STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL005018	A. BUILDING: _____ B. WING _____	09/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE FAMILY CARE HOME # 1	523 MILT HOUCK ROAD TODD, NC 28694

(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 and the Ashe County Department of Social Services conducted an Annual survey on 09/15/22.	C 000		
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 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;	C 375		

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C 375	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure quarterly pharmacy reviews were completed for 3 of 3 sampled residents (#1, #2, #3). The findings are: 1. Review of Resident #1's current FL-2 dated 03/13/22 revealed: -Diagnoses included depression with psychotic feature, cancer, and gastroesophageal reflux disease (GERD). -There was an order for temazepam 75mg, one tablet at bedtime. -There was an order for olanzapine 10mg, one tablet at bedtime. Review of Resident #1's Resident Register revealed an admission date of 07/01/15. Review of Resident #1's pharmacy reviews revealed: -The last pharmacy review was completed on 03/04/22 by a pharmacist with a consulting pharmacy provider. -Recommendations included sedatives/hypnotics (temazepam) should not be used continuously, only as needed and antipsychotics should have a dose reduction attempt every 6-12 months. -The pharmacist contacted the prescriber for review of pharmacy recommendations. Refer to the telephone interview with a representative from the facility's contracted pharmacy on 09/15/22 at 10:39am. Refer to the interview with the Administrator on 09/15/22 at 10:53am.	C 375		

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C 375	Continued From page 2 2. Review of Resident #2's current FL-2 dated 01/24/22 revealed diagnoses which included dementia, osteoarthritis, chronic renal disease, and hypothyroidism. Review of Resident #2's Resident Register revealed an admission date of 03/10/16. Review of Resident #2's pharmacy reviews revealed: -The last pharmacy review was completed on 03/04/22 by a pharmacist with a consulting pharmacy provider. -There were no irregularities noted on the pharmacy review. Refer to the telephone interview with a representative from the facility's contracted pharmacy on 09/15/22 at 10:39am. Refer to the interview with the Administrator on 09/15/22 at 10:53am. 3. Review of Resident #3's current FL-2 dated 03/11/22 revealed diagnoses which included dementia, arthritis, anxiety, and hypertension. Review of Resident #3's Resident Register revealed an admission date of 03/07/17. Review of Resident #3's pharmacy reviews revealed: -The last pharmacy review was completed on 03/04/22 by a pharmacist with a consulting pharmacy provider. -There were no irregularities noted on the pharmacy review. Refer to the telephone interview with a	C 375		

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C 375	Continued From page 3 representative from the facility's contracted pharmacy on 09/15/22 at 10:39am. Refer to the interview with the Administrator on 09/15/22 at 10:53am. _____ Telephone interview with a representative from the facility's contracted pharmacy on 09/15/22 at 10:39am revealed: -The pharmacist who did the pharmacy reviews for the facility was not available for interview. -She thought the facility contacted the pharmacist when a pharmacy review was needed. Interview with the Administrator on 09/15/22 at 10:53am revealed: -She was aware quarterly pharmacy reviews needed to be completed. -She was not aware the pharmacy reviews were not current. -She and the Supervisor-in Charge (SIC) were responsible for chart audits to ensure all documentation was current. -The chart audits were to be done monthly but they were behind because of staffing issues.	C 375		