STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 August 31, 2022 - September 1, 2022.	C 000		
C 290	10A NCAC 13G .0905 (b) Activities Program 10A NCAC 13G .0905 Activities Program (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all residents residing in the facility were offered activities designed to promote the residents' active involvement. The findings are: Observations made on 08/31/22 at 11:40am revealed: -The current census was 6. -There was an activity calendar was posted on the bulletin board, in the main hallway dated July 2022. Interview with a resident on 08/31/22 at 11:37am revealed she and the other residents played bingo a few months ago, but no other activities had been conducted since then.	C 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 290	Continued From page 1 Interview with a second resident on 08/31/22 at 11:41am revealed: -The facility had not offered or conducted any activities in a few months. -She would like to participate in more activities so that she would have something to do. Interview with a third resident on 08/31/22 at 12:05pm revealed she had been living at the facility for approximately 3 weeks and had not participated in any activities and no activities had been offered by the staff. Interview with a fourth resident on 08/31/22 at 12:09pm revealed: -She had not participated in activities and no activities had been offered in a while. -The last time they were taken on an outing was before the summer. -She would like to play bingo and do other activities if she was able to do so. Interview with the medication aide (MA)/supervisor on 09/01/22 at 1:45pm revealed: -Activities were conducted daily by the MA or the Resident Clinical Director (RCD). -She was not aware of any resident concerns related to activities not being done. Interview with the RCD on 09/01/22 at 2:13pm revealed: -It was the responsibility of the MA/supervisor to conduct activities daily with residents. -It was the responsibility of the RCD to ensure that the MA/supervisor conducted daily activities and assist as needed. -She checked daily to ensure that activities were conducted. -She was not aware of resident concerns that activities were not conducted or being offered.	C 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 290	Continued From page 2 Interview with the Administrator on 09/01/22 at 3:20pm revealed: -It was the responsibility of the MA/supervisor to conduct activities daily with residents. -It was the responsibility of the RCD to ensure that activities were being completed and assist as needed. -She was aware that some residents wanted to go on daily outings but was not aware of resident concerns that activities were not being done at all. Attempted interview with the Activities' Director on 09/01/22 at 2:25pm was unsuccessful.	C 290		
C 291	10A NCAC 13G .0905 (c) Activities Program 10A NCAC 13G .0905 Activities Program (c) The activity director, as required in Rule .0404 of this Subchapter, shall: (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities and possible cultural differences of the residents; (2) prepare a monthly calendar of planned group activities which shall be easily readable with large print, posted in a prominent location by the first day of each month, and updated when there are any changes; (3) involve community resources, such as recreational, volunteer, religious, aging and developmentally disabled-associated agencies, to enhance the activities available to residents; (4) evaluate and document the overall effectiveness of the activities program at least	C 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 291	Continued From page 3 every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program; (5) encourage residents to participate in activities; and (6) assure there are adequate supplies, supervision and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to post an updated activity calendar for the 6 residents residing at the facility to have the opportunity to view upcoming activity events. The findings are: Observations made on 08/31/22 at 11:40am revealed an activity calendar was posted on the bulletin board, in the main hallway dated July 2022. Interview with the medication aide (MA)/supervisor on 09/01/22 at 1:45pm revealed: -The activity calendar was completed by the Resident Care Director (RCD) and the Administrator. -After the activity calendar was completed, the RCD gave the calendar to the MA/supervisor for it to be posted. -She had not posted the updated activity calendar on the bulletin board, in the main hallway because it available in her office. Interview with the RCD on 09/01/22 at 2:13pm	C 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 291	Continued From page 4 revealed: -It was the responsibility of the Activities' Director to complete the monthly activity calendar. -It was the responsibility of the RCD to provide the MA/supervisor with the updated activity calendar. -It was the responsibility of the MA/supervisor to post the updated activity calendar on the bulletin board, in the main hallway for resident access. -She was not aware that the updated activity calendar was not posted in the main hallway. Interview with the Administrator on 09/01/22 at 3:20pm revealed: -An updated activity calendar should be posted on the bulletin board, in the main hallway so that it was easily accessible to all residents. -There was an activity calendar for August 2022 in the MA office that the staff used to conduct activities. -She was not aware that the updated activity calendar was not posted in the designated area for residents. -It was the responsibility of the Activities' Director to complete the monthly activity calendar. -It was the responsibility of the RCD to provide the MA/supervisor with the updated activity calendar. -It was the responsibility of the MA/supervisor to post the activity calendar in the main hallway. Attempted interview with the Activities' Director on 09/01/22 at 2:25pm was unsuccessful.	C 291		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 5	C 330		

preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with:
(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and
(2) rules in this Section and the facility's policies and procedures.

