that training specified in Paragraph (a) of this Rule is completed within six months after hiring for staff hired after September 30, 2022. Documentation of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the facility and available for review by the Division of Health Service Regulation and the county department of social services.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled staff members (Staff A, Staff B) who provided personal care to residents completed an 80-hour personal care training and competency evaluation program.</p> <p>The findings are:</p>	C 153	<p>3/15/25 Training going on since 3/2/25 for both PCA staff. The facility commit to make sure the staff are training as required by the state in future.</p> <p><i>[Signature]</i></p>	
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<p>C 153 Continued From page 4</p> <p>1. Review of Staff A's personnel record revealed: -Staff A was hired as a personal care aide (PCA) on 06/24/24. -Staff A had no documentation of completing an 80-hour PCA training program.</p> <p>Telephone interview with Staff A on 01/29/25 at 3:59pm revealed: -He was hired as a PCA in June 2024. -His responsibilities included assisting residents at the facility with bathing, dressing, grooming, meal preparation, cleaning, and transportation. -He received a few hours of training on personal care tasks when he started working at the facility. -He had not taken the 80 hour PCA training program.</p> <p>Refer to interview with the Administrator on 01/29/25 at 3:15pm.</p> <p>2. Review of Staff B's personnel record revealed: -Staff B was hired on 09/20/22 as the Activities Director (AD). -Staff B had no documentation of the completion of an 80 hour PCA training program.</p> <p>Interview with Staff B on 01/29/25 at 3:32pm revealed: -His responsibilities in the facility included assisting residents with bathing, dressing, grooming, toileting, administering medications, and he was the facility's AD. -The Administrator completed training on personal care tasks with him when he started at the facility in 2022. -He had not taken the 80 hour PCA training program.</p> <p>Refer to interview with the Administrator on 01/29/25 at 3:15pm.</p>	<p>C 153</p> <p>Training going on now for PCA staff starting 3/3/2025</p> <p>The nurse is training and the facility will in future make PCA 80 hours training is done as required by the state 3/15/25</p>			
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C 153	Continued From page 5 Interview with the Administrator on 01/29/25 at 3:15pm revealed: -Staff A and Staff B had not completed the 80 hour PCA training program. -She was not aware that facility staff working as PCAs should have the 80 hour PCA training program within 6 months of hire.	C 153		
C 171	10A NCAC 13G .0504(a) Competency Validation For Licensed Health 10A NCAC 13G .0504 Competency Evaluation and Validation For Licensed Health Professional Support Tasks (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a) (1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff A) had skills competency validation for Licensed Health Professional Support (LHPS) tasks. Review of Staff A's personnel record revealed: -Staff A was hired as a personal care aide (PCA) on 06/24/24.	C 171		

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C 171	<p>Continued From page 6</p> <p>-There was no Licensed Health Professional Support (LHPS) skills competency validation.</p> <p>Telephone interview with Staff A on 01/29/25 at 3:59pm revealed:</p> <ul style="list-style-type: none"> -He was hired as a PCA in June 2024. -He assisted residents with bathing, dressing, grooming, meal preparation, cleaning, and transportation. -Most of the residents in the facility required some supervision or assistance with personal care tasks. -if residents needed assistance with transfers, then he would provide assistance with transfers. -The RN (registered nurse) consultant recently trained him on fingerstick blood sugars (FSBS) but he had not completed that task for any residents at the facility. <p>Interview with the Administrator on 01/29/25 at 3:15pm revealed:</p> <ul style="list-style-type: none"> -Staff A was hired as a PCA in June 2024. -She was not aware Staff A needed a LHPS skills competency validation. <p>Attempted telephone interview with the facility's contracted registered nurse (RN) consultant on 01/29/25 at 2:30pm was unsuccessful.</p>	C 171		
C 202	<p>10A NCAC 18G .0702 (a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 18G .0702 Tuberculosis Test and Medical Examination, and Immunizations</p> <p>(a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent</p>	C 202	<p>Facility commit to making sure the RN checks every Staff performing skills with Respects as required by state Staff A was checked by RN performing finger sticks Blood sugar on 2/4/25</p>	

