

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2025
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NAME OF PROVIDER OR SUPPLIER L & L FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3023 CHANDLER MILL ROAD PELHAM, NC 27311
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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey and a follow-up survey on 04/15/25.	C 000		
C 077	<p>10A NCAC 13G .0315 (a)(4) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings</p> <p>(a) A family care home shall: (4) have a North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Section approved sanitation classification at all times, pursuant to the "Rules Governing the Sanitation of Residential Care Facilities", 15A NCAC 18A .1600, which is incorporated by reference including all subsequent amendments and can be accessed electronically free of charge at http://ehs.dph.ncdhs.gov/rules.htm; Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure a current North Carolina Division of Environmental Health approved sanitation classification was issued by the local environmental health department.</p> <p>The findings are:</p> <p>Observation of the facility on 04/15/25 at 10:15am revealed there was no sanitation inspections</p>	C 077		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 077	<p>Continued From page 1</p> <p>posted in the facility.</p> <p>Interview with the Facility Manager on 04/15/25 at 10:23am revealed: -He was not aware the facility was required to have an approved sanitation classification from the local environmental health department. -He did not recall the local environmental health department ever doing an inspection of the facility. -He was responsible for scheduling the local environmental health department inspection for the facility.</p> <p>Interview with the Administrator on 04/15/25 at 2:15pm revealed: -The Facility Manager was responsible for scheduling the facility's health inspection with the local environment health department. -She followed up with the Facility Manager to make sure it was completed. -She had missed that the inspection was past due. -She was responsible for the facility and making sure it was completed.</p> <p>Attempted telephone interview with the local Environmental Sanitation Inspector on 04/15/25 at 10:50am was unsuccessful.</p>	C 077		
C 099	<p>10A NCAC 13G .0316 (d) Fire Safety And Disaster Plan</p> <p>10A NCAC 13G .0316 Fire Safety And Disaster Plan</p> <p>(d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be</p>	C 099		

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C 099	<p>Continued From page 2</p> <p>prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure fire safety requirements required by city ordinances or county building inspections were met.</p> <p>The findings are:</p> <p>Review of the facility's most recent fire inspection revealed it was dated 08/31/23; there were no demerits.</p> <p>Interview with the Facility Manager on 04/15/25 at 10:23am revealed: -He was responsible for calling the Fire Marshall to schedule the inspections. -He had forgotten to schedule an inspection. -He did not realize how long it had been since the facility's last fire safety inspection.</p> <p>Interview with the Administrator on 04/15/25 at 2:15pm revealed: -The Facility Manager was responsible for scheduling the fire safety inspection with the Fire Marshall. -She followed up with the Facility Manager to make sure it was completed. -She had missed that the inspection was past due. -She was responsible for the facility and making</p>	C 099		

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C 099	Continued From page 3 sure it was completed.	C 099		
C 341	<p>10A NCAC 13G .1004 (i) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration</p> <p>(i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the Administrator/Medication Aide (MA) observed residents taking their medications for 3 of 3 residents sampled (#1, #2 and #3).</p> <p>The findings are:</p> <p>Observations of the dining room table on 04/15/25 at various times from 8:10am to 8:35am revealed: -At 8:10am, there were two medication cups with tablets; the cups were setting on the table at place settings. -At 8:15am, the Administrator placed on more</p>	C 341		

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C 341	<p>Continued From page 4</p> <p>medication cup with tablets in it at a place setting. -At 8:35am, the residents came into the dining room and sat at the table. -The residents took their medications at various times before they were served their meals. -There were no staff in the room during the time the residents took their medications.</p> <p>1. Review of Resident #1's current FL-2 dated 02/07/25 revealed diagnoses included dementia, diabetes mellitus two, schizophrenia, and hypertension.</p> <p>Observation of Resident #1's medications at the table on 04/15/25 at 8:15am revealed: -There were 10 and a half tablets in a medication cup on the dining room table at her place setting. -Resident #1 poured the 10 and a half tablets into her hand and placed them in her mouth. -There was no staff present when she took her medications.</p> <p>Review of Resident #1's April 2025 medication administration record (MAR) for 04/15/25 at 9:11am revealed: -There were entries for 10 medications with a scheduled administration time of 8:00am. -There was no documentation the 10 medications had been administered at 8:00am on 04/15/25.</p> <p>Refer to the interview with the Facility Manager on 04/15/25 at 2:55pm.</p> <p>Refer to the interview with the Administrator on 04/15/25 at 2:10pm.</p> <p>Based on observations, record reviews and interviews Resident #1 was not interviewable.</p> <p>2. Review of Resident #2's current FL-2 dated</p>	C 341		

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C 341	<p>Continued From page 5</p> <p>03/03/25 revealed diagnoses included psychosis, glaucoma, hypertension and gastroesophageal reflux disease.</p> <p>Observation of Resident #2's medications at the table on 04/15/25 at 8:15am revealed: -There were 9 tablets in a medication cup on the dining room table at her place setting. -Resident #2 poured the 9 tablets into her mouth. -There was no staff present when she took her medications.</p> <p>Review of Resident #2's April 2025 medication administration record (MAR) for 04/15/25 at 9:11am revealed: -There were entries for 9 medications with a scheduled administration time of 8:00am. -There was no documentation the 9 medications had been administered at 8:00am on 04/15/25.</p> <p>Refer to the interview with the Facility Manager on 04/15/25 at 2:55pm.</p> <p>Refer to the interview with the Administrator on 04/15/25 at 2:10pm.</p> <p>Based on observations, record reviews and interviews Resident #2 was not interviewable.</p> <p>3. Review of Resident #3's current FL-2 dated 04/26/24 revealed diagnosis included diabetes type two, convulsions, dementia and hypertension.</p> <p>Observation of Resident #3's medications at the table on 04/15/25 at 8:15am revealed: -There were 11 tablets in a medication cup on the dining room table at his place setting. -Resident #3 poured the 11 tablets into his mouth. -There was no staff present when he took his</p>	C 341		

