

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL008032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/03/2022
NAME OF PROVIDER OR SUPPLIER CHERRY'S FAMILY CARE HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 106 HARMON STREET AULANDER, NC 27805		
(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 and follow-up survey on 08/03/22.	C 000		
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 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 administer a medication as ordered for 1 of 3 sampled residents (#1) related to a medication to treat fungal infections of the toenail. The findings are: Review of Resident #1's current FL-2 dated 05/12/22 revealed diagnoses included schizoaffective disorder, borderline IDD, autism spectrum disorder, and chronic kidney disease. Review of Resident #1's Resident Register revealed an admission date of 05/19/21. Review of Resident #1's physician visit note dated 05/06/22 revealed a medication order to start Jublia 10% topical solution for toenail fungus apply to affected toenail(s) by topical route once daily.	C 330		

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

Calandra Chyzick

TITLE

Administrator

(X6) DATE

9-6-2022

STATE FORM

6899

99DW11

If continuation sheet 1 of 3

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHERRY'S FAMILY CARE HOME #3

106 HARMON STREET
AULANDER, NC 27805

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C 330	Continued From page 1 Review of Resident #1's monthly physician medication reports from June 2022 to August 2022 revealed medications included Jublia 10% solution apply to affected toenails (s) by topical route once daily. Review of Resident #1's June 2022 medication administration record (MAR) revealed: -There was an entry for Jublia 10% solution apply to affected toenail(s) by topical route once daily. -There was no documentation that Jublia 10% was administered from 06/01/22 to 06/30/22. Review of Resident #1's July 2022 MAR revealed: -There was an entry for Jublia 10% solution apply to affected toenail(s) by topical route once daily. -There was no documentation that Jublia 10% solution was administered from 07/01/22 to 07/31/22 Review of Resident #1's August 2022 MAR revealed: -There was an entry for Jublia 10% solution apply to affected toenail(s) by topical route once daily. -There was no documentation that Jublia 10% was administered from 08/01/22 to 08/03/22. Observation of medications on hand for Resident #1 on 08/05/22 at 4:00pm revealed there was no Jublia 10% solution medication on the medication cart. Interview with Resident #1 on 08/05/22 at 5:20pm revealed: -He remembered the visit with his primary care provider (PCP). -A medication was ordered for his right toenail that had fungus. -He did not recall that the medication was used	C 330	10A NCAC 13G .1004(a) Medication Administration Administrator will check doctor orders and prescriptions to be sure they are correct when filled and in the medication cart. Administrator and staff will administer medication as written and document in the MAR when given. Administrator will communicate with doctor and pharmacy. If prescriptions are not sent to the facility. We will monitor medication prescriptions monthly to prevent and further violations or harm to residents.	8/4/2022

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C 330	Continued From page 2 on his right toenail. Observation of Resident #1's right toenail on 08/05/22 at 5:25pm revealed the right toenail was yellow in color and thickened with ragged edges. Telephone interview with the facility's contracted pharmacist on 08/05/22 at 3:40pm revealed: -Jublia 10% solution was ordered by the PCP on 05/06/22 for Resident #1. -The pharmacist sent a fax to the facility and the PCP informing them that the medication was not covered by Resident #1's insurance due to cost. -The pharmacist requested an alternative treatment from the PCP. -The pharmacist had not received a response from the PCP. -The medication was not dispensed. Interview with the Administrator on 08/05/22 at 5:00pm revealed:- -She was not aware that a medication to treat toenail fungus had been ordered for Resident #1. -She was not familiar with the medication. -She did not recall receiving any communication from the pharmacist regarding the medication. Telephone interview with Resident #1's primary care provider (PCP) on 08/05/22 at 3:30pm revealed -She prescribed Jublia 10% solution for Resident #1 in May 2022 to treat toenail fungus. -The medication was not picked up by the facility from the pharmacist. -The toenail fungus will not be cured if the medication was not used. -The expectation was for the medication to be used as ordered.	C 330			