STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040006	A. BUILDING: _____ B. WING _____	C 06/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIE'S FAMILY CARE HOME	1025 POPE FARM ROAD STANTONSBURG, NC 27883

(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 a complaint investigation on 06/29/21.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the walls, the ceiling, and the floors were kept clean and in good repair. The findings are: 1. Observation of the ceiling above a residents' room on 06/29/21 at 9:21am revealed: -There was an air conditioner return with two small holes. -There was a hole that measured approximately 1 inch; a second hole that measured approximately 2 inches; and there was an opening approximately 2 inches between the air conditioner return and the ceiling. -There was a black film bordering the 2 inch opening between the air conditioner return and the ceiling. -There was a collection of black and brown dirt over the surface of the air conditioner return	C 074		

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C 074	Continued From page 1 vents. Interview with the medication aide/Supervisor in Charge (MA/SIC) on 06/29/21 at 11:48am revealed: -Her daily cleaning routine was to wipe down the residents' furniture and sweep and clean the residents' floors. -She cleaned the common areas of the facility daily. -The common areas included the bathroom, kitchen, and dining room. -She was aware of the condition of air conditioner return, she had tried to clean previously. -She could not recall the date she last cleaned the air conditioner return. Attempted a telephone interview with the facility's repairman on 06/29/21 at 1:46pm was unsuccessful. Refer to the telephone interview with the Administrator on 06/29/21 at 3:31pm. Refer to the second interview with the MA/SIC on 06/29/21 at 4:47pm. 2. Observation of the floor in front of a resident's bedroom on 06/29/21 at 9:37am revealed: -There was approximately a 2-3 inch gap between the floor tile and the left side of the door frame of the residents' room. -Across the threshold of the entrance to the residents' room which involved three floor tiles, there was approximately a 1-2 inch gap between the floor tiles. -There were no floor tiles observed at right side of the door frame of the residents' room, the area measured approximately 6 inches, and the brown sub-floor was observed.	C 074		

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C 074	Continued From page 2 Interview with a resident on 06/29/21 at 9:37am revealed the floor tiles in front of his bedroom had the visible gap and were non-exist around the right side of the door frame since before COVID-19, he estimated around 02/2020. Interview with the medication aide/Supervisor in charge (MA/SIC) on 06/29/21 at 11:50am revealed: -She was not aware the floor tiles in front of the residents' bedroom had not been replaced. -She thought the floor tiles in front of the residents' bedroom had been replaced about a month ago, May 2021 when the door frame was repaired. Attempted a telephone interview with the facility's repairman on 06/29/21 at 1:46pm was unsuccessful. Refer to the telephone interview with the pest control provider/repairman on 06/29/21 at 1:37pm. Refer to the telephone interview with the Administrator on 06/29/21 at 3:31pm. Refer to the second interview with the MA/SIC on 06/29/21 at 4:47pm. _____ Telephone interview with the pest control provider/repairman on 06/29/21 at 1:37pm revealed he had not been contacted for the repairs to floor tiles within the facility. Telephone interview with the Administrator on 06/29/21 at 3:31pm revealed: -She would visit the facility every couple of weeks.	C 074		

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C 074	Continued From page 3 -She was last at the facility the week of 06/21/21. -She was responsible to send all maintenance requests to her repairman unless it was something out of their "scope." -If a maintenance issue was identified, she would send the request the same day, sometimes it would be the next day depending on the time. -One of the facility's repairman was a given a list of items after a survey was completed the beginning of May 2021. -She could not recall all the details of the repair list given to the facility's repairman. -The facility had been trying to keep "unnecessary" visitors to the facility due to COVID-19.	C 074		
C 076	10A NCAC 13G .0315(a)(3) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a dresser, a bed frame, and a mattress in the resident's room were kept clean and in good repair. The findings are: Observations of Resident #4's room on 06/29/21 at 9:18am revealed: -There was a 5-drawer dresser. -The 5-drawer dresser was missing 1 knob to the	C 076		

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C 076	Continued From page 4	C 076		

top drawer.
-The 5-drawer dresser was missing 2 knobs to the bottom drawer.
-The bottom drawer to the dresser was resting on the floor within the resident's room.
-The second drawer from the bottom of the dresser was resting at an angle and was detached from the dresser.
-There was a nightstand next to the resident's bed.
-The brown finish was observed to be worn off on the top of the nightstand.

