Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL026071	A. BUILDING: _____ B. WING _____	06/29/2021

RECEIVED
AUG 06 2021
ADULT CARE LICENSURE SECTION
RALEIGH

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL FAMILY CARE	3510 CAMDEN ROAD FAYETTEVILLE, NC 28306

(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 06/30/21.	C 000		
C 208	10A NCAC 13G .0702 (c-5) Tuberculosis Test And Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following: (5) The completed FL-2 or MR-2 shall be filed in the resident's record in the home. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that an annual FL-2 had been completed for 1 of 3 sampled residents (Resident #3). The findings are: Review of Resident #3's most current FL-2 dated 04/02/20 revealed: -Diagnoses included physical debility, diabetes mellitus type 2, heart failure, CAD, hyperlipidemia, and paranoid schizophrenia. -There was no documentation that another FL-2 had been completed. Review of Resident #3's Resident Register revealed an admission date of 04/02/20.	C 208	TB skin test have all been Completed Manager of home will assure that 1st step TB skin Test are done before admission to family care. and second step completed within 2 weeks of admission - Owner will do at least Quarterly reviews of Chart. The adult care home Manager will assure that a New FL-2 will be completed annually according to the rule. The Owner of the Facility will comeplet Audit of Chart at Least Quarterly to.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE / TITLE (X6) DATE

Admin. 8-1-21

Reviewed & Acknowledged
Tina B Nielsen 09/15/21

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C 208	Continued From page 1 Interview with the Supervisor in Charge (SIC) on 06/29/21 at 1:30pm revealed: -She was responsible for making sure that all residents' FL-2s were completed annually. -She was not aware that Resident #3's FL-2 was out of date in her record. -She was not aware that the FL-2 had to be sent to the pharmacy. -She would make sure to get the FL-2s sent to the pharmacy. -She thought she had sent an updated FL-2 for Resident #3's primary care provider (PCP) to be signed. -She would call Resident #3's primary care provider to follow-up on the PCP signing the new FL-2. Interview with the Administrator on 06/29/21 at 3:30pm revealed: -The SIC was responsible to make sure the residents FL-2's were completed annually. -He was not sure why Resident #3's was not done in April 2021 when Resident #2's was done. -He would make sure a new FL-2 was completed for Resident #3 today (06/29/21). Attempted telephone interview with Resident #3's primary care provider (PCP) on 06/29/21 at 1:20pm was unsuccessful. Telephone interview with the facility's pharmacist on 06/29/21 at 1:00pm revealed the pharmacy had not received and did not have an FL-2 for Resident #3.	C 208	Assure this rule is being meet. 8/31/2021 fl2 has been completed Waiting for doctors Signature.	
C 236	10A NCAC 13G .0802 (a) Resident Care Plan 10A NCAC 13G .0802 Resident Care Plans (a) A family care home shall assure a care plan	C 236	The adult care home Manager will assure that a New Care plan	

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C 236	Continued From page 2 is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan shall be an individualized, written program of personal care for each resident. This Rule is not met as evidenced by: Based on record review, and interviews, the facility failed to ensure an individualized care plan was completed within 30 days of admission for 2 of 3 sampled residents (Resident #2 and Resident #3). The findings are: 1. Review of Resident #2's most current FL-2 on 04/23/21 revealed: -Diagnoses included dementia, major depression, heart disease, conversion disorder with seizures, and ataxia. -There was documentation that Resident #2 was intermittently disoriented and ambulated with a walker. Review of Resident #2's Resident Register revealed: -The admission date was 08/14/18 with another facility name. -There was no resident register with the current facility's information or updated information. Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable. Interview with the Supervisor in Charge (SIC) on 06/29/21 at 1:30pm revealed: -Resident #2 was a resident at the facility when it was under another owner.	C 236	Will be completed annually or if there is a significant change within 10 days of that change the Owner of the facility will complete Audit of records at least Quarterly to assure rule Area are meet Careplans taken to doctor office to be signed 8/1/2021 The Manager of the adult care home will assure that upon admission that a resident register is completed. The Owner will follow up to assure this rule is in Compliance. New Resident Registry will be completed 8/1/2021	