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to administer medications as ordered for 1 of 3 sampled residents (#3) who was receiving a dietary supplement.

The findings are:

Review of Resident #3's current FL-2 dated 03/31/22 revealed:
-Diagnoses included dementia, anxiety, hypertension, gastroesophageal reflux disease and peripheral neuropathy.
-She was intermittently confused.
-There was an order for Magnesium Oxide 400mg 1 tablet twice a day. (Magnesium Oxide is a mineral supplement used to treat low amounts of magnesium in the blood.)

Review of signed physician's orders for Resident #3 dated 06/03/22 revealed there was an order for Magnesium Oxide half tablet twice a day.

Observation of medications on hand for Resident #3 on 09/01/22 at 3:00pm revealed there were twenty-eight 1/2 tablets of Magnesium Oxide.

Review of Resident #3's June 2022 medication administration record (MAR) revealed:
-There was an entry for Magnesium Oxide 400mg one tablet twice a day with scheduled

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	Continued From page 6	C 330		

administration times at 8:00am and 8:00pm.
-Magnesium Oxide was documented as administered from 06/01/22 - 06/30/22.

Review of Resident #3's July 2022 MAR revealed:
-There was an entry for Magnesium Oxide 400mg one tablet twice a day with scheduled administration times at 8:00am and 8:00pm.
-Magnesium Oxide was documented as administered from 07/01/22 - 07/31/22.

Review of Resident #3's August 2022 MAR revealed:
-There was an entry for Magnesium Oxide 400mg half tablet twice a day with scheduled administration times at 8:00am and 8:00pm.
Magnesium Oxide was documented as administered from 08/01/22 - 08/31/22.

Interview with a pharmacist from the facility's contracted pharmacy on 09/01/22 at 11:12am revealed:
-The MARs were printed by the pharmacy and delivered to the facility on a monthly basis.
-The facility faxed new medication orders to the pharmacy, the pharmacy updated the MARs with the new orders, and MARs were printed with the changes for the next month.
-It was the responsibility of the facility to update MARs with new orders if the orders were received prior to the new monthly MARs printed by the pharmacy.
-The pharmacy received an order from the facility on 05/31/22 for Magnesium Oxide 400mg ½ tablet twice a day for Resident #3.
-The pharmacy did not update Resident #3's June 2022 MAR for the new Magnesium Oxide order because the MARs were already printed and delivered to the facility when the order was received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	Continued From page 7 -It was the responsibility of the facility to update Resident #3's June 2022 MAR with the new Magnesium Oxide order. -He was not sure why Resident #3's July 2022 MAR was not updated with the new Magnesium Oxide order. Interview with the medication aide (MA)/supervisor on 09/01/22 at 1:45pm revealed: -The Resident Clinical Director (RCD) faxed new orders to the pharmacy and updated the MARs with the changes. -The MA/supervisor faxed new orders to the pharmacy and updated the MARs if the RCD was not available. -She was not aware that Resident #3's Magnesium Oxide order had changed on 06/03/22. -She administered Resident #3 Magnesium Oxide 400mg 1 tablet twice a day for the months June 2022 and July 2022 because that was the supply dispensed by the pharmacy. -Resident #3's ½ tablets of Magnesium Oxide were received in August. -The August 2022 MAR was updated by the pharmacy, and 1/2 tablets of the medication was administered. Interview with the RCD on 09/01/22 at 2:13pm revealed: -It was the responsibility of the RCD to fax new orders to the pharmacy and update the MARs with the changes. -It was the responsibility of the MA/supervisor to fax new orders to the pharmacy and update the MARs if the RCD was not available. -The pharmacy printed the MARs at the end of the month for the following month's administration. -She reviewed the monthly MARs received from	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	Continued From page 8 pharmacy for accuracy and updated the MARs as needed. -She faxed the new Magnesium Oxide order dated 06/03/22 for Resident #3 to the pharmacy. -She forgot to update Resident #3's June 2022 and July 2022 MAR with the new Magnesium Oxide order. Interview with the Administrator on 09/01/22 at 3:20pm revealed: -It was the responsibility of the RCD to fax new orders to the pharmacy and update the MARs with the changes. -It was the responsibility of the MA/supervisor to fax new orders to the pharmacy and update the MARs if the RCD was not available. -Medications should be administered as ordered. Telephone interview with Resident #3's primary care provider (PCP) on 09/01/22 at 4:25pm revealed he expected medications to be administered as ordered. Based on observations, record reviews, and interviews, Resident #3 was not interviewable.	C 330		
C 381	10A NCAC 13G .1009(b) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure follow up on pharmacy	C 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 381	Continued From page 9	C 381		

recommendations for 1 of 3 sampled residents (#3) related to obtaining an updated medication list and recommended medication changes.

