

## Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>FCL035021           | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                                                                                                                                                                                               | (X3) DATE SURVEY<br>COMPLETED<br><br>R<br>07/16/2021 |
| NAME OF PROVIDER OR SUPPLIER<br><br>DIVINE FAMILY CARE HOME III |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>45 CANNADY WAY<br>FRANKLINTON, NC 27525 |                                                                                                                                                                                                                                                                                                    |                                                      |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                           | (X5)<br>COMPLETE<br>DATE                             |
| C 000                                                           | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and follow-up survey on July 16, 2021.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C 000                                                                            |                                                                                                                                                                                                                                                                                                    |                                                      |
| C 330                                                           | 10A NCAC 13G .1004(a) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(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:<br>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and<br>(2) rules in this Section and the facility's policies and procedures.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents (#3) related to a medication used to treat mental and mood disorders.<br><br>The findings are:<br><br>Review of Resident #3's current FL-2 dated 10/16/20 revealed:<br>-Diagnosis included schizophrenia and acute encephalopathy.<br>-There was a medication order for paliperidone extended release (ER) (used to treat mental/mood disorders) 6 mg daily.<br><br>Review of Resident #3's Psychiatric provider orders revealed:<br>-There was an order dated 03/11/21 to discontinue paliperidone ER 3 mg. | C 330                                                                            | Divine Family Care<br>Plan of correction as follows:<br><br>① A new nurse has been hired to help in medication management and training of all new hires and employees to ensure that the preparation and the administration of prescription and non-prescription treatments are done in accordance |                                                      |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Designated Administrator/Owner

(X6) DATE

8/12/21

STATE FORM

8000

TOEY11

If continuation sheet 1 of 5

Reviewed and acknowledged with revisions-SS-8/13/21

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>FCL035021 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>R<br>07/16/2021 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DIVINE FAMILY CARE HOME III

45 CANNADY WAY  
FRANKLINTON, NC 27525

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                 | (X5)<br>COMPLETE<br>DATE |
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| C 330                    | <p>Continued From page 1</p> <p>-There was an order dated 05/28/21 to discontinue paliperidone ER 3 mg.</p> <p>-There was an order dated 07/14/21 for paliperidone ER 3 mg daily.</p> <p>Review of Resident #3's six-month physician orders revealed:</p> <p>-Resident #3's primary care provider signed the orders on 05/20/21.</p> <p>-There was a medication order for paliperidone ER 3 mg daily.</p> <p>Review of Resident #3's May 2021 printed medication administration record (MAR) revealed:</p> <p>-There was an entry for paliperidone ER 3mg, scheduled for 8:00am.</p> <p>-There was documentation of administration of paliperidone ER 3 mg from 05/01/21 to 05/31/21 at 8:00am.</p> <p>Review of Resident #3's June 2021 printed MAR revealed:</p> <p>-There was an entry for paliperidone ER 3mg, scheduled for 8:00am.</p> <p>-There was documentation of administration of paliperidone ER 3 mg from 06/01/21 to 06/30/21 at 8:00am.</p> <p>Review of Resident #3's July 2021 printed MAR revealed:</p> <p>-There was a handwritten entry for paliperidone ER 3mg, scheduled for 8:00am.</p> <p>-There was documentation of administration of paliperidone ER 3 mg from 07/15/21 to 07/16/21 at 8:00am.</p> <p>Observation of Resident #3's medications in the facility on 07/16/21 at 1:11pm revealed:</p> <p>-There was a bubble package of paliperidone 3 mg dispensed on 07/14/21.</p> | C 330               | <p>with the NC rules guiding Family Care Homes</p> <p>② The designated Administrator <sup>8/13/21</sup> <del>_____</del> SS-amended will monitor and ensure that the staff are following the guidelines.</p> <p>③ This will be done once a week.</p> <p>④ This plan of correction will be put in place today 8/12/21</p> |                          |