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C 236	Continued From page 3 -She was not aware that Resident #2's did not have a care plan in her record. -She was not sure where the care plan was for Resident #2. -Resident #2 did not require any assistance with her activities of daily living (ADLs). -Resident #2 ambulated with her walker. -She was responsible for making sure that all residents' care plans were completed annually. -She would call Resident #2's primary care provider (PCP) to follow-up on signing a new care plan. Interview with the Administrator on 06/29/21 at 3:30pm revealed: -Resident #2 was transferred from the prior facility that this facility had purchased in July 2020. -The supervisor in charge (SIC) was responsible for ensuring the Resident Registers for all the residents were completed upon admission or within 30 days of admission. -She had not completed a new Personal Care Physician Authorization and Care Plan for Resident #3. -He had transferred all of Resident #2's information from the sister facility to the current facility where the resident resided. -He did not know why the SIC had not completed a care plan for Resident #2's admission to the current facility. 2. Review of Resident #3's most current FL-2 on 04/02/20 revealed: -Diagnoses included physical debility, diabetes mellitus type 2, heart failure, CAD, hyperlipidemia, and paranoid schizophrenia. -There was documentation that Resident #3 was intermittently disoriented and ambulated with a cane.	C 236	On each resident residing in the home 8-1-2020 The Manager of the adult care home will assure that care plans are done within 30 days of admission and the physician signature within 15 days of the care plan completed. The owner will review Charts Quarterly to assure this rule area is met. 8-31-2021 Careplans are at Dr. Office waiting Signature of Dr.	

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-There was an order for finger stick blood sugar (FSBS) checks to be done with meals and at bedtime.
-There was an order for Lantus (a long acting insulin used to treat type 2 diabetes) 15 units subcutaneous in the morning.
-There was an order for Humalog (a fast-acting insulin used to treat type 2 diabetes) to be used based on a sliding scale.
-The parameters for the sliding scale insulin dosage were as follows:
2 units for FSBS 200-250mg/dL
4 units for FSBS 251-300mg/dL
6 units for FSBS 301-350mg/dL
8 units for FSBS 351-400mg/dL
10 units for FSBS 401 mg/dL and above
Call MD

Review of Resident #3's Resident Register revealed an admission date of 04/02/20.

Review of Resident #3's current Personal Care Physician Authorization and Care Plan revealed:
-The Personal Care Physician Authorization and Care Plan assessment was dated 05/08/20 and physician signature was dated 05/19/20.
-There was no Personal Care Physician Authorization and Care Plan assessment for Resident #3 after 05/08/20.

Interview with Resident #3 on 06/29/21 at 8:30am revealed:
-She had been living at the facility for about a year.
-She was a diabetic and the SIC gave her regular insulin every day.
-The SIC also checked her "sugar" when it was time to eat and before bed and gave her the other insulin if she needed it.
-She did not require any assistance with activities

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of daily living (ADL's) from staff at the facility, but the staff would help her if she asked them.

Interview with the Supervisor in Charge (SIC) on 06/29/21 at 1:30pm revealed:
-Resident #3 did not require any assistance with her activities of daily living (ADLs).
-Resident #3 ambulated with her cane.
-She checked Resident #3's blood sugar 4 times a day, with her meals and at bedtime if she was working then.
-She gave Resident #3 her regular insulin and if her blood sugar required it, she would give her the sliding scale insulin based on the blood sugar level.
-She was responsible for making sure that all residents' care plans were completed annually.
-She was not aware that Resident #3's care plan was out of date in her record.
-The owner normally handled all admission paperwork.
-She was not sure why the admission care plan was not completed within the 30 days from admission.
-She would call Resident #3's primary care provider to follow-up on the PCP signing a new care plan.

