Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	R 07/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 000}	Initial Comments The Adult Care Licensure Section completed a follow-up survey on 07/12/18 and 7/13/18.	{C 000}		
C 207	10A NCAC 13G .0702(c)(4) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (c) The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following: (4) If the information on the FL-2 or MR-2 is not clear or is insufficient, the administrator or supervisor-in-charge shall contact the physician for clarification in order to determine if the services of the facility can meet the individual's needs. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure clarification with the physician of FL2 diagnoses, recommended level of care, diet and resident information and medications for 1 of 3 sampled residents. (Resident #2). The findings are: Review of the current FL2 dated 04/16/18 for Resident #2 revealed: -There were no diagnoses on the FL2. -There was no documentation of a diet order. -There was no level of care recommendation. -There was no resident information. Review of a previous FL2 dated 08/10/17 for Resident #2 included diagnoses of	C 207		

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C 207	Continued From page 1 schizoaffective disorder, mild mental retardation, seizure disorder, chronic obstructive pulmonary disease, arthritis, hyperlipidemia, hypertension, and cardiomyopathy. Review of the record for Resident #2 revealed: -There was a diet order for a regular diet. -The diet order was signed by the physician on 08/10/17. Interview on 07/12/18 at 3:50pm with the SIC revealed: -She and another SIC complete the FL2's to take to the physicians to be signed. -Another SIC had filled out the FL2 to have the medications updated and did not include the other information. -She was responsible for having the orders clarified. -She would check the new FL2's in the future to be sure all the information was filled out and against the current medications and will verify correct orders with differences before the new FL2 were taken to the physician to be signed. Interview on 07/13/18 at 5:30 pm with the physician revealed: -She did not recall signing an incomplete FL2. -The facility had filled out the FL2 for Resident #2. -The facility would be responsible to let her know of any medication changes when Resident #2 came for his appointment.	C 207		