STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 Cabarrus County DSS conducted a follow-up and annual survey on 09/01/22.	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, records reviews, and interviews, the facility failed to administer medications as ordered by the prescribing practitioner for 1 of 3 sampled residents (#3) related to a medication used to treat seizures and a medication used to treat inflammation. The findings are: Review of Resident #3's current FL2 dated 04/08/22 revealed: -Diagnoses included epilepsy. -An order for clobazam 10mg (a medication used to treat seizures) at night. a. Review of Resident #3's Primary Care Provider (PCP) orders dated 07/18/22 revealed an order for clobazam 10mg before bedtime as needed.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 1 Review of Resident #3's July 2022 electronic medication administration record (eMAR) revealed: -An entry for clobazam 10mg daily at bedtime, scheduled for 8:00pm with a stop date of 07/29/22. -Clobazam 10mg scheduled at bedtime was documented as administered from 07/01/22 to 07/28/22 at 8:00pm. -An entry for clobazam 20mg daily at bedtime, scheduled for 8:00pm with a start date of 07/29/22. -Clobazam 20mg scheduled at bedtime was documented as administered from 07/29/22 to 07/31/22. -An entry for clobazam 20mg half tablet (10mg) once at bedtime as needed. -Clobazam 20mg half tablet scheduled at bedtime as needed was not documented as administered from 07/01/22 to 07/31/22. Review of Resident #3's August 2022 eMAR revealed: -An entry for clobazam 20mg at bedtime, scheduled at 8:00pm. -Clobazam 20mg scheduled at bedtime was documented as administered from 08/01/22 to 08/27/22 and on 08/30/22. -Clobazam 20mg scheduled at bedtime was not documented as administered on 08/28/22, 08/29/22 and 08/31/22 due to awaiting a refill. -An entry for clobazam 20mg half tablet (10mg) at bedtime as needed. -Clobazam 20mg half tablet scheduled at bedtime as needed was not documented as administered from 08/01/22 to 08/31/22. Review of Resident #3's September 2022 eMAR revealed:	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 2 -An entry for clobazam 20mg once at bedtime, scheduled at 8:00pm. -Clobazam 20mg scheduled for bedtime was not documented as administered on 09/01/22. -An entry for clobazam 20mg half tablet (10mg) at bedtime as needed. -Clobazam 20mg half tablet scheduled at bedtime as needed was not documented as administered on 09/01/22. Observation of Resident #3's medications on hand on 09/01/22 at 2:49pm revealed: -Clobazam 10mg was not available to administer. -Clobazam 20mg half tablets (10mg) were not available to administer. -Clobazam 20mg was not available to administer. Telephone interview with a Pharmacist at the facility's contracted pharmacy on 09/01/22 at 3:07pm revealed: -The pharmacy did not have an order for clobazam 20mg daily at bedtime. -The Pharmacist thought clobazam 20mg could have been entered on the eMAR by mistake after receiving an email from the facility to inquire about the order. -Thirty tablets of clobazam 10mg were dispensed on 07/07/22, which should have run out on 08/07/22. -Fifteen halved tablets of clobazam 20 mg were dispensed on 07/19/22, for the bedtime as needed dose, which would have been 30 doses. Interview with the medication aide (MA) on 09/01/22 at 4:15pm revealed: -She received some training from another MA at the facility on how to administer medications. -Her initials were on the eMAR in August 2022 for administering clobazam 20mg at bedtime. -She thought she checked of all medications	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 3	C 330		

listed on the eMAR with the medication labels from the pharmacy to ensure they matched before administering the medication to the residents.
-She could not remember if she checked the dose of the clobazam medication label with the August 2022 eMAR before it was administered to Resident #3.

Refer to the interview with the Administrator on 09/01/22 at 4:20pm.

b. Review of Resident #3's Primary Care Provider's (PCP) orders dated 07/08/22 revealed an order for celecoxib 200 mg (a medication used to treat inflammation) once daily.

Review of Resident #3's July 2022 eMAR revealed:
-An entry for celecoxib 200mg once daily, scheduled at 9:00am with a stop date of 07/11/22.
-Celecoxib 200mg was documented as administered from 07/09/22 to 07/11/22.
-An entry for celecoxib 100mg once daily, scheduled at 9:00am with an order written date of 07/11/22.
-Celecoxib 100mg was documented as administered from 07/12/22 to 07/31/22.

