STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 conducted an Annual Survey on 04/16/21.	C 000		
C 315	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to contact the Primary Care Provider for 2 of 3 sampled residents (#1 and #2) to clarify orders related to the frequency of a blood pressure order, an eye drop, and an iron supplement (#2) and an antidepressant (#1). The findings are: 1. Review of Resident #2's current FL-2 dated 12/16/20 revealed diagnoses included depressive disorder, hypertension, diabetes mellitus, and chronic back and leg pain. a. Review of Resident #2's signed six-month	C 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 315	Continued From page 1	C 315		

physician's orders dated 12/04/20 revealed an order to check Resident #2's blood pressure twice a week.

Review of Resident #2's FL-2 dated 12/16/20 revealed an order to check Resident 2's blood pressure (BP) daily and record.

Review of Resident #2's February 2021, March 2021, and April 2021 medication administration records (MAR) revealed there was an entry to take Resident #2's BP twice weekly and record on the vital sign sheet.

Review of Resident #2's vital sign sheet for February 2021, March 2021, and April 2021 revealed Resident #2's BP was taken twice weekly.

Interview with the Supervisor-in-Charge (SIC) on 04/16/21 at 3:24pm revealed:
-She typed up Resident #2's FL-2 and sent it to the primary care provider (PCP) to be signed.
-She used Resident #2's current MAR as the guide for the orders.
-She had "mistyped" Resident #2's blood pressure order as daily; the most current order for Resident #2's BP when she typed the FL-2 was dated 12/04/20 and was for twice weekly.
-She did not send the FL-2 to the pharmacy.

Attempted telephone interview with Resident #2's PCP on 04/16/21 at 2:47pm was unsuccessful.

Refer to the interview with the Administrator on 04/16/21 at 6:34pm.

b. Review of Resident #2's signed six-month physician's orders dated 12/04/20 revealed an order for Systane eye drops three times daily

