STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 July 27, 2021 and July 28, 2021.	C 000		
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 clean and free of hazards as evidenced by the presence of bed bug activity in a resident's room and cockroach activity in another resident's room. The findings are: a. Observation of a resident's bedroom on 07/27/21 at 8:36am revealed: -There was a live bedbug crawling across the bedspread of the resident's bed. -There were black specks and debris on the white mattress cover and on the box spring cover. -The was a thick layer of dust on the headboard and footboard. -There were black spots and debris on the headboard and footboard. -The room did not have an identifier on the door.	C 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 078	Continued From page 1 Observation of the facility on 07/27/21 at 10:04am revealed there was a 1-gallon spray bottle labeled bedbug and bedbug egg killer. Observation of the resident's bedroom on 07/28/21 at 12:36pm revealed the sheets on the resident's bed had not been changed after the observation of a live bedbug the day before. Interview with the resident that resided in the bedroom on 07/27/21 at 9:54am revealed: -He washed his own sheets about once a week. -He saw a dead bedbug in his sheets the "other day"; he noticed it when he made his bed in the morning. -He saw a live bedbug about a week ago in his bed. -He had not been bitten and did not scratch in his sleep. -He had told the Director about the bedbugs in the past but not recently. -The staff sprayed his room, but it had been over a month. Second interview with the resident that resided in the bedroom on 07/28/21 at 12:36am revealed: -He had seen a live bedbug when he went to get into the bed last night, 07/27/21. -He swept the bedbug onto the floor. -He did not tell anyone about the bedbugs because the Director and the House Manager already knew. -There was a pest control company that came and treated the residents' rooms, but it was over a year ago. -He had seen bedbugs since the pest control company had treated the facility. -The Director and the House Manager knew about the bedbugs because they had seen them,	C 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 078	Continued From page 2 and he had told them about the bedbugs. Interview with the House Manager on 07/27/21 at 10:04am revealed: -There used to be a problem with bedbugs, she saw a dead one about a month ago. -There was a resident that was admitted to the facility a couple of years ago and the resident brought bedbugs into the facility. -She sprayed the residents' rooms with a spray once a week and checked the residents' beds for live bedbugs every day. -The residents washed their own sheets once a week with supervision from the staff. -She had not seen live bedbugs in a "long" time. Second interview with the House Manager on 07/28/21 at 9:44am revealed the facility had a contracted pest control company treat the facility for bedbugs but that was a "couple of years ago" and she did not know where the receipts from the treatments were. Interview with the Director on 07/28/21 at 1:05pm revealed: -He had hired a pest control company to treat the facility for bedbugs a few years ago. -He thought the bedbugs had gotten better. -He would ask the residents if they saw any and they always said "no". -He would look for bedbugs in the residents' beds about once a month. -He was always looking for live bedbugs, dead bedbugs and evidence like bloodstains and black spots on the sheets. -The last time he saw a bedbug was three to four months ago and it was dead. -The last time he saw a live bedbug had been about six months ago. -The staff sprayed the residents' rooms for	C 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 078	Continued From page 3	C 078		

bedbugs about once a month and sprinkled a pest control powder to kill the bedbugs.

b. Observation of a resident's bedroom on 07/28/21 at 10:31am revealed:
-The room was identified by the resident's name on the door; only one resident resided in the room.
-There was black and brown debris on the floors.
-There was a live cockroach crawling across the floor and into a loose pile of clothes on the floor.

Interview with the resident that resided in the bedroom on 07/28/21 at 12:34pm revealed he did not see bugs in his room and the facility had not sprayed for bugs in a "long time".

Interview with two residents on 07/28/21 at 12:36pm revealed:
-It was normal to see bugs in facility.
-One resident saw multiple cockroaches in the bathroom at night when he would turn on the light; he had seen them as recently as the night before (07/27/21)
-The cockroaches had been in the facility since he had been there, and he thought the Director and the House Manager already knew.
-There were cockroaches in the main living room area.
-One resident had seen them on the wall 2to 3 days ago.
-The staff sprinkled a powder down on the floor to kill the bugs, but they had not seen them spray.
-A pest control company sprayed a year ago, but they still saw cockroaches.

Interview with the Director on 07/28/21 at 1:05pm revealed:
-He had hired a pest control company to spray the facility about a year ago.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 078	Continued From page 4 -He was aware of the cockroaches. -He used an organic pest control powder to kill the cockroaches. -He thought the powder was working even though he still saw live cockroaches, because "it is not as bad as we have had it".	C 078		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the implementation of physician's orders for 2 of 2 sampled residents (Resident #1 and Resident #3) with orders for finger stick blood sugar (FSBS) checks three times weekly (#1); and daily blood pressure (BP) checks (#3) . The findings are: 1. Review of Resident #1's current FL-2 dated 09/02/20 revealed: -Diagnoses included schizophrenia, hypertension, hyperlipidemia, and diabetes Mellitus type II -There was an order for fingerstick blood sugar (FSBS); there was no frequency listed and there were no parameters.	C 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 249	Continued From page 5	C 249		

Review of Resident #1's Licensed Health Professional Support (LHPS) tasks dated 03/13/21 revealed Resident #1 was ordered FSBS checks three times a week; there were no parameters.

Review of Resident #1's May 2021 medication administration record (MAR) revealed:
-There was a printed entry for FSBS checks; FSBS three times weekly, scheduled at 8:00am.
-There were no parameters listed.
-There was documentation of FSBS checks were taken from 05/01/21 to 05/31/21 for 8:00am but no ranges were documented.

Review of Resident #1's June 2021 MAR revealed:
-There was a printed entry for FSBS checks; FSBS three times weekly, scheduled at 8:00am.
-There were no parameters listed.
-There was documentation of FSBS checks were taken from 06/01/21 to 06/30/21 for 8:00am but no ranges were documented.