Interview with the Administrator on 06/29/21 at 3:30pm revealed:
-The owner usually completed all the admission paperwork.
-He was not sure why there was a delay in getting Resident #3's care plan done within the 30 days.
-The SIC was responsible to make sure the residents care plans were completed annually.
-He was not sure why Resident #3's annual care plan was not done in May 2021.
-He would make sure a new care plan was completed for Resident #3 today (06/29/21).

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C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure a registered nurse completed an on-site Licensed Health Professional Support (LHPS) review and physical assessment evaluation on a quarterly basis for 3 of 3 residents (#1, #2, #3) sampled with required LHPS tasks including ambulation with physical assistance (#1, #2, #3), finger stick blood sugar checks and insulin (#3), and assistance with bathing (#1).	C 254	The Manager of the adult care home shall assure that LHPS is completed within 30 days of admission and done Quarterly afterwards and filed in the resident record. the owner will conduct a review at least Quarterly to assure this rule is meet. all LHPS were completed on (6/13/2021)	

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The findings are:

1. Review of Resident #1's current FL-2 dated 11/09/20 revealed:
-Diagnoses included hypertension, depression, insomnia, constipation, and history of colostomy.
-The resident was constantly disoriented and ambulatory with a wheelchair.
-The resident was continent of bowel and bladder.
-The resident required personal care assistance by staff with bathing and ambulation.

Review of Resident #1's Resident Register revealed:
-The resident was admitted to the facility on 08/01/20.
-The resident required assistance for bathing, getting in/out of bed, and scheduling appointments.

Review of Resident #1's current assessment and care plan dated 11/09/20 revealed:
-The resident was ambulatory with a wheelchair.
-The resident required limited assistance by staff for ambulation.
-The resident required moderate assistance by staff for bathing.
-Resident #1 provided self-care of her colostomy.

Review of Resident #1's LHPS review dated 06/03/21 revealed:
-LHPS tasks documented by the registered nurse (RN) included the colostomy self-care
-The tasks of ambulation and bathing that required physical assistance were not included on the LHPS review and were not addressed by the RN.
-There were no recommendations documented.

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Review of Resident #1's record revealed only one other LHPS review dated 05/08/20 and no LHPS tasks or recommendations for the resident.

Observation of Resident #1 on 06/29/21 at 11:50am revealed:
-She was sitting in her wheelchair in the living room watching television with the other residents.
-The Supervisor in Charge assisted her up the inclined hallway into the dining room for lunch.

2. Review of Resident #3's most current FL-2 on 04/02/20 revealed:
-Diagnoses included physical debility, diabetes mellitus type 2, heart failure, CAD, hyperlipidemia, and paranoid schizophrenia.
-There was documentation that Resident #3 was intermittently disoriented and ambulated with a cane.
-There was an order for finger stick blood sugar (FSBS) checks to be done with meals and at bedtime.

Review of Resident #3's Resident Register revealed an admission date of 04/02/20.

Review of the current Personal Care Physician Authorization and Care Plan for Resident #3 revealed:
-The Personal Care Physician Authorization and Care Plan assessment was dated 05/08/20 and physician signature was dated 05/19/20.
-The activities of daily living were listed as not requiring any assistance by the staff.

Review of Resident #3's LHPS review dated 06/03/21 revealed:
-LHPS tasks documented by the RN included ambulation with a cane, finger stick blood sugars, and insulin injections.

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C 254	Continued From page 9 -There were no recommendations documented. Review of Resident #3's record revealed only one other LHPS review dated 05/08/20 and no LHPS tasks or recommendations for the resident. Interview with Resident #3 on 06/29/21 at 8:30am revealed: -She had been living at the facility for about a year. -She was a diabetic and the SIC gave her regular insulin every day. -The SIC also checked her "sugar" and gave her insulin in the morning and at meals if her "sugar" level required it. 3. Review of Resident #2's most current FL-2 on 04/23/21 revealed: -Diagnoses included dementia, major depression, heart disease, conversion disorder with seizures, and ataxia. -There was documentation that Resident #2 was intermittently disoriented and ambulated with a walker. Review of Resident #2's Resident Register revealed: -The admission date was 08/14/18 with another facility name. -There was no resident register with the current facility's information or updated information. Review of Resident #2's LHPS review dated 06/03/21 revealed there were no LHPS tasks documented by the RN and there were no recommendations noted. Review of Resident #2's record revealed only one other LHPS review dated 05/08/20 and no LHPS tasks or recommendations were listed for the	C 254		