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 315	Continued From page 2 (TID). Review of Resident #2's FL-2 dated 12/16/20 revealed an order for Systane eye drops twice daily (BID). Review of Resident #2's February 2021, March 2021, and April 2021 medication administration records (MAR) revealed: -There was an entry for Systane eye drops TID with a scheduled administration time of 8:00am, 2:00pm, and 8:00pm. -Systane eye drops were documented as administered TID from 02/01/21-02/28/21, 03/01/21-03/31/21, and 04/01/21-04/16/21. Review of Resident #2's medications on hand on 04/16/21 at 1:22pm revealed a bottle of Systane eye drops with directions to administer TID. Interview with the Supervisor-in-Charge (SIC) on 04/16/21 at 3:24pm revealed: -She typed up Resident #2's FL-2 and sent it to the primary care provider (PCP) to be signed. -She used Resident #2's current MAR as the guide for the orders. -She had "mistyped" Resident #2's Systane eye drops; the most current order for Resident #2's Systane eye drops when she typed the FL-2 was dated 12/04/20 and was for TID, not BID. -She did not send the FL-2 to the pharmacy. Attempted telephone interview with Resident #2's PCP on 04/16/21 at 2:47pm was unsuccessful. Refer to the interview with the Administrator on 04/16/21 at 6:34pm. c. Review of Resident #2's signed six-month physician's orders dated 12/04/20 revealed an	C 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 315	Continued From page 3 order for Ferrous Gluconate (iron supplement) every other day. Review of Resident #2's FL-2 dated 12/16/20 revealed an order for Ferrous Gluconate daily. Review of Resident #2's February 2021, March 2021, and April 2021 medication administration records (MAR) revealed: -There was an entry for Ferrous Gluconate every other day with a scheduled administration time of 8:00am. -Ferrous Gluconate was documented as administered every other day 02/01/21-02/28/21, 03/01/21-03/31/21, and 04/01/21-04/16/21. Interview with the Supervisor-in-Charge (SIC) on 04/16/21 at 3:24pm revealed: -She typed up Resident #2's FL-2 and sent it to the primary care provider (PCP) to be signed. -She used Resident #2's current MAR as the guide for the orders. -She had "mistyped" Resident #2's Ferrous Gluconate; the most current order for Resident #2's Ferrous Gluconate when she typed the FL-2 was dated 12/04/20 and was for every other day. Review of Resident #2's medications on hand on 04/16/21 at 1:22pm revealed 15 tablets of Ferrous Gluconate were dispensed on 03/15/21 for a 30-day supply with directions documented as every other day. Attempted telephone interview with Resident #2's PCP on 04/16/21 at 2:47pm was unsuccessful. Refer to the interview with the Administrator on 04/16/21 at 6:34pm. 2. Review of Resident #1's current FL-2 dated	C 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 315	Continued From page 4 04/13/21 revealed: -Diagnoses included hypertension, hyperlipidemia, vitamin D deficiency, gastroesophageal reflux disease, and osteoarthritis. -There was an order for Sertraline 100mg (an antidepressant) at bedtime. Review of Resident #1's physician's order dated 03/15/21 revealed an order to discontinue Sertraline 100mg. Review of Resident #1's March 2021 medication administration record (MAR) revealed there was an entry for Sertraline 100mg; the entry stopped on 03/15/21 and was not documented as administered from 03/15/21-03/30/21. Review of Resident #1's April 2021 medication administration record (MAR) revealed there was an entry for Sertraline 100mg; the entry stopped on 03/15/21 and was not documented as administered. Review of Resident #1's medications on hand on 04/16/21 at 10:19am revealed: -There was a pharmacy box of prepackaged cycle medications that were dispensed on 03/15/21. -The pharmacy box was labeled with the medications contained within the box; Sertraline 100mg was listed as a medication. -The individual medication packages contained a Sertraline 100mg tablet. -There was a second pharmacy box of prepackaged medications that were dispensed on 04/12/21. -The pharmacy box was labeled with the medications contained within the box; Sertraline 100mg was not listed as a medication.	C 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 315	Continued From page 5 -The individual medication packages did not contain a Sertraline 100mg tablet in the package labeled bedtime. Interview with the Supervisor-in-Charge (SIC) on 04/16/21 at 10:43am revealed: -Resident #1's Sertraline 100mg was not administered and was "wasted." -She typed up Resident #1's FL-2 and sent it to the primary care provider (PCP) to be signed. -She used Resident #1's current MAR as the guide for the orders. -She thought she had typed up the current FL-2 around the 12th or 13th of March 2021 and sent it to the PCP to be signed. -She should not have typed Sertraline 100mg into the new FL-2; it was an error. Attempted telephone interview with Resident #1's PCP on 04/16/21 at 2:47pm was unsuccessful. Interview with the Administrator on 04/16/21 at 6:34pm revealed: -She had asked all providers to review FL-2's before they signed. -When the FL-2 was returned to the facility, it should have been reviewed to make sure it was accurate and there had been no changes. -The FL-2 was an order and if it did not match current orders, the SIC should have contacted the provider for clarification. -The FL-2 was not faxed to the pharmacy when it was returned from the PCP unless there was a change in the resident's current medication. -MAR audits were scheduled to be completed quarterly and were behind due to staffing issues related to COVID-19.	C 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 6	C 330		
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 observation, interviews, and record reviews, the facility failed to administer medications as ordered by the licensed prescribing practitioner for 1 of 3 sampled residents (#1) related to antipsychotic medication and an antidepressant. The findings are: Review of Resident #1's current FL-2 dated 04/13/21 revealed diagnoses included hypertension, hyperlipidemia, vitamin D deficiency, gastroesophageal reflux disease, and osteoarthritis. a. Review of Resident #1's current FL-2 dated 04/13/21 revealed there was an order for Olanzapine 2.5mg (an antipsychotic) at bedtime. Review of Resident #1's physician's order dated 03/15/21 revealed an order to continue Olanzapine 2.5mg at bedtime. Review of Resident #1's March 2021 medication administration record (MAR) revealed:	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 7 -There was an entry for Olanzapine 2.5mg with a scheduled administration time of 8:00pm. -Olanzapine 2.5mg was documented as administered at 8:00pm from 03/01/21-03/31/21. Review of Resident #1's April 2021 MAR revealed: -There was an entry for Olanzapine 2.5mg with a scheduled administration time of 8:00pm. -Olanzapine 2.5mg was documented as administered at 8:00pm from 04/01/21-04/15/21. Observation of Resident #1's medications on hand on 04/16/21 at 10:19am revealed: -There was a pharmacy box of prepackaged cycle medications that were dispensed on 03/15/21. -The pharmacy box was labeled with the medications contained within the box; Olanzapine was not listed as a medication. -The individual medication packages did not contain an Olanzapine tablet. -There was a second pharmacy box of prepackaged medications that were dispensed on 04/12/21. -The pharmacy box was labeled with the medications contained within the box; Olanzapine 2.5mg was listed as a medication. -The individual medication packages contained an Olanzapine tablet in the package labeled for bedtime. Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/16/21 at 11:29am revealed: -Resident #2's medications were filled on 03/15/21. -Olanzapine 2.5mg nightly was a current order and the medication should have been listed on the outside of the pharmacy box and in the	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 8	C 330		