Review of Resident #3's August 2022 eMAR revealed:
-An entry for celecoxib 100mg once daily, scheduled for 9:00am.
-Celecoxib 100mg was documented as administered from 08/01/22- 08/31/22.

Review of Resident #3's September 2022 eMAR revealed:
-An entry for celecoxib 100mg once daily, scheduled for 9:00am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 4 -Celecoxib 100mg was not documented as administered on 09/01/22 with a comment that stated "withheld per Doctor/Registered Nurse orders". Observation of Resident #3's medications on hand on 09/01/22 at 2:49pm revealed celecoxib was not available to administer. Telephone interview with a Pharmacist at the facility's contracted pharmacy on 09/01/22 at 3:07pm revealed: -The order for celecoxib 100mg was written on 07/11/22 by Resident #3's PCP. -A one-week supply of celecoxib 100mg was dispensed on 07/11/22, 07/18/22 and 07/25/22 in the multidose medication packages (21 doses). -Celecoxib 100mg was not dispensed after 07/25/22 due to an email that they pharmacy received from the facility. -Resident #3 should have run out of celecoxib 100mg on 07/31/22. Interview with the MA on 09/01/22 at 10:30am revealed: -She was not aware that the pharmacy did not send Resident #3's celecoxib in the multidose medication packages in August 2022. -She looked at the medication package and the eMAR to verify the medication but did not count the pills in the package. -She was not taught to count the number of pills in the multidose package before administering the medications. Refer to the interview with the Administrator on 09/01/22 at 4:20pm. Interview with the Administrator on 09/01/22 at 4:20pm revealed:	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 -The MA should have called the pharmacy when clobazam 20mg appeared on the eMAR and the facility did not have the medication to administer. -The MA should have identified the pills in the multidose medication packages and contacted the pharmacy to inquire why the celecoxib 100mg was not delivered. -She audited the resident's records at the end of every month and compared the medication orders to the medications in the facility. -She did not have time to audit the resident's records in August 2022. -She was not aware that the pharmacy never dispensed clobazam 20mg. -She was not aware Resident #3 went the entire month of August 2022 without celecoxib. Attempted telephone interview with Resident #3's PCP on 09/01/22 at 3:38pm was unsuccessful. Attempted telephone interview with Resident #3's family member on 09/01/22 at 4:15pm was unsuccessful. Based on interviews and observations it was determined that Resident #3 was uninterviewable.	C 330		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 342	Continued From page 6 or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the accuracy of the medication administration record for 1 of 3 sampled residents (#3), including a medication used to treat seizures and a medication used to treat inflammation. The findings are: Review of Resident #3's current FL2 dated 04/08/22 revealed: -Diagnoses included epilepsy. -An order for clobazam 10mg at bedtime. a. Review of Resident #3's Primary Care Provider's (PCP) orders dated 07/18/22 revealed an order for clobazam 10mg before bedtime as needed. Review of Resident #3's July 2022 electronic medication administration record (eMAR) revealed: -An entry for clobazam 10mg daily at bedtime, scheduled for 8:00pm with a stop date of 07/29/22.	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 342	Continued From page 7 -Clobazam 10mg scheduled at bedtime was documented as administered from 07/01/22 to 07/28/22 at 8:00pm. -An entry for clobazam 20mg daily at bedtime, scheduled for 8:00pm with a start date of 07/29/22. -Clobazam 20mg scheduled at bedtime was documented as administered from 07/29/22 to 07/31/22. -An entry for clobazam 20mg half tablet (10mg) once at bedtime as needed. -Clobazam 20mg half tablet scheduled at bedtime as needed was not documented as administered from 07/01/22 to 07/31/22. Review of Resident #3's August 2022 eMAR revealed: -An entry for clobazam 20mg at bedtime, scheduled at 8:00pm. -Clobazam 20mg scheduled at bedtime was documented as administered from 08/01/22 to 08/27/22 and on 08/30/22. -Clobazam 20mg scheduled at bedtime was not documented as administered on 08/28/22, 08/29/22 and 08/31/22 with the comment "awaiting a refill". -An entry for clobazam 20mg half tablet (10mg) at bedtime as needed. -Clobazam 20mg half tablet scheduled at bedtime as needed was not documented as administered from 08/01/22 to 08/31/22. Review of Resident #3's September 2022 eMAR revealed: -An entry for clobazam 20mg once at bedtime, scheduled at 8:00pm. -Clobazam 20mg scheduled for bedtime was not documented as administered on 09/01/22. -An entry for clobazam 20mg half tablet (10mg) at bedtime as needed.	