Observations of a Resident #4's room on 06/29/21 at 11:48am revealed:
-The plastic mattress covering had dried brown liquid stains which measured approximately 12 inches.
-The lower left corner of his bed frame had black dirt present measured approximately 6 inches.

Interview with the medication aide/Supervisor in Charge (MA/SIC) on 06/29/21 at 11:48am revealed:
-Her daily cleaning routine was to wipe down the residents' furniture.
-She estimated Resident #4's dresser was last cleaned about two weeks, the week of 06/14/21, because she "just" returned from a vacation.
-She did not think the staff member covering for her had cleaned Resident #4's dresser in her absence.
-The damage to Resident #4's dresser had to happen recently; she was not sure when it had happen.
-She knew Resident #4's dresser and nightstand needed to be cleaned and replaced by the facility.
-She was not aware of the condition of his mattress covering and the bed frame, but she knew Resident #4 slept with his shoes on.

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C 076	Continued From page 5 -She knew Resident #4's room to be cleaned as soon as possible related to the identified items. Attempted an interview with Resident #4 on 06/29/21 at 3:20pm was unsuccessful.	C 076		
C 078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the facility was kept clean, orderly and free of hazards related to roaches observed in the kitchen area, the facility's dining room, and bathroom; and flies observed in the residents' bathroom, resident's room, the facility's dining room, and at the entrance door of the facility. The findings are: Review of the Division of Public Health Environmental Health Section Report dated 05/24/21 revealed: -There were a total of 7 demerits regarding the facility. -There were 2 demerits for toilet, handwashing, laundry and bathing facilities.	C 078		

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C 078	Continued From page 6 -There were 2 demerits for the beds, linen and furniture. -There were 2 demerits for storage and miscellaneous. -There was 1 demerit for floors. -The facility had a sanitation grade of A. Review of the Design and Construction Report dated 05/06/21 revealed: -Residents' bedrooms needed cleaning and bed linens needed to be laundered. -There was a bad odor in some of the bedrooms. -There was clutter on kitchen countertop, dining room table and floor. -There were flies and roaches present in the facility. 1. Observation of the dining room floor in the residents' dining room on 06/29/21 at 9:06am revealed there was a sticky bug trap with approximately 35 dead bugs. Observation in a bathroom on 06/29/21 at 9:07am revealed there was 1 live roach within the hand sink. Observation in the kitchen on 06/29/21 at 9:47am revealed there was 1 live roach on the inside of a kitchen cabinet containing spices within the kitchen. Observation in the dining room on 06/29/21 at 1:18pm revealed there was 1 live roach on the wall within the dining room. Interview with Resident #1 on 06/29/21 at 9:28am revealed: -At night, he observed "tiny bugs" crawling on top of the sink. -He was unsure the type of bug he observed.	C 078		

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C 078	Continued From page 7	C 078		

-He knew the "tiny bugs" liked sweet things and if out on the sink countertop it would attract them.
-He observed the tiny bugs "every time" he would get a glass of water at night.
-The last time he saw the "tiny bugs" was last night, 06/28/21.

Interview with the medication aide/Supervisor in Charge (MA/SIC) on 06/29/21 at 9:48 revealed:
-The facility's pest control provider came to the facility every 3 months.
-She thought "maybe" the last time he was at the facility was in March 2021.
-The facility's pest control provider was due to come to the facility to provide pest control service the end of June 2021.

Telephone interview with the pest control provider on 06/29/21 at 1:37pm revealed he saw roaches in one of the residents' bathroom within the facility.

Telephone interview with the Administrator on 06/29/21 at 3:31pm revealed:
-She was unaware there were live roaches within 2 bathrooms, kitchen area, and the dining room of the facility.
-The pest control provider was at the facility at the end of May 2021.
-If pests such flies or roaches were observed within the facility, she expected the staff to notify her the day the pests were observed.
-She would notify the pest control provider to come for a service treatment within 24 hours.