individual medication package to be administered at bedtime.
-There must have been a "communication" error between the pharmacy computer and the packaging computer.
-No one had contacted the pharmacy to notify them the Olanzapine 2.5mg was not in the medication packages dispensed on 03/15/21.

Interview with Resident #1 on 04/16/21 at 11:41am revealed:
-She took medication several times during the day but did not know what medications she took.
-She medication at bedtime, but she did not know what she took.
-She did not know if she had missed any medications.

Interview with the Supervisor-in-Charge (SIC) on 04/16/21 at 3:24pm revealed:
-When she administered medication, she compared the resident's MAR to the medication package to make sure it was the correct medication and strength.
-Once she administered the medication, she documented it on the MAR.
-She had not noticed Resident #1's Olanzapine was not in the current pharmacy box of medication.
-She did not know why she documented administering medication if the medication was not on hand to be administered.

Interview with the Administrator on 04/16/21 at 6:34pm revealed:
-She was not aware Resident #1's Olanzapine had not been dispensed from the pharmacy with the cycle medication.
-She expected the SIC to look at the medication packages and make sure the medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 9	C 330		

matched the current MAR.
-If the medication was not in the cycle medication package, she would expect the pharmacy to be notified.

Attempted telephone interview with Resident #1's PCP on 04/16/21 at 2:47pm was unsuccessful.

Interview with Resident #1 on 04/16/21 at 11:41am revealed:
-She took medication several times during the day but did not know what medications she took.
-She medication at bedtime, but she did not know what she took.

b. Review of Resident #1's current FL-2 dated 04/13/21 revealed there was an order for Mirtazapine 15mg (an antidepressant) at bedtime.

Review of Resident #1's physician's order dated 03/15/21 revealed an order to continue Mirtazapine 15mg at bedtime.

Review of Resident #1's March 2021 medication administration record (MAR) revealed:
-There was an entry for Mirtazapine 15mg with a scheduled administration time of 8:00pm.
- Mirtazapine 15mg was documented as administered at 8:00pm on 03/01/21-03/31/21.

Review of Resident #1's April 2021 MAR revealed:
-There was an entry for Mirtazapine 15mg with a scheduled administration time of 8:00pm.
- Mirtazapine 15mg was documented as administered at 8:00pm on 04/01/21-04/15/21.

Observation of Resident #1's medications on hand on 04/16/21 at 10:19am revealed:
-There was a pharmacy box of prepackaged

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 10	C 330		

medications that were dispensed on 03/15/21.
-The pharmacy box was labeled with the medications contained within the box; Mirtazapine 15mg was not listed as a medication.
-The individual medication packages did not contain a Mirtazapine tablet.
-There was a second pharmacy box of prepackaged medications that were dispensed on 04/12/21.
-The pharmacy box was labeled with the medications contained within the box; Mirtazapine 15mg was listed as a medication.
-The individual medication packages contained a Mirtazapine tablet in the package labeled bedtime.