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C 202	<p>Continued From page 7 amendments and editions.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 residents (#2) were tested upon admission for tuberculosis (TB) disease in compliance with the control measures by the Commission for Public Health.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 12/18/24 revealed diagnoses included autistic disorder and hypertension.</p> <p>Review of Resident #2's record revealed: -There was no Resident Register for review. -The admission date listed on the inside cover of the record was 10/11/24. -There was documentation of a tuberculosis (TB) test read on 10/10/24 with a negative result. -There was no documentation of the date the TB test was placed. -There were no other TB tests available for review.</p> <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed: -Resident #2 was admitted to the facility on 10/11/24 from home. -Residents were required to have one TB test at admission. -Residents usually had their second step TB test within the first 2 months of admission. -She was responsible for ensuring residents had two step TB testing.</p>	C 202	<p>Administrator will make sure that 2nd TB r test is done on new Resident second month after admission. 2nd TB Test was done on 12/13/25 And results of the bloodwork came on 2/19/25</p> <p style="text-align: right;">2/19/25</p>	
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C 202	Continued From page 8 -She had not taken Resident #2 to have his second TB test. Based on observations, interviews, and record reviews, Resident #2 was not interviewable.	C 202		
C 206	10A NCAC 13G .0702 (e) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination and Immunizations (e) The result of the medical examination required in Paragraph (b) of this Rule shall be documented on the North Carolina Medicaid Adult Care Home FL-2 form which is available at no cost on the Department's Medicaid website at https://medicaid.ncdhhs.gov/media/6549/open . The Adult Care Home FL-2 shall be signed and dated by the physician or physician extender completing the medical examination. The medical examination shall include the following: (1) resident's identification information, including the resident's name, date of birth, sex, admission date, county and Medicaid number, current facility and address, physician's name and address, a relative's name and address, current level of care, and recommended level of care; (2) resident's admitting diagnoses, including primary and secondary diagnoses and dates of onset; (3) resident's current medical information, including orientation, behaviors, personal care assistance needs, frequency of physician visits, ambulatory status, functional limitations, information related to activities and social needs, neurological status including orders for therapeutic diets; (4) special care factors, including physician orders for blood pressure, diabetic urine testing,	C 206		