Second interview with the MA/SIC on 06/29/21 at 4:47pm revealed:
-She had not seen live roaches within the facility until today, (06/29/21.)
-When she observed "live" pests within the facility

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C 078	Continued From page 8 she would notify the Administrator the same day as the observation. Refer to the telephone interview with the pest control provider on 06/29/21 at 1:37pm. A request for the pest control invoices was made on 06/29/21, the pest control invoices were not received prior to survey exit on 06/29/21. 2. Observation in the residents' bathroom on 06/29/21 at 9:27am revealed there were 2 live flies, 1 live fly was located on the shower wall. Observations in a resident's room on 06/29/21 at 9:17am revealed there were 11 dead flies on the floor of his room. Observations in the residents' dining room on 06/29/21 from 9:00am-05:25pm revealed there were several live flies. Interview with Resident #1 on 06/29/21 at 9:28am revealed there were "always" flies within the facility. Interview with the medication aide/Supervisor in Charge (MA/SIC) on 06/29/21 at 9:48 revealed: -The facility's pest control provider came to the facility every 3 months. -She thought "maybe" the last time he was at the facility was in March 2021. -The facility's pest control provider was due to come to the facility to provide pest control service the end of June 2021. -The flies observed throughout the facility were from the residents going in and out to smoke and some residents would leave the front door of the facility "open."	C 078		

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C 078	Continued From page 9 Second interview with the MA/SIC on 06/29/21 at 11:46am revealed: -The 11 dead flies observed in the resident's room this morning because she sprayed his room today, 06/29/21, at approximately 9:00am. -There was no reason given for spraying the resident's room this morning. -She would spray residents' rooms for flies infrequently, on an as needed basis. Interview with another resident on 06/29/21 at 1:05pm revealed: -Flies would enter the facility because there was a lot of them at the entrance of the facility. -The residents would go in and out the facility to smoke frequently. -The flies were common because they lived "out in the country." Telephone interview with the pest control provider on 06/29/21 at 1:37pm revealed he did observe flies outside of the facility. Telephone interview with the Administrator on 06/29/21 at 3:31pm revealed: -She was aware there were a lot of flies on the grounds of the facility. -When the property owners surrounding the facility would lay manure, this would attract a population of flies. -The pest control provider was at the facility the end of May 2021, she was not sure of the exact date because she was driving to a meeting. -If pests such flies or roaches are observed within the facility, she expected the staff to notify her the day the pests were observed. -She would notify the pest control provider to come for a service treatment within 24 hours. Third interview with the MA/SIC on 06/29/21 at	C 078		

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C 078	Continued From page 10 4:47pm revealed: -There were flies within the facility because the residents would go out and smoke. -The residents would leave the door open when leaving the facility to go outside to smoke. -When she observed "live" pests within the facility she would notify the Administrator the same day as the observation. Refer to the telephone interview with the pest control provider on 06/29/21 at 1:37pm. A request for the pest control invoices was made on 06/29/21, the pest control invoices were not received prior to survey exit on 06/29/21. _____ Telephone interview with the pest control provider on 06/29/21 at 1:37pm revealed: -He completed the pest control and home improvement at the facility. -He would complete the pest control at the facility every 3 months and on an as needed basis if he received a phone call from the facility. -The last time he was at the facility was May 2021, he was unsure of the exact date in May 2021 because he was out in the field and not at his office. -His next visit to the facility was supposed to be the end of June 2021. -He sprayed for roaches, flies, and mosquitos. -He sprayed for pests in every room and the outside perimeter of the facility. -He saw roaches in one of the residents' bathroom within the facility. -He did observe flies outside of the facility. -There were no phones call from facility for a pest control from last his visit in May 2021 to present.	C 078		

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C 079	Continued From page 11	C 079		
C 079	10A NCAC 13G .0315(a)(6) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (6) have supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times; This rule apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 4 of 4 (Residents #1, #2, #3, and #4) sampled residents' bathrooms had hand towels or paper towels for resident use. The findings are: Observation of the middle bathroom on 06/29/21 at 9:11am revealed there were no hand towels or paper towels available for residents' use. Observation of the residents' common bathroom on 06/29/21 at 9:30am revealed there were no hand towels or paper towels available for residents' use. Interview with a resident on 06/29/21 at 9:35am revealed: -There were "sometimes" paper towels in the residents' common bathroom. -The last time there were paper towels in the residents' common bathroom was approximately 1 week ago, on 06/21/21. Interview with a resident on 06/29/21 at 3:13pm revealed:	C 079		