Review of Resident #1's July 2021 MAR revealed:
-There was a printed entry for FSBS checks; FSBS three times weekly, scheduled at 8:00am.
-There were no parameters listed.
-There was documentation of FSBS checks were taken from 07/01/21 to 07/27/21 for 8:00am but no ranges were documented.

Review of Resident #1's FSBS log dated 04/28/21 to 07/26/21 revealed:
-Resident #1's FSBS check ranges were documented three times a week.
-Resident #1's FSBS checks ranged from 77 to 102.

Observation of Resident #1's glucometer on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 249	Continued From page 6 07/27/21 at 10:35am revealed: -The glucometer did not have a date or time stamp when turned on. -The most recent date stamp was 05/12/21 at 8:43am with a reading of 148. -The next date in the history in the glucometer was 10/21/20 and the reading was 80. -There were three dates with two FSBS readings a minute apart. -There was one date with three FSBS readings. -The last 20 readings ranged from 78 to 148. -None of the FSBS readings matched the FSBS readings documented on the log. Interview with Resident #1 on 07/27/21 at 10:53am revealed: -He stuck his own finger to obtain the FSBS reading and showed the glucometer to the staff. -He did his FSBS checks on Mondays, Wednesdays and Fridays. -The last time he did his FSBS reading was on Monday, 07/26/21. -His FSBS reading was exactly 80; his last six FSBS readings were all 80. Telephone interview with a representative from the facility's contracted pharmacy on 07/28/21 at 10:57am revealed: -Resident #1 had an order for FSBS checks three times a week. -The current order was dated 05/11/21; this was not a new order. -The pharmacy dispensed glucose strips and sharps on 05/11/21. -The glucose testing strips should have lasted 51 days. Telephone interview with a representative from Resident #1's primary care provider (PCP) on 07/28/21 at 11:15am she could not see orders for	C 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 249	Continued From page 7 FSBS from the PCP's office, but the orders could have been from another provider. Interview with the House Manager on 07/27/21 at 10:35am revealed: -Resident #1 was the only resident that had an order for FSBS checks and the only resident with a glucometer. -Resident #1 only had one glucometer. -She never paid attention to the date on the glucometer because is was not set to the correct date and time. -She just wrote the FSBS reading down on the log. -Resident #1 did his own FSBS check and then he told her what the reading; she always looked at the glucometer to verify the results. -She did not understand why the FSBS readings did not match the readings on the FSBS log. -She was going to take the glucometer with Resident #1 on his next physician's appointment and get the glucometer "fixed". Interview with the Director on 07/28/21 at 1:43pm revealed: -He did not know why the glucometer readings did not match any of the FSBS readings on the log. -He expected the staff to take the FSBS readings as ordered and to document the readings correctly. -He was going to get a new glucometer for Resident #1. -He did not know why there were multiple readings on one day. Attempted telephone interview with the facility's contracted LHPS nurse on 07/28/21 was not successful.	C 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 249	Continued From page 8 2. Review of Resident #3's current FL2 dated 08/13/20 revealed: -Diagnoses included chronic paranoid schizophrenia, hypertension, chronic obstructive pulmonary disease (COPD), Parkinson's and tremors. -There was an order for blood pressure (BP) checks once daily without parameters. Review of Resident #3's May 2021 medication administration record (MAR) revealed Resident #3's BP checks were documented as 3 out of 30 opportunities. Review of Resident #3's June 2021 MAR revealed Resident #3's BP checks were documented as 4 out of 30 opportunities. Review of Resident #3's July 2021 MAR revealed Resident #3's BP checks were documented as 19 out of 28 opportunities. Interview with Resident #3 on 07/27/21 at 5:31am revealed: -He used to have his BP checks done every morning when he first woke up. -The BP "machine" was not working because the batteries were dead. -He had not had his BP done in a long time; he could not remember how long it had been. -His BP was checked regularly before the batteries died. Second interview with Resident #3 on 07/28/21 at 9:33am revealed he did not sleep well the night before because he felt like his blood pressure was high. Telephone interview with Resident #3's primary care provider (PCP) on 07/28/21 at 8:29am	C 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 249	Continued From page 9 revealed: -He had an order for BP checks daily because his blood pressure had run high in the past. -She had provided a remote BP monitor for Resident #3 to use at the facility. -She also completed a BP check when she visited the facility. -She had not reviewed Resident #3's BP checks. -She expected the facility to follow her orders for Resident #3's daily BP checks. Interview with the House Manager on 07/28/21 at 9:25am revealed: -She had not worked in the facility for the months of May 2021 and June 2021. -She was completing Resident #3's BP checks daily now that she was back to work at the facility. -Resident #3 had his own BP cuff; it was digital and sent the BP check results to the PCP. -She had not had to replace the battery. -She did not know Resident #3 had an order for daily BP checks; she just did it daily. Interview with the Director on 07/28/21 at 1:43pm revealed: -He did not know why Resident #3's BP checks were not conducted daily as ordered. -He expected the staff to take the BP checks as ordered and to document the results.	C 249		
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	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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		

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, record reviews, and interviews the facility failed to administered medications as ordered by the physician for 3 of 3 sampled residents (#1, #2 and #3) related to medications for high cholesterol (#1, and #2), an antipsychotic medication (#1), medications to lower cholesterol and triglycerides, treat Parkinson's disease, prevent manic episodes, treat chronic obstructive pulmonary disease (COPD) and control high blood pressure (#3).

The findings are:

1. Review of Resident #1's current FL2 dated 09/02/20 revealed diagnoses included schizophrenia, hypertension, hyperlipidemia, and diabetes Mellitus type II.

a. Review of Resident #1's current FL2 dated 09/02/20 revealed an order for rosuvastatin calcium (used to lower cholesterol and triglycerides) 10mcg take once daily.

Review of Resident #1's May 2021 medication administration record (MAR) revealed:
-There was an entry for rosuvastatin calcium 10mcg take once daily scheduled for administration at 8:00am.
-There was documentation rosuvastatin calcium 10mcg was administered 31 of 31 opportunities from 05/01/21 to 05/31/21.