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C 206	<p>Continued From page 9</p> <p>physical therapy, range of motion exercises, a bowel and bladder program, a restorative feeding program, speech therapy, and restraints;</p> <p>(5) resident's medications, including the name, strength, dosage, frequency and route of administration of each medication;</p> <p>(6) results of x-rays or laboratory tests determined by the physician or physician extender to be necessary information related to the resident's care needs; and</p> <p>(7) additional information as determined by the physician or physician extender to be necessary for the care of the resident.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 3 of 3 sampled residents (#1, #2, #3) had a current diet order.</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 12/15/24 revealed: -Diagnoses included type 2 diabetes mellitus, hypertension, gastroesophageal reflux disease, glaucoma, and bilateral dry eyes. -There was no diet order listed.</p> <p>Review of Resident #1's record revealed: -There was an FL2 dated 10/14/24 with no diet order listed. -There was an FL2 dated 01/03/24 with no diet order listed.</p>	C 206	<p>All 3 FL2 of our Residents were updated and correct diets indicated as required on 2/18/25 The Facility will make sure the recommended diets are included on all Residents FL2 2/18/25</p>	
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C 206	<p>Continued From page 10</p> <p>Review of the facility's lunch menu for 01/29/25 revealed lunch consisted of cheese pizza, salad, lime sherbet, water, and beverage of choice.</p> <p>Observation of the lunch meal on 01/29/25 from 11:58am to 12:15pm revealed: -Resident #1 was served an individual sized cheese pizza, a cup of vegetable soup, water, and sugar free fruit punch. -Resident #1 ate approximately 80% of his meal. -Resident #1 did not eat dessert.</p> <p>Interview with Resident #1 on 01/29/25 at 11:03am revealed: -He did not follow a special diet. -He tried to avoid eating sugar when possible. -He enjoyed the food at the facility, and everyone at the facility was served the same food at mealtimes.</p> <p>Second interview with Resident #1 on 01/29/25 at 12:16pm revealed he was offered dessert at meals but did not want any dessert for lunch today, 01/29/25.</p> <p>Telephone interview with a medical assistant at Resident #1's primary care provider's (PCP) office on 01/29/25 at 1:56pm revealed: -She was unsure what type of diets were offered at the facility. -The PCP did not list a diet on Resident #1's FL2 dated 12/15/24.</p> <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed: -The residents' diet orders should be listed on the residents' FL2s. -The facility did not have a separate form for residents' diet orders.</p>	C 206	<p>Doctor added Regular - ,NAS, NCS on the FL2. Administrator will be making sure the diet is included in the residents FL2 when the Doctor signs them</p>	02/11/25
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<p>C 206</p> <p>Continued From page 11</p> <ul style="list-style-type: none"> -Resident #1 was on a low sugar diet because he had diabetes mellitus. -Resident #1 was admitted in 2023 and had always followed a low sugar diet. -She was not aware Resident #1's last 3 FL2s did not have Resident #1's diet listed. <p>Attempted telephone interview with Resident #1's primary care provider (PCP) on 01/29/25 at 1:56pm was unsuccessful.</p> <p>2. Review of Resident #2's current FL2 dated 12/18/24 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included autistic disorder and hypertension. -There was no diet order listed. <p>Review of Resident #2's admission FL2 dated 10/03/24 had no diet order listed.</p> <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed:</p> <ul style="list-style-type: none"> -The residents' diet orders should be listed on the residents' FL2s. -The facility did not have a separate form for residents' diet orders. -Resident #2 was on a regular diet. -She did not know Resident #2's diet order was not listed on the FL2. <p>Attempted telephone interview with Resident #2's primary care provider (PCP) on 01/29/25 at 1:49pm was unsuccessful.</p> <p>Based on observations, interviews, and record reviews, Resident #2 was not interviewable.</p> <p>3. Review of Resident #3's current FL2 dated 03/21/24 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included Down's syndrome, 	<p>C 206</p> <p>Doctor added his at recommended diet on the FL2 of Resident 1</p> <p>The facility is committed to making sure diet is included in all FL2s.</p> <p>Doctor updated FL2 for diet #2 on his at recommended diet.</p>		<p>02/11/25</p> <p>2/13/25</p>	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
C 206	<p>Continued From page 12</p> <p>generalized anxiety disorder, hypothyroidism, and right leg pain. -There was no diet order listed.</p> <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed: -The residents' diet orders should be listed on the residents' FL2s. -The facility did not have a separate form for residents' diet orders. -Resident #3 was on a regular diet. -She did not know Resident #3's diet order was not listed on the FL2.</p> <p>Attempted telephone interview with Resident #3's primary care provider (PCP) on 01/29/25 at 1:53pm was unsuccessful.</p> <p>Based on observations, interviews, and record reviews, Resident #3 was not interviewable.</p>	C 206	
C 230	<p>10A NCAC 13G .0801(a) Resident Assessment</p> <p>10A NCAC 13G .0801 Resident Assessment (a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure the Resident Register was completed for 2 of 3 sampled residents (#2, #3).</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL2 dated 12/18/24 revealed diagnoses included autistic disorder and hypertension.</p>	C 230	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-053-02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER MEGGIE'S FCH		STREET ADDRESS, CITY, STATE, ZIP CODE 619 GLENWOOD DRIVE SANFORD, NC 27330	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