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C 079	Continued From page 12 -He never noticed hand towels available in the bathrooms. - "Sometimes" he did not pay attention if there were no paper towels in the bathrooms. -He could not recall how often or when because "a lot" times he would just dry his hands on his shorts. Interview with the medication aide/Supervisor in Charge (MA/SIC) on 06/29/21 at 9:50am revealed: -She was aware there were no hand towels or paper towels for resident use in the middle bathroom. -The residents did not use the middle bathroom. -The residents did not use the middle bathroom because the plumbing had gone "haywire." -She was not aware of all the "plumbing issues" in the middle bathroom. -She was aware of one plumbing issue within in the middle bathroom. -The water in the middle toilet could overflow. -No one had been using the middle bathroom to her knowledge. -Once and a while she could identify a resident used the middle bathroom when she found "something" in the toilet. -She was not aware the residents' common bathroom did not have paper towels. -She knew residents should have access to hand towels or paper towels. Telephone interview with the Administrator on 06/29/21 at 3:31pm revealed: -She was not aware the middle bathroom did not hand towels or paper towels. -She was not aware the residents' common bathroom did not hand towels or paper towels. -The residents should have access to either hand towels or paper towels.	C 079		

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C 079	Continued From page 13 -Approximately 3-4 months ago, she had delivered a supply of towels and washcloths. -She was not sure what happen to the new supply of towels and washcloths.	C 079		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (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 Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 3 sampled residents (#1, #2, and #3) were tested for tuberculosis (TB) upon admission. The findings are: 1. Review of Resident #1's current FL-2 dated 06/02/21 revealed: -The diagnosis included mental retardation. -Resident #1 had a negative 2-step tuberculosis test written on a copy of the FL-2 form without the dates when given or read or who administered the test.	C 202		

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	FCL040006	A. BUILDING: _____ B. WING _____	C 06/29/2021

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CARRIE'S FAMILY CARE HOME	1025 POPE FARM ROAD STANTONSBURG, NC 27883

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C 202	Continued From page 14 Review of Resident #1's Resident Register revealed Resident #1 was admitted to the facility on 06/02/21. Review of Resident #1's record revealed there was no documentation of the date when Resident #1 was tested for TB upon admission. Interview with Resident #1 on 06/29/21 at 11:25am revealed: -He thought he had received a TB skin test when admitted to the facility. -He was never told he had TB. Interview with the medication aide/Supervisor in charge (MA/SIC) on 06/29/21 at 11:30am revealed: -She was aware all residents should have a 2-step TB test/chest X-ray. -She had "always" accepted the residents was negative for TB if it was documented on the resident's FL-2. -She had "never" been advised differently to obtain the documentation of the TB skin tests. -The resident's FL-2 was signed by a physician. -She thought a physician would never sign the FL-2 if they did not have the documentation of the completed TB skin tests. Second interview with the MA/SIC on 06/29/21 at 4:45 pm revealed: -It was a standard practice for the tuberculosis test to be documented on the FL-2 for residents admitted to the home. -She was unable to request documentation of the tuberculosis test from the primary care provider (PCP) because residents were their own guardian. -The residents needed to request the healthcare information.	C 202		

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C 202	Continued From page 15 -She was aware of the importance all residents having a 2-step TB test/chest X-ray to verify they did not have active TB upon admission. Refer to the telephone interview with the Administrator on 06/29/21 at 3:31pm. Attempted a telephone interview with the facility's primary care provider on 06/29/21 at 1:54pm was unsuccessful. Attempted a telephone interview with the facility's mental health care provider on 06/29/21 at 2:47pm was unsuccessful. 2. Review of Resident #2's current FL-2 dated 10/02/20 revealed diagnosis included unspecified severe protein-calorie malnutrition. Review of Resident #2's Resident Register revealed Resident #2 was admitted to the facility on 10/02/21. Review of Resident #2's record revealed there was no documentation Resident #2 was tested for TB upon admission. Interview with Resident #2 on 06/29/21 at 11:27am revealed: -He remembered he had received two negative TB skin tests at the local health center prior to his admission to the facility. -He was never told he had TB. Refer to the telephone interview with the Administrator on 06/29/21 at 3:31pm revealed: Attempted a telephone interview with the facility's primary care provider on 06/29/21 at 1:54pm was unsuccessful.	C 202		