Review of Resident #1's June 2021 MAR revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 -There was an entry rosuvastatin calcium 10mcg take once daily scheduled for administration at 8:00am. -There was documentation rosuvastatin calcium 10mcg was administered 30 of 30 opportunities from 06/01/21 to 06/30/21. Review of Resident #1's July 2021 MAR revealed: -There was an entry rosuvastatin calcium 10mcg take once daily scheduled for administration at 8:00am. -There was documentation rosuvastatin calcium 10mcg was administered 27 of 27 opportunities from 07/01/21 to 07/27/21. Observation of Resident #1's rosuvastatin calcium 10mcg on hand on 07/27/21 at 4:29pm revealed: -Resident #1's rosuvastatin calcium 10mcg was dispensed in medication cards with bubbles for the tablets and 30 tablets were dispensed at a time. -There was a medication card with a dispense date of 04/29/21; 25 of 30 tablets were available for administration. -There was a medication card with a dispense date of 07/22/21; 30 of 30 tablets were available for administration. Interview with Resident #1 on 07/27/21 at 9:43am revealed: -He did not know the names of the medications he was administered, but he knew he was administered two pills in the morning and one pill at night before bed for anxiety. -He was administered his medication every day. Telephone with a representative from the facility's contracted pharmacy on 07/28/21 at 10:51am reveled:	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 12	C 330		

-Resident #1 had a current order for rosuvastatin calcium 10mcg take once daily.
-The last three dispense dates for Resident #1's rosuvastatin were 05/27/21, 06/24/21 and 07/22/21; thirty tablets were dispensed each time.
-Rosuvastatin was used to lower cholesterol.

Telephone interview with a Registered Nurse (RN) from Resident #1's primary care provider (PCP) on 07/28/21 at 11:15am revealed:
-Resident #1 had a current order for rosuvastatin calcium 10mcg take once daily.
-Resident #1 had been ordered rosuvastatin to control his cholesterol levels.
-If Resident #1 was not administered his rosuvastatin as ordered he could have a heart blockage and possibly a heart attack.
-The PCP expected Resident #1's medication to be administered as ordered.

There was documentation 88 tablets were administered when 90 tablets had been dispensed and 55 tablets were still available for administration.

Refer to telephone interview with a representative from the facility's contracted pharmacy on 07/28/21 at 10:48am.

Refer to interview with the House Manager (HM) on 07/27/21 at 1:48pm and 3:00pm.

Refer to telephone interview with the pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:30pm and 3:06pm.

Refer to interview with the Director on 07/27/21 at 1:13pm and 3:00pm.

b. Review of Resident #1's current FL2 dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 13 09/02/20 revealed an order for fenofibrate (used to lower high cholesterol) 145mg take once daily. Review of Resident #1's May 2021 medication administration record (MAR) revealed: -There was an entry for fenofibrate 145mg take once daily scheduled for administration at 8:00am. -There was documentation fenofibrate 145mg was administered 31 of 31 opportunities from 05/01/21 to 05/31/21. Review of Resident #1's June 2021 MAR revealed: -There was an entry for fenofibrate 145mg take once daily scheduled for administration at 8:00am. -There was documentation fenofibrate 145mg was administered 30 of 30 opportunities from 06/01/21 to 06/30/21. Review of Resident #1's July 2021 MAR revealed: -There was an entry for fenofibrate 145mg take once daily scheduled for administration at 8:00am. -There was documentation fenofibrate 145mg was administered 27 of 27 opportunities from 07/01/21 to 07/27/21. Observation of Resident #1's fenofibrate 145mg on hand on 07/27/21 at 4:29pm revealed: -Resident #1's fenofibrate 145mg was dispensed in medication cards with a bubble for each tablet and 30 tablets were dispensed at a time. -There was a medication card with a dispense date of 04/29/21; 30 of 30 tablets were available for administration. -There was a medication card with a dispense date of 06/24/21; 30 of 30 tablets were available for administration.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 14 -There was a medication card with a dispense date of 07/22/21; 30 of 30 tablets were available for administration. Interview with Resident #1 on 07/27/21 at 9:43am revealed: -He did not know the names of the medications he was administered, but he knew he was administered two pills in the morning and one pill at night before bed for anxiety. -He was administered his medication every day. Telephone with a representative from the facility's contracted pharmacy on 07/28/21 at 10:51am reveled: -Resident #1 had a current order for fenofibrate 145mg take once daily. -The last three dispense dates for Resident #1's fenofibrate 145mg were 05/27/21, 06/24/21 and 07/22/21; thirty tablets were dispensed each time. -Fenofibrate was used to lower cholesterol. Telephone interview with the Registered Nurse (RN) from Resident #1's primary care provider (PCP) on 07/28/21 at 11:15am revealed: -Resident #1 had a current order for fenofibrate 145mg take once daily. -Resident #1 had been ordered fenofibrate 145mg to help control his cholesterol levels. -If Resident #1 was not administered his fenofibrate as ordered he could have a heart blockage and possibly a heart attack. -The PCP expected Resident #1's medication to be administered as ordered. There was documentation 88 tablets were administered when 90 tablets had been dispensed and 90 tablets were still available for administration.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 15 Refer to telephone interview with a representative from the facility's contracted pharmacy on 07/28/21 at 10:48am. Refer to interview with the House Manager (HM) on 07/27/21 at 1:48pm and 3:00pm. Refer to telephone interview with the pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:30pm and 3:06pm. Refer to interview with the Director on 07/27/21 at 1:13pm and 3:00pm. c. Review of Resident #1's current FL2 dated 09/02/20 revealed an order for olanzapine (used to treat schizophrenia disorders) 20mg take once daily. Review of Resident #1's May 2021 medication administration record (MAR) revealed: -There was an entry for olanzapine 20mg take once daily scheduled for administration at 8:00pm. -There was documentation olanzapine 20mg was administered 31 of 31 opportunities from 05/01/21 to 05/31/21. Review of Resident #1's June 2021 MAR revealed: -There was an entry for olanzapine 20mg take once daily scheduled for administration at 8:00am. -There was documentation olanzapine 20mg was administered 30 of 30 opportunities from 06/01/21 to 06/30/21. Review of Resident #1's July 2021 MAR revealed: -There was an entry for olanzapine 20mg take once daily scheduled for administration at	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 16	C 330		

8:00am.
-There was documentation olanzapine 20mg was administered 27 of 27 opportunities from 07/01/21 to 07/27/21.