Interview with Resident #1 on 04/16/21 at 11:41am revealed:
-She medication at bedtime, but she did not know what she took.
-She did not know if she had missed any medications.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/16/21 at 11:29am revealed:
-Resident #2's medications were filled on 03/15/21.
-Mirtazapine 15mg nightly was a current order and the medication should have been listed on the outside of the pharmacy box and in the individual medication package to be administered at bedtime.
-There must have been a "communication" error between the pharmacy computer and the packaging computer.
-No one had contacted the pharmacy to notify them the Mirtazapine 15mg was not in the medication packages dispensed on 03/15/21.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 11 Interview with the Supervisor-in-Charge (SIC) on 04/16/21 at 3:24pm revealed: -When she administered medication, she compared the resident's MAR to the medication package to make sure it was the correct medication and strength. -Once she administered the medication, she documented it on the MAR. -She had not noticed Resident #1's Mirtazapine 15mg was not in the current pharmacy box of medication. -She did not know why she documented administering medication if the medication was not on hand to be administered. Interview with the Administrator on 04/16/21 at 6:34pm revealed: -She was not aware Resident #1's Mirtazapine had not been dispensed from the pharmacy with the cycle medication. -She expected the SIC to look at the medication packages and make sure the medication matched the current MAR. -If the medication was not in the cycle medication package, she would expect the pharmacy to be notified. Attempted telephone interview with Resident #1's PCP on 04/16/21 at 2:47pm was unsuccessful.	C 330		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order;	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 342	Continued From page 12 (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the medication administration records were accurate for 3 of 3 sampled residents (#1, #2, and #3). The findings are: 1. Review of Resident #1's current FL-2 dated 04/13/21 revealed diagnoses included hypertension, hyperlipidemia, vitamin D deficiency, gastroesophageal reflux disease, and osteoarthritis. a. Review of Resident #1's current FL-2 dated 04/13/21 revealed there was an order for Olanzapine 2.5mg (an antipsychotic) at bedtime. Review of Resident #1's March 2021 medication administration record (MAR) revealed: -There was an entry for Olanzapine 2.5mg with a scheduled administration time of 8:00pm.	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 342	Continued From page 13 -Olanzapine 2.5mg was documented as administered at 8:00pm on 03/01/21-03/31/21. Review of Resident #1's April 2021 MAR revealed: -There was an entry for Olanzapine 2.5mg with a scheduled administration time of 8:00pm. -Olanzapine 2.5mg was documented as administered at 8:00pm on 04/01/21-04/15/21. Review of Resident #1's medications on hand on 04/16/21 at 10:19am revealed: -There was a pharmacy box of prepackaged cycle medications that were dispensed on 03/15/21. -The pharmacy box was labeled with the medications contained within the box; Olanzapine 2.5mg was not listed as a medication. -The individual medication packages did not contain an Olanzapine tablet. -There was a second pharmacy box of prepackaged medications that were dispensed on 04/12/21; None of the packages had been administered.. -The pharmacy box was labeled with the medications contained within the box; Olanzapine 2.5mg was listed as a medication. -The individual medication packages contained an Olanzapine tablet in the package labeled bedtime. Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/16/21 at 11:29am revealed: -Resident #1's medications were filled on 03/15/21. -Olanzapine 2.5mg nightly was a current order and the medication should have been listed on the outside of the pharmacy box and in the individual medication package to be administered	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 342	Continued From page 14	C 342		

at bedtime.
-There must have been a "communication" error between the pharmacy computer and the packaging computer.
-No one had contacted the pharmacy to notify them the Olanzapine 2.5mg was not in the medication packages dispensed on 03/15/21.

Interview with the Supervisor-in-Charge (SIC) on 04/16/21 at 3:24pm revealed:
-When she administered medication, she compared the resident's MAR to the medication package to make sure it was the correct medication and strength.
-Once she administered the medication, she documented it on the MAR.
-She had not noticed Resident #1's Olanzapine was not in the current pharmacy box of medication.
-She did not know why she documented administering medication if the medication was not on hand to be administered.