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C 202	Continued From page 16 Attempted a telephone interview with the facility's mental health care provider on 06/29/21 at 2:47pm was unsuccessful. A request was made to the MA/SIC on 06/29/21 for Resident #2's 2-step TB/Chest X-ray. At the time of exit on 06/29/21, there was no additional information provided by the MA/SIC or Administrator for Resident #2's 2-step TB/Chest X-ray. 3. Review of Resident #3's FL-2 dated 01/07/21 revealed: -The diagnosis included schizophrenia, borderline intellectual functioning, history of developmental disabilities, and mental illness. -There was documentation of a negative 2-step tuberculin skin test (TST) on Resident #3's FL-2 form that had no dates as to when the tests were administered or when the tests were read. Review of Resident #3's Resident Register revealed he was admitted to the facility on 12/31/18. Review of Resident #3's records on 06/29/21 revealed there was no additional documentation provided by the facility that any type of tuberculosis screening had been administered since Resident #3's admission on 12/21/18. Attempted telephone interview with Resident #3's primary care provider on 06/29/21 at 1:54 pm was unsuccessful. Attempted telephone interview with Resident's #3's mental health provider on 06/29/21 at 2:47pm was unsuccessful.	C 202		

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C 202	Continued From page 17 Refer to the interview with the MA/SIC on 06/29/21 at 11:30am. Refer to the interview with the MA/SIC on 06/29/21 at 4:45pm. Refer to the telephone interview with the Administrator on 06/29/21 at 3:31pm. _____ Interview with the medication aide/Supervisor in charge (MA/SIC) on 06/29/21 at 11:30am revealed: -She was aware all residents should have a 2-step TB test/chest X-ray. -She had "always" accepted the residents was negative for TB if it was documented on the resident's FL-2. -She had "never" been advised differently to obtain the documentation of the TB skin tests. -The resident's FL-2 was signed by a physician. -She thought a physician would never sign the FL-2 if they did not have the documentation of the completed TB skin tests. Second interview with the MA/SIC on 06/29/21 at 4:45pm revealed: -It was a standard practice for the tuberculosis test to be documented on the FL-2 for residents admitted to the home. -She was unable to request documentation of the tuberculosis test from primary care provider (PCP) because residents were their own guardian. -The residents needed to request the healthcare information. -She was aware of the importance all residents having a 2-step TB test/chest X-ray to verify they did not have active TB upon admission.	C 202		

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C 202	Continued From page 18 Telephone interview with the Administrator on 06/29/21 at 3:31pm revealed: -Residents #1, #2, and #3 all had their TSTs completed prior to their admissions to the facility. -She "personally" knew the residents had their TSTs. -She knew the residents had their TSTs completed upon admission to the facility because she "remembered." -The TST documentation for all the residents receiving the TST should be in the records. -She was responsible to audit all the residents' records. -She expected the SIC to "maintain" the residents' records which included documentation of the residents' 2-step TSTs/chest x-ray.	C 202		
C 256	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the dining room area was clean, orderly and protected from contamination as evidenced by all 3 walls within the dining room and the dining room table covered by various household and food items.	C 256		

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C 256	Continued From page 19 The findings are: Observations of the dining room on 06/29/21 at 9:03am revealed: -There was one table with no chairs. -The floors of all 3 walls of the dining room area were covered with various items. -The various items surrounding the dining room table were 5 gray storage crates, bottles of water, a 4-drawer metal file cabinet, a box of opened nutrition shakes, a box of rice, 4 storage containers (black, gray, red, and green), 1 step stool, Styrofoam plates, 2 cases of bottled water, a bag of potatoes, a 12 pack of orange soda, a three drawer plastic storage unit, a rolling office chair, an opened box of plastic forks, an opened box of plastic spoons, Styrofoam food containers, and glitter glue. Observations of the dining room on 06/29/21 at 10:08am revealed: -There was one table approximately 6 feet long with two folding chairs. -On the dining room table there was a loaf of potato bread containing 7 slices, 6 slider hamburger buns, a loaf of wheat bread containing 9 slices, 3 sleeves of garlic bulbs each sleeve contained 3 bulbs of garlic, unpackaged 18 clear drinking cups, 1 cooking pot, a box of ginger honey crystal tea containing 10 tea bags, 2 apples, a packet of copy paper, a stack of loose papers underneath the copy paper, an 8 count of flour tortillas, an opened box of cereal bars with 4 cereal bars remaining within the box, 12 un-opened package of sweet dinner rolls, a 473ml container of sanitizer gel with pump, and a 22oz of an un-opened loaf of brioche bread. Interview with the medication aide/Supervisor in	C 256		