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C 254	Continued From page 10 resident. Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable. Attempted telephone interview with the LHPS nurse on 06/29/21 at 2:45pm was unsuccessful. Interview with the Administrator on 06/29/21 at 3:30pm revealed: -The LHPS nurse came in earlier in June 2021 and completed the LHPS reviews. -He did not know why the LHPS nurse did not address all the resident's LHPS tasks and did not do a physical assessment for the resident's LHPS for the review completed in May 2020.	C 254		
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 orders, progress notes, laboratory values and	C 375	The Manager of the adult care home Shall assure that pharmacy Reviews are Completed at least Quarterly. The Owner will conduct a review to assure this rule is meet. Pharmacy Review will be on file in the home for review	

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C 375	Continued From page 11 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 record review and interview, the facility failed to obtain the services of a licensed pharmacist, prescribing practitioner, or registered nurse to complete quarterly medication reviews for 3 of 3 resident sampled (Residents' #1, #2, and #3). The findings are: 1. Review of Resident #1's current FL-2 dated 11/09/20 revealed: -Diagnoses included hypertension, depression, insomnia, constipation, and history of colostomy. -The resident was constantly disoriented and ambulatory with a wheelchair. -The resident was continent of bowel and bladder. -The resident required personal care assistance by staff with bathing and ambulation. -There was an order for Amlodipine 5mg take one daily (used to lower blood pressure). -There was an order for Gabapentin 100mg take 2 capsules twice a day (used for seizures or	C 375	Forest Hill family care Changing Pharmacy 8-1-2021 Pharmacy review will be completed by 8/31/2021 New pharmacy Blue Ridge Pharmacy	

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nerve pain).
-There was an order for Losartan 25mg take one a day (used to treat high blood pressure).
-There was an order for Melatonin 3 mg take 1 at bedtime (used to help promote sleep).
-There was an order for Miralax mix 17 gm in 4-8 oz H2O every day (used to treat constipation).
-There was an order for Mirtazapine (Remeron) 15mg take 1 at bedtime (used to treat depression).
-There was an order for Rosuvastatin 10mg take 1 a day (used to treat prevent cardiovascular disease).
-There was an order for Sertraline (Zoloft) 100 mg take one a day (used to treat depression).
-There was an order for Vitamin D3 2,000 units once a month (used as a vitamin supplement).

Review of Resident #1's record revealed there was no documentation that there were any pharmacy reviews in the residents record.

2. Review of Resident #2's most current FL-2 on 04/23/21 revealed:
-Diagnoses included dementia, major depression, heart disease, conversion disorder with seizures, and ataxia.
-There was documentation that Resident #2 was intermittently disoriented and ambulated with a walker.
-There was an order for Aspirin EC 81 mg take 1 tablet daily (used for prevention of heart disease).
-There was an order for Donepezil 10 mg take 1 twice a day (used to treat Alzheimer's).
-There was an order for Duloxetine (Cymbalta) 60 mg take 1 twice a day (used to treat depression and anxiety).
-There was an order for Isosorbide ER 60 mg take 1 every day (used to treat chest pain and heart failure).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL026071	A. BUILDING: _____ B. WING _____	06/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL FAMILY CARE	3510 CAMDEN ROAD FAYETTEVILLE, NC 28306