C 230	<p>Continued From page 13</p> <p>Review of Resident #2's record revealed: -There was no Resident Register available for review. -There was an admission date of 10/11/24 listed on the inside cover of the record.</p> <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed: -She was responsible for ensuring the Resident Register was completed for residents admitted to the facility. -The Resident Register was completed when the resident was admitted to the facility. -Resident #2 was admitted to the facility on 10/11/24. -Resident #2 did not have a Resident Register; it must have been an oversight.</p> <p>2. Review of Resident #3's current FL2 dated 03/21/24 revealed diagnoses included Down's syndrome, generalized anxiety disorder, hypothyroidism, and right leg pain.</p> <p>Review of Resident #3's record revealed: -There was no Resident Register available for review. -Resident #3 was discharged from a hospital on 04/07/24.</p> <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed: -She was responsible for ensuring the Resident Register was completed for residents admitted to the facility. -The Resident Register was completed when the resident was admitted to the facility. -Resident #3 was admitted to the facility from a local hospital on 04/07/24. -Resident #3 did not have a Resident Register; it</p>	C 230	<p>Register for was established, and was signed by the Responsible person. 2/14/25</p> <p>The facility will commit to making sure in future the Resident's Register are available in the charts.</p> <p>Resident Register was established 1/10 3/3/25</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-053-02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
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NAME OF PROVIDER OR SUPPLIER MEGGIE'S FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 619 GLENWOOD DRIVE SANFORD, NC 27330
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C 230	Continued From page 14 must have been an oversight.	C 230		
C 231	<p>10A NCAC 13G .0801(b) Resident Assessment</p> <p>10A NCAC 13G .0801 Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 2 residents (#1, #3) had a care plan completed within 30 days of admission using a complete assessment instrument.</p> <p>The findings are:</p>	C 231	<p><i>RN did page one of the assessment on 3/3/25 which was missing.</i></p> <p><i>Administrator will make sure RN completes the whole set of pages of the assessment package for every resident</i></p> <p><i>The Resident assessment was done and we will make sure assessments are done before 30 days after admission</i></p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-053-02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
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NAME OF PROVIDER OR SUPPLIER MEGGIE'S FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 619 GLENWOOD DRIVE SANFORD, NC 27330
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C 231	<p>Continued From page 15</p> <p>1. Review of Resident #1's current FL2 dated 12/15/24 revealed diagnoses included type 2 diabetes mellitus, hypertension, gastroesophageal reflux disease, glaucoma, and bilateral dry eyes.</p> <p>Review of Resident #1's Resident Register revealed an admission date of 09/14/23.</p> <p>Review of Resident #1's care plan revealed: -There was no page 1 of the care plan. -Resident #1 was independent with eating, toileting, ambulation, dressing, grooming, and transfers, and required supervision with bathing. -A registered nurse (RN) signed the care plan on 04/18/24. -Resident #1's primary care provider (PCP) signed the care plan on 05/03/24.</p> <p>Review of Resident #1's record revealed there were no other care plans for review.</p> <p>Interview with Resident #1 on 01/29/25 at 11:03am revealed: -He was admitted to the facility over a year ago. -He was independent with eating, bathing, dressing, grooming, toileting, ambulation, and transfers. -The facility staff administered his medication and prepared his meals.</p> <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed: -Resident #1 was independent with eating, toileting, ambulation, dressing, grooming, and transfers, and required set-up assistance for bathing. -The RN consultant was responsible for completing the residents' care plans. -She was unsure where the first page of Resident</p>	C 231	<p>The RN who did the care plan missed one page. A new care plan signed by the doctor in the file now for Resident 2 2.17.25</p> <p>Facility will ensure correct package of assessment forms are used by the RNs.</p> <p>A new care plan for Resident 1 is in the file now with all the pages and signed by Primary Doctor 2.27.28 In future all pages will be signed.</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-053-02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
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NAME OF PROVIDER OR SUPPLIER MEGGIE'S FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 618 GLENWOOD DRIVE SANFORD, NC 27330
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C 231	<p>Continued From page 16</p> <p>#1's care plan was.</p> <ul style="list-style-type: none"> -She was not aware the RN consultant did not complete all 3 pages of the care plan. -The RN consultant who completed Resident #1's care plan no longer worked for the facility and was out of the country. -She had a new RN consultant, but she was unable to come to the facility on a regular schedule due to personal matters. <p>Attempted telephone interview with the facility's contracted RN consultant on 01/29/25 at 2:30pm was unsuccessful.</p> <p>2. Review of Resident #3's current FL2 dated 03/21/24 revealed diagnoses included Down's syndrome, generalized anxiety disorder, hypothyroidism, and right leg pain.</p> <p>Review of Resident #3's record revealed:</p> <ul style="list-style-type: none"> -There was no Resident Register for review. -Resident #3 was discharged from the hospital on 04/07/24. <p>Review of Resident #3's care plan revealed:</p> <ul style="list-style-type: none"> -There was no page 1 of the care plan. -Resident #3 required extensive assistance with eating, toileting, ambulation, bathing, dressing, grooming, and was independent with transfers. -A registered nurse (RN) signed the care plan on 04/18/24. -Resident #3's primary care provider (PCP) signed the care plan on 05/23/24. <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 needed extensive assistance with bathing, limited assistance with toileting, supervision with dressing and grooming, and was independent with eating, ambulation, and 	C 231		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-053-02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
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NAME OF PROVIDER OR SUPPLIER MEGGIE'S FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 619 GLENWOOD DRIVE SANFORD, NC 27330
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C 231 Continued From page 17