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 342	Continued From page 8 -Clobazam 20mg half tablet scheduled at bedtime as needed was not documented as administered on 09/01/22. Observation of Resident #3's medications on hand on 09/01/22 at 2:49pm revealed: -Clobazam 10mg was not available to administer. -Clobazam 20mg half (10mg) tablets were not available to administer. -Clobazam 20mg was not available to administer. Telephone interview with a Pharmacist at the facility's contracted pharmacy on 09/01/22 at 3:07pm revealed: -The pharmacy did not have an order for clobazam 20mg daily at bedtime. -The Pharmacist thought clobazam 20mg could have been entered on the eMAR by mistake after receiving an email from the facility to inquire about the order. -Thirty tablets of clobazam 10mg were dispensed on 07/07/22, which should have run out on 08/07/22. -Fifteen halved tablets of clobazam 20 mg were dispensed on 07/19/22, for the bedtime as needed dose, which would have been 30 doses. Interview with the medication aide (MA) on 09/01/22 at 4:15pm revealed: -Her initials were on the eMAR in August 2022 for administering clobazam 20mg at bedtime. -She could not remember if she checked the dose of the clobazam medication label with the eMAR before it was administered to Resident #3 but documented that it was administered on the August 2022 eMAR. -She was not aware that the order on the August 2022 eMAR was for clobazam 20mg and the medication label did not match the eMAR.	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 342	Continued From page 9 Refer to the interview with the Administrator on 09/01/22 at 4:20pm. b. Review of Resident #3's Primary Care Provider's (PCP) orders dated 07/08/22 revealed an order for celecoxib 200 mg once daily. Review of Resident #3's July 2022 eMAR revealed: -An entry for celecoxib 200mg once daily, scheduled at 9:00am with a stop date of 07/11/22. -Celecoxib 200mg was documented as administered from 07/09/22 to 07/11/22. -An entry for celecoxib 100mg once daily, scheduled at 9:00am with an order written date of 07/11/22. -Celecoxib 100mg was documented as administered from 07/12/22 to 07/31/22. Review of Resident #3's August 2022 eMAR revealed: -An entry for celecoxib 100mg once daily, scheduled for 9:00am. -Celecoxib 100mg was documented as administered from 08/01/22 to 08/31/22. Review of Resident #3's September 2022 eMAR revealed: -An entry for celecoxib 100mg once daily, scheduled for 9:00am. -Celecoxib 100mg was not documented as administered on 09/01/22 due to "withheld per Doctor/Registered Nurse orders". Observation of Resident #3's medications on hand on 09/01/22 at 2:49pm revealed celecoxib was not available to administer. Telephone interview with a Pharmacist at the facility's contracted pharmacy on 09/01/22 at	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 342	Continued From page 10 3:07pm revealed: -The order for celecoxib 100mg was written on 07/11/22 by Resident #3's PCP. -A one-week supply of celecoxib 100mg was dispensed on 07/11/22, 07/18/22 and 07/25/22. -Celecoxib 100mg was not dispensed after 07/25/22 due to an email that they pharmacy received from the facility. -Resident #3 should have run out of celecoxib 100mg on 07/31/22. Interview with the MA on 09/01/22 at 10:30am revealed: -She was not aware that the pharmacy did not send Resident #3's celecoxib in the multidose medication packages in August 2022. -She documented celecoxib as administered to Resident #3 on the August 2022 eMAR because she thought the medication was included in the multidose package. Refer to the interview with the Administrator on 09/01/22 at 4:20pm. _____ Interview with the Administrator on 09/01/22 at 4:20pm revealed: -The clobazam 20mg and celecoxib 100mg should not have been documented as administered on the eMAR since the facility did not have those medications. -She audited the resident's records at the end of every month and compared the medication orders to the medications in the facility. -She did not have time to audit the resident's records in August 2022. -She was not aware Resident #3's clobazam and celecoxib were being documented as administered when the medications were not in the facility.	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013046	A. BUILDING: _____ B. WING _____	R 09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

(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 342	Continued From page 11 Attempted telephone interview with Resident #3's PCP on 09/01/22 at 3:38pm was unsuccessful. Attempted telephone interview with Resident #3's family member on 09/01/22 at 4:15pm was unsuccessful. Based on interviews and observations it was determined that Resident #3 was uninterviewable.	C 342		