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C 341	<p>Continued From page 6</p> <p>medications.</p> <p>Review of Resident #3's April 2025 medication administration record (MAR) for 04/15/25 at 9:11am revealed:</p> <ul style="list-style-type: none"> -There were entries for 9 medications with a scheduled administration time of 8:00am. -There was no documentation the 9 medications had been administered at 8:00am on 04/15/25. <p>Interview with Resident #3 on 04/15/25 at 8:35am revealed:</p> <ul style="list-style-type: none"> -He took his medication at the table every morning. -He knew which medications were his because he sat in the same place for every meal. -Staff were not always in the dining room with him when he took his medications but they checked to see if he took them. <p>Refer to the interview with the Facility Manager on 04/15/25 at 2:55pm.</p> <p>Refer to the interview with the Administrator on 04/15/25 at 2:10pm.</p> <hr/> <p>Interview the Facility Manager on 04/15/25 at 2:55pm revealed:</p> <ul style="list-style-type: none"> -He and the Administrator administered medications to the residents. -Usually he was the only one to administer medications. -He set the medication cups with the medication in them on the table at the place setting and watched the residents take their medications. -He always documented the medication administration after the resident took the medication. -He knew the residents were supposed to be administered their medication one at a time. 	C 341		

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C 341	<p>Continued From page 7</p> <p>-He thought it was okay to administer the medications the way he was doing it because he was always present when the residents took their medications.</p> <p>Interview with the Administrator on 04/15/25 at 2:10pm revealed:</p> <p>-She administered the residents their medications that morning, 04/15/25.</p> <p>-She popped the medications into individual medication cups and placed them on the table.</p> <p>-The medication cups did not have the residents' names on them.</p> <p>-The residents sat at the same seat for every meal.</p> <p>-She watched the residents take their medications.</p> <p>-She would document on the eMAR after she saw the residents all take their medications.</p> <p>-She had not gotten the chance to document on the eMAR until later in the morning today, 04/15/25.</p>	C 341		
C 368	<p>10A NCAC 13G .1008 (b) Controlled Substances</p> <p>10A NCAC 13G .1008 Controlled Substances</p> <p>(b) Controlled substances may be stored together in a common location or container. If Schedule II medications are stored together in a common location, the Schedule II medications shall be under double lock.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to store controlled substances for 2 of 2 residents (#2, and #3)</p>	C 368		

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C 368	<p>Continued From page 8</p> <p>under a double lock.</p> <p>The findings are:</p> <p>Observation of the medication closet on 04/15/25 at 11:38am revealed:</p> <ul style="list-style-type: none"> -There was a closet in the hallway that was locked. -There were bins for each resident with their medications in the bin. -There were no other secured or locked containers in the closet. <p>1.Review of Resident #2's current FL-2 dated 03/03/25 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included psychosis, glaucoma, hypertension and gastroesophageal reflux disease. -There was an order for clonazepam (used to treat anxiety) 0.5mg twice daily. <p>Observation of Resident #1's medications on hand on 04/15/25 at 11:40am revealed:</p> <ul style="list-style-type: none"> -There were 35 tablets of clonazepam 0.5mg available for administration in two multidose packages. -The clonazepam was identified by a picture on each multidose package. -The multidose packages were stored together in a bin with the resident's name on the outside of the bin. -The multidose packages with the clonazepam were not stored in a second lock inside the medication closet. <p>Refer to the interview with the Facility Manager on 04/15/25 at 2:32pm.</p> <p>Refer to the interview with the Administrator on 04/15/25 at 2:35pm.</p>	C 368		

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C 368	<p>Continued From page 9</p> <p>2. Review of Resident #3's current FL-2 dated 04/26/24 revealed: -Diagnosis included diabetes type two, convulsions, dementia and hypertension. -There was an order for brivaracetam (used to treat seizures) 50mg twice daily.</p> <p>Observation of Resident #3's medications on hand on 04/15/25 at 11:46am revealed: -There were 35 tablets of brivaracetam 50mg available for administration in two multidose packages. -The brivaracetam was identified by a picture on each multidose package. -The multidose packages were stored together in a bin with the resident's name on the outside of the bin. -The multidose packages with the brivaracetam were not stored in a second lock inside the medication closet.</p> <p>Refer to the interview with the Facility Manager on 04/15/25 at 2:32pm.</p> <p>Refer to the interview with the Administrator on 04/15/25 at 2:35pm.</p> <p>_____ Interview with the Facility Manager on 04/15/25 at 2:32pm revealed: -The residents' controlled medications were in multidose packages and kept in individual bins with the rest of the resident's medications. -The medication closet was always locked and only he and the Administrator had the key. -He was not aware the residents' controlled medications were required to be secured under a second lock.</p> <p>Interview with the Administrator on 04/15/25 at</p>	C 368		

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C 368	Continued From page 10 2:35pm revealed: -The controlled medications had always been stored in the locked medication closet with the other medications. -She was not aware the controlled medication needed to be kept in a second lock inside the closet.	C 368		