Interview with the Administrator on 04/16/21 at 6:34pm revealed the SIC should not document administering Resident #1's Olanzapine if the medication was not available to be administered.

b. Review of Resident #1's current FL-2 dated 04/13/21 revealed there was an order for Mirtazapine 15mg (an antidepressant) at bedtime.

Review of Resident #1's March 2021 medication administration record (MAR) revealed:
-There was an entry for Mirtazapine 15mg with a scheduled administration time of 8:00pm.
- Mirtazapine 15mg was documented as administered at 8:00pm on 03/01/21-03/31/21.

Review of Resident #1's April 2021 MAR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 342	Continued From page 15 revealed: -There was an entry for Mirtazapine 15mg with a scheduled administration time of 8:00pm. - Mirtazapine 15mg was documented as administered at 8:00pm on 04/01/21-04/15/21. Review of Resident #1's medications on hand on 04/16/21 at 10:19am revealed: -There was a pharmacy box of prepackaged medications that were dispensed on 03/15/21. -The pharmacy box was labeled with the medications contained within the box; Mirtazapine 15mg was not listed as a medication. -The individual medication packages did not contain a Mirtazapine tablet. -There was a second pharmacy box of prepackaged medications that were dispensed on 04/12/21; None of the packages had been administered.. -The pharmacy box was labeled with the medications contained within the box; Mirtazapine 15mg was listed as a medication. -The individual medication packages contained a Mirtazapine tablet in the package labeled bedtime. Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/16/21 at 11:29am revealed: -Resident #1's medications were filled on 03/15/21. -Mirtazapine 15mg nightly was a current order and the medication should have been listed on the outside of the pharmacy box and in the individual medication package to be administered at bedtime. -There must have been a "communication" error between the pharmacy computer and the packaging computer. -No one had contacted the pharmacy to notify	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 342	Continued From page 16	C 342		

them the Mirtazapine 15mg was not in the medication packages dispensed on 03/15/21.

Interview with the Supervisor-in-Charge (SIC) on 04/16/21 at 3:24pm revealed:
-When she administered medication, she compared the resident's MAR to the medication package to make sure it was the correct medication and strength.
-Once she administered the medication, she documented it on the MAR.
-She had not noticed Resident #1's Mirtazapine 15mg was not in the current pharmacy box of medication.
-She did not know why she documented administering medication if the medication was not on hand to be administered.

Interview with the Administrator on 04/16/21 at 6:34pm revealed the SIC should not document administering Resident #1's Mirtazapine if the medication was not available to be administered.

Refer to the interview with the Administrator on 04/16/21 at 6:34pm.

2. Review of Resident #2's current FL-2 dated 12/16/20 revealed diagnoses included depressive disorder, hypertension, diabetes mellitus, and chronic back and leg pain.

Review of Resident #2's physician's order dated 03/15/21 revealed an order to discontinue Mirtazapine 15mg and start Mirtazapine 7.5mg.

Review of Resident #2's March 2021 medication administration records (MAR) revealed:
-There was an entry for Mirtazapine 15mg, take one tablet at bedtime with a scheduled administration time of 8:00pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 342	Continued From page 17	C 342		

-Mirtazapine 15mg was documented as administered 03/01/21-03/15/21.
-There was a handwritten note documenting Mirtazapine 15mg was discontinued on 03/15/21.
-There was no entry for Mirtazapine 7.5mg.

Review of Resident #2's April 2021 MAR revealed:
-There was an entry for Mirtazapine 7.5mg, take one tablet at bedtime with a scheduled administration time of 8:00pm.
-There was a handwritten note documenting Mirtazapine 7.5mg was discontinued on 03/15/21.
-There was no documentation Mirtazapine 7.5mg had been administered.

Observation of Resident #2's medication on hand on 04/16/21 at 1:22pm revealed:
-There was a pharmacy box of prepackaged medications that were dispensed on 03/15/21.
-The pharmacy box was labeled with the medications contained within the box; Mirtazapine 7.5mg was listed as a medication.
-The individual medication packages contained a Mirtazapine 7.5 tablet in the package labeled bedtime.