(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 375	Continued From page 13 -There was an order for Levothyroxine 150 mcg take 1 every day (used to treat hypothyroidism). -There was an order for Memantine HCL 10 mg take 1 twice a day (used to treat Alzheimer's). -There was an order for Metoprolol Tartrate 25mg take ½ tablet every day (used to lower blood pressure). -There was an order for Nuedexta 20-10mg take 1 twice a day (used to treat mental/mood disorders). -There was an order for Pantoprazole 40mg daily (used to treat acid reflux). -There was an order for Quetiapine 50 mg take 1 at bedtime (used to treat schizophrenia). -There was an order for Ranexa 500mg take 1 twice a day (used to treat chronic chest pain). -There was an order for Risperidone 0.5 mg take 1 SL every morning (used to treat schizophrenia). -There was an order for Rosuvastatin 10mg take 1 every day (used to treat prevent cardiovascular disease). -There was an order for Trazodone 50mg take ½ tablet at bedtime (used to treat depression). -There was an order for Vitamin D3 2,000 units take 1 a day (used as a vitamin supplement). Review of Resident #2's record revealed there was no documentation that there were any pharmacy reviews in the residents record. 3. Review of Resident #3's most current FL-2 on 04/02/20 revealed: -Diagnoses included physical debility, diabetes mellitus type 2, heart failure, CAD, hyperlipidemia, and paranoid schizophrenia. -There was documentation that Resident #3 was intermittently disoriented and ambulated with a cane. -There was an order for Acetaminophen 500mg, take 2 tablets, every 8 hours as needed for pain	C 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL026071	A. BUILDING: _____ B. WING _____	06/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL FAMILY CARE	3510 CAMDEN ROAD FAYETTEVILLE, NC 28306

(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 375	Continued From page 14	C 375		

(used to treat mild to moderate pain and fevers).

-There was an order for Albuterol 2 puffs every 4 hours as needed for wheezing (used to treat or prevent bronchospasms).
-There was an order for Aspirin EC 81 mg take 1 tablet daily. (used for prevention of heart disease).
-There was an order for Benzonatate 100 mg take 1 three times a day (used to treat symptoms of cough/hiccups).
-There was an order for Carvedilol 12.5mg take 1 twice a day (used to treat high blood pressure).
-There was an order for Entresto 49-51mg take 1 every day (used to treat heart failure).
-There was an order for Humalog (a fast-acting insulin used to treat type 2 diabetes) to be used based on a sliding scale.
-The parameters for the sliding scale insulin dosage were as follows:
2 units for FSBS 200-250mg/dL
4 units for FSBS 251-300mg/dL
6 units for FSBS 301-350mg/dL
8 units for FSBS 351-400mg/dL
10 units for FSBS 401 mg/dL and above
Call MD
-There was an order for Jardiance 10mg every day (used to treat type 2 DM).
-There was an order for Lantus (a long acting insulin used to treat type 2 diabetes) 15 units subcutaneous in the morning.
-There was an order for Lasix 40mg take 1 every day (used to treat fluid retention).
-There was an order for Nitroglycerin 0.4mg take 1 SL q5min x 3 (used to treat chest pain).
-There was an order for Pantoprazole 40mg take 1 daily. (used to treat acid reflux).
-There was an order for Plavix 75mg take 1 every day (used to prevent strokes, heart attacks as a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL026071	A. BUILDING: _____ B. WING _____	06/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL FAMILY CARE	3510 CAMDEN ROAD FAYETTEVILLE, NC 28306

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C 375	Continued From page 15	C 375		

blood thinner).
-There was an order for Rosuvastatin 10mg take 1 every day (used to treat prevent cardiovascular disease).
-There was an order for Senna Plus take 1 at bedtime (used to treat/prevent constipation).
-There was an order for Spironolactone 25mg take ½ tablet every day (used as a diuretic for swelling).
-There was an order for Vitamin C take 500 mg every day (used as a vitamin supplement).
-There was an order for Zyprexa 20 mg take
-There was an order for1 at bedtime (used to treat schizophrenia).

Review of Resident #3's record revealed there was no documentation that there were any pharmacy reviews in the residents record.

Interview with the Administrator on 06/29/21 at 3:30pm revealed:
-This facility had come under new ownership in July 2020.
-He did not think the Pharmacy had been sending anyone out since the COVID pandemic.
-He would get in touch with the pharmacy and have them send someone to do the reviews.