transfers.

- She was unsure where the first page of Resident #3's care plan was.
- She was not aware the RN consultant did not complete all 3 pages of the care plan.
- She was not aware the care plan should be signed by the PCP in 15 days.
- The RN consultant who completed Resident #3's care plan no longer worked for the facility and was out of the country.
- She had a new RN consultant, but she was unable to come to the facility on a regular schedule due to personal matters.

Based on observations, interviews, and record reviews, Resident #3 was not interviewable.

Attempted telephone interview with the facility's contracted RN consultant on 01/29/25 at 2:30pm was unsuccessful.

C 231

C 252 10A NCAC 13G .0903(a) Licensed Health Professional Support

10A NCAC 13G .0903 Licensed Health Professional Support

(a) The facility shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan, and care provided for residents requiring one or more of the following personal care tasks:

- (1) applying and removing ace bandages, TED hose, binders, and braces and splints;
- (2) feeding techniques for residents with swallowing problems;
- (3) bowel or bladder training programs to regain continence;
- (4) enemas, suppositories, break-up and

C 252

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-053-02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER MEGGIE'S FCH		STREET ADDRESS, CITY, STATE, ZIP CODE 619 GLENWOOD DRIVE SANFORD, NC 27330	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
C 252	Continued From page 18 removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy. For the purpose of this Rule, "well-established colostomy or ileostomy" means having a healed surgical site without sutures or drainage; (10) care for pressure ulcers, up to and including a Stage II pressure ulcer, which is a superficial ulcer presenting as an abrasion, blister, or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube. For the purpose of this Rule, "well-established gastrostomy feeding tube" means having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established; (15) medication administration through subcutaneous injection in accordance with Rule .1004(q) except for anticoagulant medications; (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to	C 252	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-053-02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
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C 252	<p>Continued From page 19</p> <p>include endotracheal suctioning. For the purpose of this Rule, "well-established tracheostomy" means the stoma is well-healed and the airway is patent;</p> <p>(20) administering and monitoring of tube feedings through a well-established gastrostomy feeding tube in accordance with Subparagraph (a)(14) of this Rule;</p> <p>(21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);</p> <p>(22) application of prescribed heat therapy;</p> <p>(23) application and removal of prosthetic devices except as used in post-operative treatment for shaping of the extremity;</p> <p>(24) ambulation using assistive devices that requires physical assistance;</p> <p>(25) range of motion exercises;</p> <p>(26) any other prescribed physical or occupational therapy;</p> <p>(27) transferring semi-ambulatory or non-ambulatory residents; or</p> <p>(28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that Act in 21 NCAC 36.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed quarterly for 1 of 3 sampled residents (#1) with LHPS tasks of fingerstick blood sugars (FSBS) and medication by subcutaneous injection.</p>	C 252	<p>LHPS evaluative completed and we will make sure quarterly as due 2/11/25</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-053-02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
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C 252	<p>Continued From page 20</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 12/15/24 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included type 2 diabetes mellitus, hypertension, gastroesophageal reflux disease, glaucoma, and bilateral dry eyes. -There was an order to check fingerstick blood sugar (FSBS) three times daily. -There was an order for Lispro insulin-sliding scale (Lispro insulin is a short-acting injectable medication used to lower blood sugar levels at mealtimes). <p>Review of Resident #1's undated insulin sliding scale instructions revealed:</p> <ul style="list-style-type: none"> -There were instructions to check FSBS before every meal including breakfast, lunch, and dinner. -If FSBS was 0-200, no units, 201-250= 4 units, 251-300= 6 units, 301-350= 8 units, 351-400= 10 units, greater than 400= call primary care provider (PCP) less than 50- drink orange juice or eat something sweet and call MD, if symptoms persist or worsen call 911. <p>Review of Resident #1's November 2024 medication administration record (MAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for Lispro insulin see sliding scale scheduled for 7:00am, 12:00pm, and 6:00pm. -There was an entry for FSBS scheduled for 7:00am, 12:00pm, and 6:00pm. -Lispro insulin was documented as administered per sliding scale instructions from 11/01/24 to 11/30/24. -Resident #1's FSBS were documented at 7:00am, 12:00pm, and 6:00pm from 11/01/24 to 11/30/24 and ranged from 64-429. <p>Review of Resident #1's December 2024 MAR</p>	C 252	

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NAME OF PROVIDER OR SUPPLIER MEGGIE'S FCH		STREET ADDRESS, CITY, STATE, ZIP CODE 619 GLENWOOD DRIVE SANFORD, NC 27330	
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C 252	<p>Continued From page 21</p> <p>revealed:</p> <ul style="list-style-type: none"> -There was an entry for Lispro insulin see sliding scale scheduled for 7:00am, 12:00pm, and 6:00pm. -There was an entry for FSBS scheduled for 7:00am, 12:00pm, and 6:00pm. -Lispro insulin was documented as administered per sliding scale instructions from 12/01/24 to 12/31/24. -Resident #1's FSBS were documented at 7:00am, 12:00pm, and 6:00pm from 12/01/24 to 12/31/24 and ranged from 61-340. <p>Review of Resident #1's January 2025 MAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for Lispro insulin see sliding scale scheduled for 7:00am, 12:00pm, and 6:00pm. -There was an entry for FSBS scheduled for 7:00am, 12:00pm, and 6:00pm. -Lispro insulin was documented as administered per sliding scale instructions from 01/01/25 to 01/29/25. -Resident #1's FSBS were documented at 7:00am, 12:00pm, and 6:00pm from 01/01/25 to 01/29/25 and ranged from 60-330. <p>Review of Resident #2's record revealed:</p> <ul style="list-style-type: none"> -There was a Licensed Health Professional Support (LHPS) evaluation dated 04/18/24 with no LHPS tasks checked, and documentation of FSBS stable on FSBS checks and subcutaneous insulin. -There were no other LHPS evaluations available for review. <p>Interview with Resident #1 on 01/29/25 at 11:03am revealed:</p> <ul style="list-style-type: none"> -He lived at the facility for over a year. -The facility staff checked his FSBS three times 	C 252	<p>The doctor prepared a new sliding scale duly signed which is being used now. The Administrator will ensure insulin is recorded as required by the state.</p>

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C 252 Continued From page 22

daily.