Interview with the Supervisor-in-Charge (SIC) on 04/16/21 at 2:32pm revealed:
-When Resident #2's Mirtazapine was changed from 15mg to 7.5mg she discontinued the 15mg and "meant to rewrite" the order for 7.5mg on the March 2021 MAR.
-Resident #2's Mirtazapine 7.5mg was marked out in error on the April 2021 MAR.
-She did not notice the pharmacy had changed the milligrams from 15mg to 7.5mg and marked it out in error.
-She administered Resident #2's medications dispensed from the pharmacy that contained

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 342	Continued From page 18 Mirtazapine 7.5mg and she should have documented administering the Mirtazapine 7.5mg. Interview with the Administrator on 04/16/21 at 6:34pm revealed: -If there was a medication in the packet that was not listed on the resident's MAR, she would expect the SIC to call the pharmacy for clarification. -She was concerned Resident #2 was administered a medication that was not documented. Refer to the interview with the Administrator on 04/16/21 at 6:34pm. 3. Review of Resident #3's current FL-2 dated 01/12/21 revealed: -Diagnoses included hypertension, osteoarthritis, osteopenia, and asthma. -There was an order for Spironolactone 25mg (a diuretic) three times daily (TID). Review of Resident #3's physician's order dated 02/25/21 revealed an order to change Resident #3's Spironolactone to 50mg once a day. Review of Resident #3's February 2021 medication administration records (MAR) revealed: -There was an entry for Spironolactone 25mg take one tablet TID with a scheduled administration time of 8:00am, 2:00pm and 8:00pm. - Spironolactone 25mg was documented as administered TID 02/01/21-02/28/21. Review of Resident #3's March 2021 MAR revealed: -There was an entry for Spironolactone 25mg	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 342	Continued From page 19 take one tablet TID with a scheduled administration time of 8:00am, 2:00pm and 8:00pm. - Spironolactone 25mg was documented as administered TID 03/01/21-03/31/21. Observation of Resident #3's medications on hand on 04/16/21 at 4:31pm revealed: -There was a pharmacy box of prepackaged medications that were dispensed on 03/15/21. -The pharmacy box was labeled with the medications contained within the box; Spironolactone 50mg was listed as a medication. -The individual medication packages contained a Spironolactone 50mg tablet to be administered once a day. Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/16/21 at 4:41pm revealed: -Resident #3's March 2021 MAR must have been printed prior to the medication change on 02/25/21. -The facility could have asked for a new MAR or handwritten the change on the MAR. -When Resident #3's cycle fill was dispensed on 03/15/21, it contained Spironolactone 50mg daily. -He thought there may have been another dispensing when the order was changed. -Corrected boxes were sent to the pharmacy when there were medication changes. -He would have to look in the system to confirm the Spironolactone 50mg was dispensed to the facility when the order was changed on 02/25/21. Interview with the Supervisor-in-Charge on 04/16/21 at 5:30pm revealed: -She remembered when Resident #3's Spironolactone was changed and remembered changing out the box with the new medication the	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073014	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF LOVE FAMILY CARE HOME	1025 RIDE ROAD ROXBORO, NC 27573

(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 342	Continued From page 20 pharmacy had sent. -She did not change the MAR when the medication was changed from TID to daily. -She should have rewritten the order on the MAR. -She thought the medication had continued to be documented as administered TID because everyone "followed suit." Interview with the Administrator on 04/16/21 at 6:34pm revealed: -She was not aware Resident #3's Spironolactone had been documented as administered TID when it had been dispensed as once a day. -She was concerned medication was being documented as administered when the medication was not administered. Second telephone interview with the pharmacist at the facility's contracted pharmacy on 04/19/21 at 8:54am revealed: -Spironolactone 50mg was dispensed to the facility on 02/26/21 for Resident #3 with directions to administer once a day. -When Resident #3's cycle fill was dispensed on 03/15/21, it contained Spironolactone 50mg daily. _____ Interview with the Administrator on 04/16/21 at 6:34pm revealed: -She expected the SIC to look at the medication packages and make sure the medication matched the current MAR. -MAR audits were scheduled to be completed quarterly and were behind due to staffing issues related to COVID-19.	C 342		