Observation of Resident #1's olanzapine 20mg on hand on 07/27/21 at 4:29pm revealed:
-Resident #1's olanzapine 20mg was dispensed in medication cards with a bubble for each tablet and 30 tablets were dispensed at a time.
-There was a medication card with a dispense date of 05/27/21; 4 of 30 tablets were available for administration.
-There was a medication card with a dispense date of 06/24/21; 30 of 30 tablets were available for administration.
-There was a medication card with a dispense date of 07/22/21; 30 of 30 tablets were available for administration.

Interview with Resident #1 on 07/27/21 at 9:43am revealed:
-He did not know the names of the medications he was administered, but he knew he was administered two pills in the morning and one pill at night before bed for anxiety.
-He was administered his medication every day.

Telephone with a representative from the facility's contracted pharmacy on 07/28/21 at 10:51am reveled:
-Resident #1 had a current order for olanzapine 20mg take once daily.
-The last three dispense dates for Resident #1's olanzapine 20mg were 05/27/21, 06/24/21 and 07/22/21; thirty tablets were dispensed each time.
-Olanzapine 20mg was an anti-psychotic medication and it was used to stabilize mood.

Telephone interview with the Registered Nurse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 17	C 330		

(RN) from Resident #1's primary care provider (PCP) on 07/28/21 at 11:15am revealed:
-Resident #1 had a current order for olanzapine 20mg take once daily.
-Resident #1 had been ordered olanzapine 20mg for his schizophrenia disorder.
-If Resident #1 was not administered his olanzapine as ordered he could have outbreaks with his mental health and not acting appropriate; he could have schizophrenic episodes where he would not think clearly, and he would behave inappropriately.
-The PCP expected Resident #1's medication to be administered as ordered.

There was documentation 88 tablets were administered when 90 tablets had been dispensed and 64 tablets were still available for administration.

Refer to telephone interview with a representative from the facility's contracted pharmacy on 07/28/21 at 10:48am.

Refer to interview with the House Manager (HM) on 07/27/21 at 1:48pm and 3:00pm.

Refer to telephone interview with the pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:30pm and 3:06pm.

Refer to interview with the Director on 07/27/21 at 1:13pm and 3:00pm.

2. Review of Resident #2's current FL2 dated 04/21/21 revealed:
-Diagnoses included schizoaffective disorder, hypertension, hyperlipidemia, and history of coronary artery disease (CAD).
-There was an order for atorvastatin (used to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 18	C 330		

treat high cholesterol and triglycerides levels) 40mg take once daily.

Review of Resident #2's May 2021 medication administration record (MAR) revealed:
-There was an entry atorvastatin 40mg take once daily scheduled for administration at 8:00am.
-There was documentation atorvastatin 40mg was administered 31 of 31 opportunities from 05/01/21 to 05/31/21.

Review of Resident #2's June 2021 MAR revealed:
-There was an entry atorvastatin 40mg take once daily scheduled for administration at 8:00am.
-There was documentation atorvastatin 40mg was administered 30 of 30 opportunities from 06/01/21 to 06/30/21.

Review of Resident #2's July 2021 MAR revealed:
-There was an entry atorvastatin 40mg take once daily scheduled for administration at 8:00am.
-There was documentation atorvastatin 40mg was administered 27 of 27 opportunities from 07/01/21 to 07/27/21.

Observation of Resident #2's atorvastatin 40mg on hand on 07/27/21 at 4:29pm revealed:
-Resident #1's atorvastatin 40mg was dispensed in medication cards with a bubble for each tablet; 30 tablets were dispensed in each medication card.
-There was a medication card with a dispense date of 01/11/21; 12 of 30 tablets were available for administration.
-There was a medication card with a dispense date of 06/24/21; 30 of 30 tablets were available for administration.
-There was a medication card with a dispense date of 07/22/21; 30 of 30 tablets were available

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 19 for administration. Interview with Resident #2 on 07/27/21 at 8:49am revealed: -He knew he took "heart" medication, but he did not know the names of the medication. -He took medication in the morning and in the evening. -He was administered his medication every day; he was "pretty sure" he was administered all his medication. Telephone with a representative from the facility's contracted pharmacy on 07/28/21 at 10:51am reveled: -Resident #2 had a current order for atorvastatin 40mg take once daily. -The last three dispense dates for Resident #2's atorvastatin 40mg were 05/27/21, 06/24/21 and 07/22/21; thirty tablets were dispensed each time. -Each dispense date should have lasted 30 days. -Atorvastatin was used to treat high cholesterol and triglycerides levels. Telephone interview with the Registered Nurse (RN) from Resident #2's primary care provider (PCP) on 07/28/21 at 11:34am revealed: -Resident #2 had a current order for atorvastatin 40mg take once daily. -He was ordered the atorvastatin to control his cholesterol because he had a history of coronary artery disease. -She could not say what an outcome of not taking the atorvastatin would be, but the PCP recommended all medications to be taken as ordered so there would be not outcomes. There was documentation 88 tablets were administered when 90 tablets had been dispensed and 72 tablets were still available for	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 20 administration. Refer to telephone interview with a representative from the facility's contracted pharmacy on 07/28/21 at 10:48am. Refer to interview with the House Manager (HM) on 07/27/21 at 1:48pm and 3:00pm. Refer to telephone interview with the pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:30pm and 3:06pm. Refer to interview with the Director on 07/27/21 at 1:13pm and 3:00pm. 3. Review of Resident #3's current FL2 dated 08/13/20 revealed diagnoses included chronic paranoid schizophrenia, hypertension, chronic obstructive pulmonary disease (COPD), Parkinson's and tremors. a. Review of Resident #3's current FL2 dated 08/13/20 revealed there was an order for Carbidopa-Levodopa (used to treat Parkinson's disease) 25-100 take one tablet three times daily. Review of Resident #3's May 2021 medication administration record (MAR) revealed: -There was an entry for Carbidopa-Levodopa 25-100 take one tablet three times daily scheduled for administration at 8:00am, 2:00pm and 8:00pm. -There was documentation Carbidopa-Levodopa 25-100 was administered at 8:00am, 2:00pm and 8:00pm from 05/01/21 to 05/31/21. Review of Resident #3's June 2021 MAR revealed: -There was an entry for Carbidopa-Levodopa 25-100 take three times daily scheduled for	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 21	C 330		