-The facility staff administered an insulin injection if his blood sugar was elevated.

Interview with the Administrator on 01/29/25 at 12:35pm revealed:

-The residents' LHPS evaluations should be completed quarterly.

-The registered nurse (RN) consultant was responsible for completing LHPS evaluations.

-The RN consultant who completed Resident #1's LHPS evaluation on 04/18/24 no longer worked for the facility and was out of the country.

-She hired another RN consultant who came to the facility once but did not complete the paperwork, so she had to find another RN consultant.

-She had a new RN consultant, but she was unable to come to the facility on a regular schedule due to personal matters.

Attempted telephone interview with the facility's contracted registered nurse (RN) consultant on 01/29/25 at 2:30pm was unsuccessful.

C 252

We will continue to do LHPS evaluations by RN on our staffs quarterly.

Staff training on diabetes by an RN will continue to be done as 2/17/25 required by the state.

C 317 10A NCAC 13G .1002 (c) Medication Orders

10A NCAC 13G .1002 Medication Orders

c) The medication orders shall be complete and include the following:

- (1) medication name;
- (2) strength of medication;
- (3) dosage of medication to be administered;
- (4) route of administration;
- (5) specific directions of use, including frequency of administration; and
- (6) if ordered on an as needed basis, a stated indication for use.

C 317

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-083-02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
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C 317	<p>Continued From page 23</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents' medication orders were complete for 2 of 3 sampled residents (#1, #2) including a medication used to lower blood sugar levels (#1) and a medication used to prevent or treat vitamin deficiency (#2).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 12/15/24 revealed: -Diagnoses included type 2 diabetes mellitus, hypertension, gastroesophageal reflux disease, glaucoma, and bilateral dry eyes. -There was an order to check fingerstick blood sugar (FSBS) three times daily. -There was an order for Lispro insulin-sliding scale (Lispro insulin is a short-acting injectable medication used to lower blood sugar levels at mealtimes). -There were no instructions for the dose, route, or frequency for the administration of Lispro insulin.</p> <p>Review of Resident #1's record revealed: -There was an FL2 dated 10/14/24 with an order for Lispro insulin-injectable sliding scale. -There were no instructions for the dose, route, or frequency for the administration of Lispro insulin.</p> <p>Review of Resident #1's undated insulin sliding scale instructions revealed: -There were instructions to check FSBS before every meal including breakfast, lunch, and dinner. -If FSBS was 0-200, no units, 201-250= 4 units,</p>	C 317	<p>The insulin order was established and a new sliding scale is now being used 2/10/25 The instructions are now included and on the MAR too.</p> <p>The Administrator is committed to making sure the correct documentation is done in future and sliding scale is correctly followed 2/10/25</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-053-02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER MEGGIE'S FCH		STREET ADDRESS, CITY, STATE, ZIP CODE 619 GLENWOOD DRIVE SANFORD, NC 27330	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
C 317	<p>Continued From page 24</p> <p>251-300= 6 units, 301-350= 8 units, 351-400= 10 units, greater than 400= call primary care provider (PCP) less than 50- drink orange juice or eat something sweet and call MD, if symptoms persist or worsen call 911.</p> <p>-Resident #1's name was not on the instructions.</p> <p>-Resident #1's primary care provider's (PCP) name or signature was not on the instructions.</p> <p>Observation of Resident #1's medications on hand on 01/29/25 at 1:15pm revealed:</p> <p>-Resident #1 had 1 Lispro insulin pen opened on 01/15/25.</p> <p>-Resident #1 had a second unopened Lispro insulin pen stored in a refrigerator.</p> <p>Review of Resident #1's November 2024 medication administration record (MAR) revealed:</p> <p>-There was an entry for Lispro insulin see sliding scale scheduled for 7:00am, 12:00pm, and 6:00pm.</p> <p>-There was an entry for FSBS scheduled for 7:00am, 12:00pm, and 6:00pm.</p> <p>-Lispro insulin was documented as administered per sliding scale instructions from 11/01/24 to 11/30/24.</p> <p>-Resident #1's FSBS were documented at 7:00am, 12:00pm, and 6:00pm from 11/01/24 to 11/30/24 and ranged from 64-429.</p> <p>Review of Resident #1's December 2024 MAR revealed:</p> <p>-There was an entry for Lispro insulin see sliding scale scheduled for 7:00am, 12:00pm, and 6:00pm.</p> <p>-There was an entry for FSBS scheduled for 7:00am, 12:00pm, and 6:00pm.</p> <p>-Lispro insulin was documented as administered per sliding scale instructions from 12/01/24 to 12/31/24.</p>	C 317	