The findings are:

Review of Resident #3's current FL-2 dated 03/31/22 revealed diagnoses included dementia, anxiety, hypertension, gastroesophageal reflux disease and peripheral neuropathy.

a. Review of Resident #3's current FL-2 dated 03/31/22 revealed:
-There was an order for Vitamin D3 1,000IU once a day. (Vitamin D3 is a supplement used to strengthen bones.)
-There was an order for Calcium 600mg twice a day. (Calcium is a supplement used to strengthen bones.)

Review of a quarterly pharmacy review note for Resident #3 dated 01/06/22 revealed there was a recommendation to follow up with the primary care provider (PCP) to see if calcium and vitamin D could be combined to reduce pill burden.

Review of Resident #3's June 2022 medication administration record (MAR) revealed:
-There was an entry for Vitamin D3 1,000IU once a day with scheduled administration time at 8:00am.
-Vitamin D3 was documented as administered from 06/01/22 - 06/30/22.
-There was an entry for Calcium 600mg twice a day with scheduled administration times at 8:00am and 8:00pm.
-Calcium was documented as administered from 06/01/22 - 06/30/22.

Review of Resident #3's July 2022 MAR revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 381	Continued From page 10 -There was an entry for Vitamin D3 1,000IU once a day with scheduled administration time at 8:00am. -Vitamin D3 was documented as administered from 07/01/22 - 07/31/22. -There was an entry for Calcium 600mg twice a day with scheduled administration times at 8:00am and 8:00pm. -Calcium was documented as administered from 07/01/22 - 07/31/22. Review of Resident #3's August 2022 MAR revealed: -There was an entry for Vitamin D3 1,000IU once a day with scheduled administration time at 8:00am. -Vitamin D3 was documented as administered from 08/01/22 - 08/31/22. -There was an entry for Calcium 600mg twice a day with scheduled administration times at 8:00am and 8:00pm. -Calcium was documented as administered from 08/01/22 - 08/31/22. Interview with the Resident Care Director (RCD) on 09/01/22 at 2:13pm revealed: -She received pharmacy recommendations from the pharmacy via email. -She reviewed and completed the pharmacy recommendations and followed up with the primary care providers (PCP) as needed via telephone. -She did not notify Resident #3's PCP of the 01/06/22 pharmacy recommendation. -This was an oversight. Refer to interview with the Administrator on 09/01/22 at 3:20pm. Refer to telephone interview with Resident #3's	C 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 381	Continued From page 11 PCP on 09/01/22 at 4:25pm. b. Review of a quarterly pharmacy review note for Resident #3 dated 07/06/22 revealed there was a recommendation to follow up with the primary care provider (PCP) for the current medication list. Interview with the Resident Care Director (RCD) on 09/01/22 at 2:13pm revealed: -She received pharmacy recommendations from the pharmacy via email. -She reviewed and completed the pharmacy recommendations and followed up with the PCP via telephone as needed. -She did not remember requesting a current medication list from Resident #3's PCP as recommended by the pharmacy. -This was probably an oversight. -She would usually fax the medication list to the PCP, the PCP would review and sign the list and send it back. -She would fax the signed medication list to the pharmacy and place it in the resident's record. -She could not locate Resident #3's signed medication list from this pharmacy recommendation. -There was no documentation in the resident's record that the pharmacy recommendation was completed. Refer to interview with the Administrator on 09/01/22 at 3:20pm. Refer to telephone interview with Resident #3's PCP on 09/01/22 at 4:25pm. _____ Interview with the Administrator on 09/01/22 at 3:20pm revealed -It was the responsibility of the Resident Care	C 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 381	Continued From page 12 Director (RCD) to ensure pharmacy recommendations were reviewed with the primary care provider (PCP) and implemented as indicated. -It was the responsibility of the RCD to document completion of the pharmacy recommendations in a progress note in the resident's record. Telephone interview with Resident #3's PCP on 09/01/22 at 4:25pm revealed he expected for the facility to notify him of all pharmacy recommendations received.	C 381		