administration at 8:00am, 2:00pm and 8:00pm.
-There was documentation Carbidopa-Levodopa 25-100 was administered at 8:00am, 2:00pm and 8:00pm from 06/01/21 to 06/30/21.

Review of Resident #3's July 2021 MAR revealed:
-There was an entry for Carbidopa-Levodopa 25-100 take three times daily scheduled for administration at 8:00am, 2:00pm and 8:00pm.
-There was documentation Carbidopa-Levodopa 25-100 was administered at 8:00am, 2:00pm and 8:00pm from 07/01/21 to 07/27/21.

Observation of Resident #3's Carbidopa-Levodopa 25-100 on hand on 07/27/21 at 1:28pm revealed:
-Resident #3's Carbidopa-Levodopa 25-100 was dispensed in medication cards with a bubble for each tablet and 30 tablets were in a card.
-There was a medication card with a dispense date of 08/19/20; 30 of 90 tablets were available for administration and the card was labeled 1 of 3.
-There was a medication card with a dispense date of 09/21/20; 30 of 90 tablets were available for administration and the card was labeled 3 of 3.
-There was a medication card with a dispense date of 11/11/20; 30 of 90 tablets were available for administration and the card was labeled 2 of 3.
-There were three a medication cards with a dispense date of 02/08/21; 90 of 90 tablets were available for administration.
-There were two a medication cards with a dispense date of 03/05/21; 60 of 90 tablets were available for administration and the cards were labeled 2 of 3 and 2 of 3.
-There were three a medication cards with a dispense date of 04/29/21; 90 of 90 tablets were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 22	C 330		

available for administration.
-There were two a medication cards with a dispense date of 05/27/21; 60 of 90 tablets were available for administration and the cards were labeled 1 of 3 and 2 of 3.
-There were three a medication cards with a dispense date of 06/24/21; 90 of 90 tablets were available for administration.
-There were three a medication cards with a dispense date of 07/22/21; 90 of 90 tablets were available for administration.
-Resident #3 had a total of 20 Carbidopa-Levodopa 25-100 medication cards with 570 tablets available for administration.
-All medication cards were dispensed from the same pharmacy.

Interview with Resident #3 on 07/27/21 at 5:17pm revealed:
-He knew he took medication two to three times a day.
-He knew he took a medication for Parkinson's disease once daily.
-He took the medication for Parkinson's because he shook.
-He still shook but it was better than it had been about two years ago.

Telephone with a pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:33pm reveled:
-Resident #3 had a current order for Carbidopa-Levodopa 25-100 take three times daily.
-The last three dispense dates for Resident #3's Carbidopa-Levodopa 25-100 were 05/27/21, 06/24/21 and 07/22/21; 90 tablets were dispensed each time.
-Each medication card had 30 tablets dispensed in it and the cards were labeled by the pharmacy

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 23	C 330		

on the top left corner 1 of 3, 2 of 3 and 3 of 3.
-Each dispense date should have lasted 30 days.
-Carbidopa-Levodopa 25-100 was used to treat shaking associated with Parkinson's disease.
-There was no way extra Carbidopa-Levodopa 25-100 was dispensed and Resident #3 should not have extra medication.

Telephone interview with Resident #3's primary care provider (PCP) on 07/28/21 at 8:29am revealed:
-Resident #3 was ordered Carbidopa-Levodopa to help with his Parkinson's disease.
-He could barely walk when she ordered the medication over a year ago.
-He was able to walk with a walker and had been for a few months.
-She felt his Parkinson's had improved.
-If he had extra medication cards it would mean he was not getting his full daily dosage.
-She would be concerned if he was not getting his dosage three times daily as she had ordered it because his Parkinson's could be more improved.

Refer to telephone interview with a representative from the facility's contracted pharmacy on 07/28/21 at 10:48am.

Refer to interview with the House Manager (HM) on 07/27/21 at 1:48pm and 3:00pm.

Refer to telephone interview with the pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:30pm and 3:06pm.

Refer to interview with the Director on 07/27/21 at 1:13pm and 3:00pm.