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| C 330                                                           | <p>Continued From page 2</p> <p>-There were 15 tablets remaining in the bubble package.</p> <p>-There were 17 tablets were dispensed on 07/14/21.</p> <p>Review of Resident #3's pharmacy dispensing records revealed:</p> <p>-There were 31 tablets of paliperidone dispensed on 04/16/21.</p> <p>-There were 30 tablets of paliperidone dispensed in June 2021, and there was no specific dated on the dispensing record.</p> <p>-There were 30 tablets of paliperidone dispensed on 05/20/21.</p> <p>Telephone interview with a representative at Resident #3's facility contracted pharmacy on 07/16/21 at 2:13pm revealed:</p> <p>-There was an order dated 05/28/21 to discontinue paliperidone ER 3 mg.</p> <p>-Paliperidone 3 mg appeared on Resident #3's June 2021 MAR because the new MARs were already sent to the facility.</p> <p>-Staff at the facility had to make changes to the new MARs once they were sent to the facility.</p> <p>-The pharmacy sent a single page MAR if there was a new medication order.</p> <p>-Thirty-one tablets of paliperidone 3 mg was dispensed for Resident #3 on 04/16/21.</p> <p>-She did not see any other dispensing dates after 04/16/21 for paliperidone.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 07/16/21 at 3:05pm revealed:</p> <p>-She started working at the facility in April 2021.</p> <p>-She administered medications to Resident #3 in the morning before he left for the day program.</p> <p>-She knew Resident #3 had an order to discontinue paliperidone for May 2021.</p> <p>-The pharmacist who completed the medication</p> | C 330                                                                 |                                                                                                                          |                          |                                                      |

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| C 330                                                           | <p>Continued From page 3</p> <p>review told her in May 2021 that Resident #3's paliperidone was discontinued in March 2021.</p> <p>-Because she was a new medication aide (MA), she contacted Resident #3's Psychiatric provider but did not hear back from the provider's office.</p> <p>-She continued to administer paliperidone to Resident #3 in June 2021 because the pharmacy kept sending the medication.</p> <p>-She administered paliperidone in May 2021 to Resident #3 because she was not aware of the 03/11/21 discontinue order for paliperidone.</p> <p>-She stopped administering paliperidone to Resident #3 in July 2021 because it was not on the July 2021 MAR.</p> <p>-Resident #3's behavior changed once his paliperidone was not administered.</p> <p>-Resident #3's Psychiatric provider's office was contacted for an appointment to evaluate his behavior.</p> <p>-Resident #3 was seen on 07/14/21 by his Psychiatric provider and paliperidone was reordered.</p> <p>-The facility started using a new pharmacy at the beginning of the month of July 2021.</p> <p>-The new pharmacy filled the prescription dated 07/14/21.</p> <p>-She checked the medications when they were delivered from the pharmacy using the current MAR.</p> <p>-She wrote new orders on the MAR when new medications were delivered from the pharmacy.</p> <p>Interview with the Owner/Administrator designee on 07/16/21 at 4:30pm revealed:</p> <p>-Staff were expected to fax orders and prescriptions to the pharmacy.</p> <p>-Staff were expected to verify that the fax was received by the pharmacy by calling them.</p> <p>-He did not know Resident #3 was administered paliperidone after the medication was</p> | C 330                                                                  |                                                                                                                          |                          |                                                      |

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| C 330                    | <p>Continued From page 4</p> <p>discontinued.</p> <p>-He thought the Psychiatric provider sent the<br/>discontinue order electronically and the provider<br/>did not communicate with staff.</p> <p>-He expected staff to remove the medication from<br/>the medication cabinet when it was discontinued,<br/>write discontinued on the MAR beside the<br/>medication entry with the date of the discontinue<br/>order and highlight the medication entry.</p> <p>-He was responsible for ensuring medications<br/>were administered as ordered by the resident's<br/>provider.</p> <p>Based on observations, record reviews, and<br/>interviews, it was determined that Resident #3<br/>was not interviewable.</p> <p>Attempted telephone interview with Resident #3's<br/>Psychiatric provider on 07/16/21 at 1:55pm was<br/>unsuccessful.</p> | C 330               |                                                                                                                          |                          |