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C 256	Continued From page 20 charge (MA/SIC) on 06/29/21 at 11:00 am revealed: -She stocked up on food items and household supplies due to the shortage of consumer goods during the COVID-19 pandemic. -She needed more storage space. -She needed to get more organized. -She needed to get rid of some things. Telephone interview with the Administrator on 06/29/21 at 3:31pm revealed: -She was not aware of clutter on the dining room table and in the dining room area. -Her last visit to the facility's was about a week ago and she did not observe the clutter. -She would be at the facility tomorrow, 06/30/21, to complete a thorough investigation of identified items and repairs.	C 256		
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. 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	C 375		

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C 375	Continued From page 21 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; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 (#2 and #3) sampled residents had a quarterly pharmacy review. The findings are: 1. Review of Resident #2's current FL-2 dated 10/02/20 revealed: -Diagnosis included unspecified severe protein-calorie malnutrition. -The resident's orientation and personal care sections were blank. Review of Resident #2's Resident Register revealed he was admitted to the facility on 10/02/20. Record review revealed there was no documented pharmacy reviews for Resident #2. Observation in the facility's kitchen on 06/29/21 at	C 375		

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C 375	Continued From page 22 10:43-10:50am revealed the medication aide /Supervisor in Charge (MA/SIC) called the facility's contracted nurse to confirm when she was available to come complete the residents' medication reviews. Refer to the telephone interview with the facility's contracted registered nurse on 06/29/21 at 1:26pm. Refer to the interview with the MA/SIC on 06/29/21 at 4:47pm. 2. Review of Resident #3's FL-2 dated 01/07/21 revealed diagnosis included schizophrenia, borderline intellectual functioning, mental illness and history of developmental disabilities. Review of Resident #3's Resident Register revealed he was admitted to the facility on 12/31/18. Review of Resident #3's records revealed no documentation was provided by the facility of a pharmacy review. Observation in the facility's kitchen on 06/29/21 at 10:43-10:50 am revealed the medication aide (MA)/Supervisor-in-Charge (SIC) called the facility's contracted nurse to confirm when she was available to come complete the residents' medication reviews. Refer to the telephone interview with the facility's contracted registered nurse on 06/29/21 at 1:26pm. Refer to the interview with the medication aide/Supervisor-in-Charge on 06/29/21 at 4:47pm.	C 375		

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C 375	Continued From page 23 Telephone interview with the facility's contracted registered nurse on 06/29/21 at 1:26pm revealed: -She was responsible for completing the quarterly medication reviews at the facility. -She had not been at the facility since before Spring 2020. -She estimated she had not been onsite for over a year and half. -The first time she heard from the MA/SIC was today, 06/29/21. -She had called the MA/SIC and was told she was not permitted to come on-site for the medication reviews during COVID-19. -She could provide a timeline of how many times she contacted the facility to come complete the quarterly pharmacy reviews. -She was aware the facility had changed pharmacies. -She contacted their new pharmacy to verify if anyone had come to the facility to complete the pharmacy reviews. -After a while she quit reaching out because she was not receiving any response from the facility. -The medication reviews were very important because it was state law and ensured the safety of residents by identifying, preventing, and resolving medication related problems. Interview with the MA/SIC on 06/29/21 at 4:47pm revealed: -The last medication reviews were completed on 12/17/19 by the facility's contracted registered nurse (RN). -When COVID-19 first started to hit around 03/2020, the RN was trying to continue completing her medication reviews at the facility. -She did not permit the RN to come to the facility to conduct medication reviews due to COVID-19. -She contacted the RN between March and April	C 375		

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C 375	Continued From page 24 2020 to inform her that she could come to the facility to conduct the medication reviews outside. -There was no response from the RN. -In 2020, no one was moving due to COVID-19. -The medication reviews were important because it could identify medication errors on the medication administration records or medication errors written by the primary care provider. -It was important residents received medications as ordered which the right dose.	C 375		