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C 317	<p>Continued From page 25</p> <p>-Resident #1's FSBS were documented at 7:00am, 12:00pm, and 6:00pm from 12/01/24 to 12/31/24 and ranged from 61-340.</p> <p>Review of Resident #1's January 2025 MAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for Lispro insulin see sliding scale scheduled for 7:00am, 12:00pm, and 6:00pm. -There was an entry for FSBS scheduled for 7:00am, 12:00pm, and 6:00pm. -Lispro insulin was documented as administered per sliding scale instructions from 01/01/25 to 01/29/25. -Resident #1's FSBS were documented at 7:00am, 12:00pm, and 6:00pm from 01/01/25 to 01/29/25 and ranged from 60-330. <p>Interview with Resident #1 on 01/29/25 at 11:03am revealed:</p> <ul style="list-style-type: none"> -He lived at the facility for over a year. -The facility staff checked his FSBS three times daily. -The facility staff administered an insulin injection if his blood sugar was elevated. -He was unsure of the parameters on his sliding scale order. <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed:</p> <ul style="list-style-type: none"> -Residents' medication orders were listed on the FL2 form. -When a resident received medication orders, the orders were sent to the pharmacy and filed in the chart. -She was responsible for checking the medication orders and FL2s for accuracy. -When Resident #1 was admitted to the facility in 2023, she contacted his PCP for Resident #1's sliding scale insulin orders. 	C 317		
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C 317	<p>Continued From page 26</p> <p>-She received the sliding scale insulin instructions from Resident #1's PCP and the order had not changed since Resident #1 was admitted to the facility.</p> <p>-Resident #1 was the only resident in the facility on insulin.</p> <p>-She was not aware when the FL2 was updated that the complete sliding scale insulin order should be on the medication list on the FL2.</p> <p>Telephone interview with a medical assistant at Resident #1's PCP office on 01/29/25 at 1:56pm: -Resident #1's sliding scale insulin orders of if FSBS was 0-200, no units, 201-250= 4 units, 251-300= 6 units, 301-350= 8 units, 351-400= 10 units, greater than 400= call primary care provider (PCP) less than 50- drink orange juice or eat something sweet and call MD, if symptoms persist or worsen call 911 were the correct insulin orders.</p> <p>-When the PCP office updated Resident #1's FL2, the office did not normally list the sliding scale insulin instructions on the FL2.</p> <p>-The sliding scale instructions for Resident #1 should have his name on the instructions.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 01/29/25 at 2:31pm revealed sliding scale insulin orders on residents' FL2s should have the dosage and instructions on how to administer the medication.</p> <p>Attempted telephone interview with Resident #1's PCP on 01/29/25 at 1:56pm was unsuccessful.</p> <p>2. Review of Resident #2's current FL2 dated 12/18/24 revealed: -Diagnoses included autistic disorder and hypertension. -There was an order for Vitamin D3 take 1 tablet</p>	C 317	<p>A new sliding scale established 2/11/25</p> <p>The facility will make sure every Resident is given his sliding scale according to doctor's recommendations.</p>	
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C 317	<p>Continued From page 27</p> <p>daily (Vitamin D3 is a supplement used to treat or prevent vitamin deficiency). -There was no dosage of Vitamin D3 to be administered.</p> <p>Review of Resident #2's primary care provider's (PCP) order dated 11/12/24 revealed there was an order for Vitamin D3 1000 units take 1 capsule daily.</p> <p>Observation of Resident #2's medications on hand on 01/29/25 at 1:15pm revealed: -Resident #1 had a bottle of Vitamin D3 1000 units with a quantity of 90 capsules dispensed on 11/12/24. -Resident #2 had 9 Vitamin D3 1000 unit capsules remaining.</p> <p>Review of Resident #2's November 2024 medication administration record (MAR) revealed: -There was an entry for Vitamin D3 1000 units 1 capsule daily scheduled for 9:00pm. -Vitamin D3 1000 units was documented as administered daily at 9:00pm from 11/13/24 to 11/30/24.</p> <p>Review of Resident #2's December 2024 MAR revealed: There was an entry for Vitamin D3 1000 units 1 capsule daily scheduled for 9:00pm. -Vitamin D3 1000 units was documented as administered daily at 9:00pm from 12/01/24 to 12/31/24.</p> <p>Review of Resident #2's January 2025 MAR revealed: There was an entry for Vitamin D3 1000 units 1 capsule daily scheduled for 9:00pm. -Vitamin D3 1000 units was documented as administered daily at 9:00pm from 01/01/25 to</p>	C 317		
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NAME OF PROVIDER OR SUPPLIER MEGGIE'S FCH		STREET ADDRESS, CITY, STATE, ZIP CODE 619 GLENWOOD DRIVE SANFORD, NC 27330	
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C 317	Continued From page 28 01/28/25. Interview with the Administrator on 01/29/25 at 12:35pm revealed: -Residents' medication orders were listed on the FL2 form. -When a resident received medication orders, the orders were sent to the pharmacy and filed in the chart. -She was responsible for checking the medication orders and FL2s for accuracy. -She did not notice Resident #2's Vitamin D3 order on the current FL2 did not have a dosage listed. Telephone interview with a pharmacist from the facility's contracted pharmacy on 01/29/25 at 2:31 pm revealed the medication orders on residents' FL2s should have the dosage of the medication included. Based on observations, interviews, and record reviews, Resident #2 was not interviewable. Attempted telephone interview with Resident #2's PCP on 01/29/25 at 1:49pm was unsuccessful.	C 317	<i>The FL2 was amended on 2/13/25 and now indicates the vitamin D3 dosage. The Administrator will ensure future FL2 reflect the correct information like correct med, doses and frequency as required by the State.</i>
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk.	C 375	