b. Review of Resident #3's current FL2 dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 24 08/13/20 revealed there was an order for fenofibrate (used to lower high cholesterol) 48mg take once daily. Review of Resident #3's May 2021 medication administration record (MAR) revealed: -There was an entry for fenofibrate 48mg take once daily scheduled for administration at 8:00am. -There was documentation fenofibrate 48mg was administered at 8:00am from 05/01/21 to 05/31/21. Review of Resident #3's June 2021 MAR revealed: -There was an entry for fenofibrate 48mg take once daily scheduled for administration at 8:00am. -There was documentation fenofibrate 48mg was administered at 8:00am from 06/01/21 to 06/30/21. Review of Resident #3's July 2021 MAR revealed: -There was an entry for fenofibrate 48mg take once daily scheduled for administration at 8:00am. -There was documentation fenofibrate 48mg was administered at 8:00am from 07/01/21 to 07/27/21. Observation of Resident #3's fenofibrate 48mg on hand on 07/27/21 at 1:28pm revealed: -Resident #3's fenofibrate 48mg was dispensed in medication cards with a bubble for each tablet and 30 tablets were dispensed at a time. -There was a medication card with a dispense date of 09/21/20; 30 of 30 tablets were available for administration. -There was a medication card with a dispense date of 11/12/20; 30 of 30 tablets were available	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 25	C 330		

for administration.
-There was a medication card with a dispense date of 02/08/21; 12 of 30 tablets were available for administration.
-There was a medication card with a dispense date of 03/05/21; 30 of 30 tablets were available for administration.
-There was a medication card with a dispense date of 04/29/21; 30 of 30 tablets were available for administration.
-There was a medication card with a dispense date of 05/27/21; 30 of 30 tablets were available for administration.
-There was a medication card with a dispense date of 06/24/21; 30 of 30 tablets were available for administration.
-There was a medication card with a dispense date of 07/22/21; 30 of 30 tablets were available for administration.
-There was a total of 8 medication cards with 221 tablets available for administration.

Interview with Resident #3 on 07/28/21 at 9:33am revealed:
-He had not slept well the night before.
-He felt aggravated and he felt like his blood pressure was up.
-He knew he took medications for his blood pressure; he thought he was administered the correct medication daily.

Telephone with a representative from the facility's contracted pharmacy on 07/28/21 at 10:51am reveled:
-Resident #3 had a current order for fenofibrate 48mg take once daily.
-The last three dispense dates for Resident #3's fenofibrate 145mg were 05/27/21, 06/24/21 and 07/22/21; thirty tablets were dispensed each time.
-Fenofibrate was used to lower cholesterol and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 26	C 330		

triglycerides.

Telephone interview with Resident #3's primary care provider (PCP) on 07/28/21 at 8:29am revealed:
-Resident #3 was ordered fenofibrate to lower his triglycerides levels.
-His last lab dated 06/22/19 his levels were 325 (levels of 200 to 499 would be considered high); he was due to have labs redone.
-An outcome not taking his fenofibrate as ordered would be increased blood pressures due to his triglycerides being too high and he could possibly have a cerebrovascular accident.
-She expected Resident #3's fenofibrate to be administered as ordered.

Refer to telephone interview with a representative from the facility's contracted pharmacy on 07/28/21 at 10:48am.

Refer to interview with the House Manager (HM) on 07/27/21 at 1:48pm and 3:00pm.

Refer to telephone interview with the pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:30pm and 3:06pm.

Refer to interview with the Director on 07/27/21 at 1:13pm and 3:00pm.

c. Review of Resident #3's current FL2 dated 08/13/20 revealed there was an order for divalproex (a mood stabilizer used to prevent manic episodes) 500mg take once daily.

Review of Resident #3's May 2021 medication administration record (MAR) revealed:
-There was an entry for divalproex 500mg take once daily scheduled for administration at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 27 8:00am. -There was documentation divalproex 500mg was administered at 8:00am from 05/01/21 to 05/31/21. Review of Resident #3's June 2021 MAR revealed: -There was an entry for divalproex 500mg take once daily scheduled for administration at 8:00am. -There was documentation divalproex 500mg was administered at 8:00am from 06/01/21 to 06/30/21. Review of Resident #3's July 2021 MAR revealed: -There was an entry for divalproex 500mg take once daily scheduled for administration at 8:00am. -There was documentation divalproex 500mg was administered at 8:00am from 07/01/21 to 07/27/21. Observation of Resident #3's divalproex 500mg on hand on 07/27/21 at 1:28pm revealed: -Resident #3's divalproex 500mg was dispensed in medication cards with a bubble for each tablet and 30 tablets were dispensed at a time. -There was a medication card with a dispense date of 02/08/21; 30 of 30 tablets were available for administration. -There was a medication card with a dispense date of 04/29/21; 30 of 30 tablets were available for administration. -There was a medication card with a dispense date of 05/27/21; 30 of 30 tablets were available for administration. -There was a medication card with a dispense date of 06/24/21; 30 of 30 tablets were available for administration.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 28	C 330		

Interview with Resident #3 on 07/28/21 at 9:33am revealed:
-He had not slept well the night before.
-He did not tell anyone he felt aggravated; he just tried to calm down and sleep.

Telephone with a pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:33pm reveled:
-Resident #3 had a current order for divalproex 500mg take once daily.
-The last three dispense dates for Resident #3's divalproex 500mg were 05/27/21, 06/24/21 and 07/22/21; 90 tablets were dispensed each time.
-Each dispense date should have lasted 30 days.
-Divalproex 500mg was used to prevent manic episodes.

Telephone interview with Resident #3's mental health provider (MHP) on 07/28/21 at 11:57am revealed:
-Resident #3 was ordered divalproex 500mg to help with his hallucinations and mood issues.
-Resident #3 would become very "ill tempered" and would complain of not being able to sleep due to anxiety.
-Resident #3 was seen via telehealth due to the pandemic; he had telehealth appointments 01/21/21 and 06/02/21.
-The facility staff had reported Resident #3's behavior had improved and was good.
-He did not have any reports of anxiousness from Resident #3 or staff.
-He expected Resident #3 to be administered his divalproex as ordered.
-A possible outcome of Resident #3 not taking his divalproex as ordered could be irritability, he would not be able to sleep and be anxious.

Refer to telephone interview with a representative

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 29	C 330		

from the facility's contracted pharmacy on 07/28/21 at 10:48am.

Refer to interview with the House Manager (HM) on 07/27/21 at 1:48pm and 3:00pm.

Refer to telephone interview with the pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:30pm and 3:06pm.

Refer to interview with the Director on 07/27/21 at 1:13pm and 3:00pm.

d. Review of Resident #3's current FL2 dated 08/13/20 revealed there was an order for lisinopril (used to treat high blood pressure) 20mg take once daily.

