STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060123	A. BUILDING: _____ B. WING _____	R 06/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCLAIN'S FAMILY CARE HOME # 1	5963 THE PLAZA ROAD CHARLOTTE, NC 28215

(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 along with the Mecklenburg County DSS conducted an Annual and a Follow-Up Survey on June 13, 2018.	C 000		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure medications were administered as ordered by licensed prescribing practitioner for 1 of 3 residents (Resident #2) with physician's order for diclofenac sodium 1% gel (a nonsteroidal anti-inflammatory medication used to reduce pain) and a medication administered without an order for clindamycin ph gel (a medication used to treat acne vulgar). The findings are: 1. Review of Resident #2's current FL2 dated 03/13/18 revealed: -Diagnoses included schizophrenia, tibia/fibula compression fracture and Parkinson's disease. -Medications ordered on the FL2 did not included diclofenac sodium 1% gel to be administered topically to painful area 4 times a day.	C 330	Base on resident #2 current FL2 dated 03/13/18 respect to her medication diclofenac sodium 1% gel order was not send to the Pharmacy and also the facility	

Reviewed and accepted by
Diana Spalding RN, BSN
9/4/18

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
	FCL060123	A. BUILDING: _____ B. WING _____	R 06/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCLAIN'S FAMILY CARE HOME # 1	5963 THE PLAZA ROAD CHARLOTTE, NC 28215

(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 330	Continued From page 1 Review of a Resident #2's signed physician order dated 04/13/18 revealed an order for diclofenac sodium 1% gel to be administered topically to painful area 4 times a day. Review of Resident #2's April, May and June 2018 medication administration record (MAR) revealed diclofenac sodium 1% gel to be administered topically to painful area 4 times a day was not listed on the MAR for administration. Observation of medication on hand for administration for Resident #2 revealed no diclofenac sodium 1% gel to be administered topically to painful area 4 times a day on hand for administration. Interview with Resident #2 on 06/13/18 at 9:45am revealed: -She saw a spine specialist on 04/13/18 related to her back and leg pain. -She did not know she was to get the diclofenac sodium 1% gel after seeing the spine specialist. -She thought it would have helped with the pain. Interview with the medication aide (MA) on 06/13/18 at 9:55am revealed: -Resident #2 saw a spine specialist on 04/1318 for back and leg pain. -She did not know Resident #2 was to take diclofenac sodium 1% gel because she did not receive the orders. -All orders were sent from the physician's office to the pharmacy. -"It was the physician's responsibility to send the orders to the pharmacy. -She did not know which of Resident #2's physicians ordered what mediations. -She did not call the physician to see what was ordered.	C 330	does not receive any order to be taken ~~to~~ to the Phyrmacy. The Phyrmacy does not receive any order. But fm this Point we will Put a plan together to always Contact the clients/resident doctor to get more information about the medication befor leave the hospital. The ~~for~~ Staff of the facility will Put ~~to~~ a team together include the Administrator to check or go over the MAR fm the Phyrmacy Plus other Staff members be the begining of ~~every~~ month. To make Sure all Medications are on the MAR. AS Measured in ~~our~~ Communition, we will make Sure that all residents medication orders be on file and all residents information fm their doctor will also be on file. we will be in Contact will Pharmacy for residents medication orders.	

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
	FCL060123	A. BUILDING: _____ B. WING _____	R 06/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCLAIN'S FAMILY CARE HOME # 1	8969 THE PLAZA ROAD CHARLOTTE, NC 28215

(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 330	Continued From page 2 Interview with Resident #2's Spine Specialist on 06/13/18 at 4:08pm revealed: -She saw Resident #2 for the first time on 04/13/18. -Resident #2 was seen for a compression fracture of the thoracic 12 to lumbar 2 region. -She ordered diclofenac sodium 1% gel to apply to her painful areas 4 times a day as needed for pain. -Resident #2 had 4 pharmacies listed in the computer and Resident #2 did not know which pharmacy was her pharmacy so a hand written prescription for the diclofenac sodium 1% gel was sent back to the facility with Resident #2. -The facility did not call her about medications ordered or about the visit. Telephone interview with Resident #2's pharmacy representative on 06/13/18 at 12:19pm revealed: -She did not receive orders dated 04/13/18 from Resident #2's spine specialist. -All orders received about Resident #2 were faxed by the physician's office or brought into the pharmacy by a facility staff member. Attempted telephone interview with the Administrator on 06/13/18 at 12:30pm was unsuccessful. 2. Review of Resident #2's April, May and June 2018 MAR revealed: -A handwritten entry for clindamycin ph % gel, apply a thin layer topically to affected areas twice a day and documented as administered April 1 - June 12, 2018 at 8:00am and 8:00pm. Interview with Resident #2 on 06/13/18 at 9:45am revealed she uses several gels but not sure of the names or what all they were used for.	C 330	I do not know any of the residents ever seen a spine Specialist or have a spine doctor. We will double check about ~~staff~~ information on resident documents. About Phamacy, our clients using only one Phamacy not two, or three. Before they were having their own Phamacy, and they moved on our facility, we took them to the Phyamacy our facility is using. Now all our clients has one Phyamacy not two. All mistake will be Corrected based on the information receiving from you. We will always make Sure to get in Contact with their doctor to have a Copy of their medication list.	

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
	FCL060123	A. BUILDING: _____ B. WING _____	R 06/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCLAIN'S FAMILY CARE HOME # 1	5963 THE PLAZA ROAD CHARLOTTE, NC 28215

(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 330	Continued From page 3 Observation of the medications on hand revealed a 30 gram tube of clindamycin phosphate 1% topical gel without a medication label and Resident #2's name and a date of 07/22/17. Interview with the MA on 06/13/18 at 9:55am revealed: -Resident #2 used the clindamycin ph gel since last year. -She did not know which physician ordered the clindamycin ph gel. -The pharmacy "forgot" to put the medication on the MAR so she did. -She did not know where the medication came from. Attempted telephone interview with the Administrator on 06/13/18 at 12:30pm was unsuccessful. Telephone interview with Resident #2's pharmacy representative on 06/13/18 at 12:20pm revealed they did not receive an order for clindamycin or the diclofenac sodium 1% gel and they did not dispense it.	C 330	All information on resident #2 and other clients will be correct, and documentation will right base on information we are getting from your team. & we will always check in doctor office to get up to date on clients medication and order forms to be in Placed. The Administrator drop or carry his car to the garage to repair before the team came for the ~~[illegible]~~ Assessment. I don't have no means to leave. That was the cause.	