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C 375	<p>Continued From page 29</p> <p>Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record;</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a licensed pharmacist, prescribing practitioner, or registered nurse conducted quarterly on-site medication reviews for 3 of 3 sampled residents (#1, #2, #3).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 12/15/24 revealed diagnoses included type 2 diabetes mellitus, hypertension, gastroesophageal reflux disease, glaucoma, and bilateral dry eyes.</p>	C 375	<p>Administrator will make sure, after the pharmacist or RN Review Residents meds as required by the state. 2/18/25</p> <p>Medications for our #3 residents were reviewed by a RN 2/18/25</p>	
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C 375	<p>Continued From page 30</p> <p>Review of Resident #1's Resident Register revealed an admission date of 09/14/23.</p> <p>Review of Resident #1's record revealed: -There was a medication review completed by a licensed pharmacist on 10/18/23. -There were no other quarterly medication reviews available for review.</p> <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed: -She was not aware that quarterly medication reviews were required. -She had not requested for a pharmacist from the facility's contracted pharmacy to complete quarterly medication reviews. -Shortly after Resident #1 was admitted to the facility, she took Resident #1's medications and medication orders to the facility's contracted pharmacy and the pharmacist reviewed Resident #1's medications and documented the review on 10/18/23. -Resident #1 had no other medication reviews.</p> <p>Refer to telephone interview with a pharmacist from the facility's contracted pharmacy on 01/29/25 at 2:31pm.</p> <p>2. Review of Resident #2's current FL2 dated 12/18/24 revealed diagnoses included autistic disorder and hypertension.</p> <p>Review of Resident #2's record revealed: -There was an admission date of 10/11/24 on the inside cover of the record. -There were no quarterly medication reviews available for review.</p> <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed:</p>	C 375	<p>RN did medication review of our # 2 Resident 2/18/25 Administrator will make sure Meds are reviewed as required quarterly for all our residents.</p>	
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C 375	<p>Continued From page 31</p> <ul style="list-style-type: none"> -She was not aware that quarterly medication reviews were required. -She had not requested for a pharmacist from the facility's contracted pharmacy to complete quarterly medication reviews. -Resident #2 had no quarterly medication reviews. <p>Refer to telephone interview with a pharmacist from the facility's contracted pharmacy on 01/29/25 at 2:31pm.</p> <p>3. Review of Resident #3's current FL2 dated 03/21/24 revealed diagnoses included Down's syndrome, generalized anxiety disorder, hypothyroidism, and right leg pain.</p> <p>Review of Resident #3's record revealed:</p> <ul style="list-style-type: none"> -Resident #3 was admitted to the facility on 04/07/24. -There were no quarterly medication reviews available for review. <p>Interview with the Administrator on 01/29/25 at 12:35pm revealed:</p> <ul style="list-style-type: none"> -She was not aware that quarterly medication reviews were required. -She had not requested for a pharmacist from the facility's contracted pharmacy to complete quarterly medication reviews. -Resident #3 had no quarterly medication reviews. <p>Refer to telephone interview with a pharmacist from the facility's contracted pharmacy on 01/29/25 at 2:31pm.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 01/29/25 at 2:31pm revealed:</p>	C 375	<p>Medication Review for our #3 resident was done on 2/4/25. State require us to have Pharmacist or RN Review our Residents meds and the facility will make sure that it is done as required by the State</p>

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C 375	Continued From page 32 -The pharmacy conducted quarterly medication reviews for most facilities when the facility had a contract for pharmacy services. -She was unsure who conducted the quarterly medication reviews for the facility. -She had not conducted any medication reviews for the facility.	C 375	