Review of Resident #3's May 2021 medication administration record (MAR) revealed:
-There was an entry for lisinopril 20mg take once daily scheduled for administration at 8:00am.
-There was documentation lisinopril 20mg was administered at 8:00am from 05/01/21 to 05/31/21.

Review of Resident #3's June 2021 MAR revealed:
-There was an entry for lisinopril 20mg take once daily scheduled for administration at 8:00am.
-There was documentation lisinopril 20mg was administered at 8:00am from 06/01/21 to 06/30/21.

Review of Resident #3's July 2021 MAR revealed:
-There was an entry for lisinopril 20mg take once daily scheduled for administration at 8:00am.
-There was documentation lisinopril 20mg was administered at 8:00am from 07/01/21 to 07/27/21.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 30 Observation of Resident #3's lisinopril 20mg on hand on 07/27/21 at 1:28pm revealed: -Resident #3's lisinopril 20mg was dispensed in medication cards with a bubble for each tablet and 30 tablets were dispensed at a time. -There was a medication card with a dispense date of 04/29/21; 15 of 30 tablets were available for administration. -There was a medication card with a dispense date of 05/27/21; 30 of 30 tablets were available for administration. -There was a medication card with a dispense date of 06/24/21; 30 of 30 tablets were available for administration. Interview with Resident #3 on 07/28/21 at 9:33am revealed: -He had not slept well the night before. -He felt aggravated and he felt like his blood pressure was up. -He knew he took medication for his high blood pressure. Telephone with a pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:33pm reveled: -Resident #3 had a current order for lisinopril 20mg take once daily. -The last three dispense dates for Resident #3's lisinopril 20mg were 05/27/21, 06/24/21 and 07/22/21; 90 tablets were dispensed each time. -Each dispense date should have lasted 30 days. -Lisinopril 20mg was used to lower blood pressure. Telephone interview with Resident #3's primary care provider (PCP) on 07/28/21 at 8:29am revealed: -Resident #3 was ordered lisinopril to control his	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 31	C 330		

high blood pressure.
-An outcome not taking his lisinopril as ordered would be increased blood pressures he could possibly have a cerebrovascular accident.
-She expected Resident #3's lisinopril to be administered as ordered.
-If Resident #3 had excess lisinopril available it would mean it was not being administered his medication as ordered.
-She reviewed the MAR, but she did not check Resident #3's available medication when she was at the facility; she "hoped" his medications were being administered as ordered.

Refer to telephone interview with a representative from the facility's contracted pharmacy on 07/28/21 at 10:48am.

Refer to interview with the House Manager (HM) on 07/27/21 at 1:48pm and 3:00pm.

Refer to telephone interview with the pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:30pm and 3:06pm.

Refer to interview with the Director on 07/27/21 at 1:13pm and 3:00pm.

e. Review of Resident #3's current FL2 dated 08/13/20 revealed there was an order for Advair 250/50 (used to treat chronic obstructive pulmonary disease) inhale every twelve hours.

Review of Resident #3's May 2021 medication administration record (MAR) revealed:
-There was an entry for Advair 250/50 inhale every twelve hours daily scheduled for administration at 8:00am and 8:00pm.
-There was documentation Advair 250/50 inhale every twelve hours was administered at 8:00am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 32	C 330		

and 8:00pm from 05/01/21 to 05/31/21.

Review of Resident #3's June 2021 MAR revealed:
-There was an entry for Advair 250/50 inhale every twelve hours daily scheduled for administration at 8:00am and 8:00pm.
-There was documentation Advair 250/50 inhale every twelve hours was administered at 8:00am and 8:00pm from 06/01/21 to 06/30/21.

Review of Resident #3's July 2021 MAR revealed:
-There was an entry for Advair 250/50 inhale every twelve hours daily scheduled for administration at 8:00am and 8:00pm.
-There was documentation Advair 250/50 inhale every twelve hours was administered at 8:00am and 8:00pm from 07/01/21 to 07/27/21.

Observation of Resident #3's medication on hand on 07/27/21 at 1:28pm revealed Resident #3's Advair 250/50 was not in a box, did not have a dispense date on it and had a reading of zero on the indicator (the indicator count showed how many doses were available for administration in the inhaler) .

Interview with Resident #3 on 07/27/21 at 5:17pm revealed:
-He used an inhaler that was in a blue tube; he did not know what the name of the inhaler was.
-He did not use a purple inhaler or an inhaler that was shaped like a circle.
-He still smoked but only "once in a while".
-He did not struggle to breath like he used to.

Telephone interview with Resident #3's primary care provider (PCP) on 07/28/21 at 8:29am revealed:
-Resident #3 was ordered Advair 250/50 inhale

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 33	C 330		

once every twelve hours for COPD.
-The outcome of not using the Advair as ordered could be decreased oxygen saturation, airway tightness, and hypoxia (deficiency in the amount of ozygen reaching the tissues) due to the airway not opening.
-She expected the order for Resident #3 to use the Advair every twelve hours to be followed.

Telephone with a pharmacist from the facility's contracted pharmacy on 07/28/21 at 10:48am reveled:
-Resident #3's Advair 250/50 inhale twice daily was last dispensed on 04/01/20 and was not on a cycle fill.
-The facility had to call the pharmacy for a refill as they needed it.
-The zero on the counter on the Advair indicated there was nothing left in the discus.
-The Advair had 60 puffs per discus and should have lasted Resident #3 only 30 days.
-Advair was used to treat COPD.

Interview with the House Manager (HM) on 07/27/21 at 1:48pm revealed:
-She had not paid attention to the counter on Resident #3's Advair discus.
-She administered it to him every day, but she did not notice the counter was on zero.
-She thought the Advair was on a cycle fill.
-She did not know where the box for the Advair was, so she had no idea how old it was she just checked it for an expiration date.
-She was responsible for calling the pharmacy when a medication needed to be reordered.
-Resident #3's breathing was better because he did not smoke as much anymore.

