

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL005018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/15/2022
NAME OF PROVIDER OR SUPPLIER ASHE FAMILY CARE HOME # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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RWHT11

If continuation sheet 1 of 4

Reviewed and Acknowledged by Susan Melton, RN 2023-01-17

Susan S Melton, RN

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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	Administrator called Warrensville Drug on 9/19/22 to Schedule Drug Review with pharmacist that has been out of Country. Staff at Drug Store informed me that she tested Positive For Covid and would call me to Schedule App. on her return to work. Joyce Grubb called (pharmacist) to Schedule App. For Drug Review	9/19/22 10/5/22

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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	Joyce (pharmacist) only had the 18 and 25th of Oct. Opened. She will be here at Facility to start Drug reviews at 1pm. If she dont get done will be back 25th to finish. We discussed how to make sure Drug Review will be done every 90 days. Warrensville Drug and Ashe Family Care Homes will go ahead and schedule on Oct 18th For next Drug Review	10/18/22 10/25/22

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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	It will be wrote on calander Have discussed with SIC and She also has noted the date. All Charts will be checked monthly for dates of FL2, Standard Order, LHPs Drug Review Care Plan etc.	10/18/22	