Interview with the Director on 07/28/21 at 1:43pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 34 -He expected the staff to administer all medication as ordered including inhalers. -The staff should be checking the counter on the Advair discus after each administration. -The staff should have reordered the Advair for Resident #3 when the counter on the disk was at 10. -The staff were responsible for calling in refills on medications that were not on a cycle fill from the pharmacy. -He was concerned Resident #3 was not administered the Advair as ordered but "Resident #3 had stopped smoking so that had helped". _____ Telephone interview with a representative from the facility's contracted pharmacy on 07/28/21 at 10:48am revealed: -She packaged the residents' medications for the facility. -The facility's tablets were idspensed in medication cards, were on a cycle fill and were dispensed every 30 days. -All the residents' tablets were dispensed and delivered on the same day so everyone should start their medication on the same date. -She could not package and dispense extra medication or dispense medications prior to the billing date due to insurance reasons. -Medications were delivered to the facility 2 weeks prior to the start date so the medication would not run out and would be available for administration. -There should never be 3 to 4 months worth of medication for one resident at the facility on hand. Telephone interview with the pharmacist from the facility's contracted pharmacy on 07/27/21 at 2:30pm and 3:06pm revealed: -There was no way extra medication had been dispensed to the facility.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 35	C 330		

-Insurance would not allow the pharmacy to bill outside of a cycle for medication and the pharmacy would not dispense without billing.
-The billing cycle was every four weeks.
-The pharmacy did not send extra medication even during the pandemic.

Interview with the House Manager (HM) on 07/27/21 at 1:48pm and 3:00pm revealed:
-The facility was on a cycle fill from the contracted pharmacy for all the residents' medications once month.
-All the residents had extra medication cards; she was "about to tell the pharmacy to stop sending medication".
-The pharmacy sent extra medication during the pandemic and they continued to send medication every month.
-She "just put the extra [medications] into storage".
-She was sure the residents were administered their medications as ordered because everyone was "acting normal".
- "They [residents] were administered their medications; the pharmacy sent extra is all that happened".

Interview with the Director on 07/27/21 at 1:13pm and 3:00pm revealed:
-There was a medication aide (MA) but he quit at the beginning of July 2021, so he and the HM administered all the residents' medications.
-He administered medication two to three times a week and the HM administered medications on the other days.
-He did not know there was "this much" medication available for administration.
-He did not know why there was extra medication other than the the pharmacy dispensed too much.
-He did not know why there was extra medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 36 other than the pharmacy sent extra. -He was sure the residents were administered their medication because they were all calm. -The residents would all say they were administered their medications as ordered; a couple would tell him when it was time to administer their medications. -He knew when he was at the facility the residents were administered their medication because he did it himself or he witnessed it. -He did not check the dates on the medication cards when he administered medications, so he did not notice some of the medication cards had been dispensed in April 2020. -It was very important for medication to be administered as ordered but he was not concerned the residents may not have been administered their medications as ordered. -He believed the residents were administered their medication because they were healthy, there were no behavior issues and no hospitalizations. -He and the HM had conducted quarterly medication audits prior to the pandemic but they had "gotten off schedule" due to the pandemic and had not started conducting audits again. -When they did audits in the past, they would look at the dates on the medication cards and compare the MARs to the physicians' orders. -He might have discovered the excess medication during an audit.	C 330		
C 363	10A NCAC 13G .1007 (c) Medication Disposition 10A NCAC 13G .1007 Medication Disposition (c) Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or	C 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 363	Continued From page 37 following the death of the resident. This Rule is not met as evidenced by: Based on observations, and interviews the facility failed to ensure expired medications were returned to the pharmacy within 90 days of the expiration date. The findings are: Observation of medication on hand on 07/27/21 at 1:28pm revealed there was a medication card with 30 tablets of Carbidopa-Levodopa that had an expiration date of 08/03/19. Interview with a representative from the facility's contracted pharmacy on 07/27/21 at 2:33pm revealed the facility could return any unused medications or expired medications to the pharmacy. Interview with the Director on 07/28/21 at 2:28pm revealed: -He was aware expired medications were supposed to be disposed of or returned to the pharmacy. -The House Manager usually checked the medications for expiration dates. -The staff should have told him there were expired medication cards at the facility. -He was not aware there was expired medication at the facility.	C 363		
C 369	10A NCAC 13G .1008 (c) Controlled Substances	C 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 369	Continued From page 38 10A NCAC 13G .1008 Controlled Substances c) Controlled substances that are expired, discontinued or no longer required for a resident shall be returned to the pharmacy within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The facility shall document the resident's name; the name, strength and dosage form of the controlled substance; and the amount returned. There shall also be documentation by the pharmacy of the receipt or return of the controlled substances. This Rule is not met as evidenced by: Based on observations, and interviews the facility failed to ensure expired controlled substances were returned to the pharmacy within 90 days of the expiration date. The findings are: Observation of medication on hand on 07/27/21 at 1:28pm revealed: -There was a medication card with 30 tablets of zolpidem tartrate that had an expiration date of 01/13/20. -There was a second medication card with 30 tablets of zolpidem tartrate that had an expiration date of 01/12/21. -There was a medication card with 30 tablets of clonazepam that had an expiration date of 06/24/21. Interview with a representative from the facility's contracted pharmacy on 07/27/21 at 2:33pm revealed the facility could return any unused	C 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032096	A. BUILDING: _____ B. WING _____	07/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES FAMILY HOME	2122 OVERLAND DRIVE DURHAM, NC 27704

(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 369	Continued From page 39 medications or expired medications to the pharmacy. Interview with the Director on 07/28/21 at 2:28pm revealed: -He was aware expired medications were supposed to be disposed of or returned to the pharmacy. -The House Manager usually checked the medications for expiration dates. -The staff should have told him there were expired medication cards at the facility. -He was not aware there were expired controlled medication at the facility.	C 369		