Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064006	A. BUILDING: _____ B. WING _____	R 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNIGHT'S FAMILY CARE HOME	3305 GREENFIELD DRIVE ROCKY MOUNT, NC 27804

(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 July 6, 2023.	C 000		
C 353	10A NCAC 13G .1006 (b) Medication Storage 10A NCAC 13G .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to ensure medications were maintained in a safe manner under locked security except when under the direct physical supervision of the staff in charge. The findings are: Review of the facility's undated medication policy revealed: -Upon receipt of controlled drugs from the pharmacist, drugs should be counted and any discrepancies in the number received should be reported to the pharmacy immediately. -Controlled drugs should be stored under a double lock system. -Controlled drugs no longer needed will be noted on inventory and returned to the pharmacy. -Any drugs unaccounted for will be recorded on the appropriate form. -Staff should monitor, count, and document controlled medications whenever keys to the double lock system are turned over to another	C 353	1. All Schedule II medicines are double locked. They are stored in a locked box that is placed inside of a locked file cabinet. The staff has been retrained to lock the Administrator's office whenever she is not in the office. 8/1/2023 2. All expired medications or medications that remain at the family care home after a patient leaves or dies, is now disposed of or returned to the dispensing pharmacy with a med sheet with the resident's name, or we dispose of the medications at the medication drop off box at the Rocky Mount Police Department, or at the drop off box at Walgreens Pharmacy. See attachments. 8/1/2023 3. All controlled substances will be counted after we receive them from the pharmacy. We will record in the medication log upon receipt. 8/1/2023 4. When residents go on a therapeutic leave with Schedule II controlled substances, the resident will sign for those medications when they leave. Before they leave, attending staff will count the pills and log that information. When the resident returns, attending staff will count remaining medications and document the count into the inventory log. 8/1/2023 5. Knight's Family Care staff has been retrained on medication storage and disposal policies and have signed a document that they have received the training. 8/1/2023 6. The Director will ensure, on a monthly basis, that all staff have followed the approved medication policies and document that they have been followed.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Christie H. TITLE Director (X6) DATE 08-17-23

Reviewed and Acknowledged 08/22/23

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C 353	Continued From page 1 staff person. Observation of the office beside the common sitting area on 07/06/23 at 12:05pm revealed: -The door to the office was open and unlocked. -There was a locked medication cabinet in the room. -There was a desk, a couch, and chair in the room. -There was no facility staff member in or around the room. Second observation of the office beside the common sitting area on 07/06/23 at 2:29pm revealed: -There was a cardboard box sitting in the corner of the room which was overflowing with medication packs. -The Administrator was looking through the cardboard box to try to find medication which belonged to Resident #2. Observation of the contents of the cardboard box on 07/06/23 at 3:22pm revealed: -There were 3 medication cards containing Ambien 5mg that were dispensed for a resident currently residing at the facility (Ambien is a schedule IV controlled substance used to treat insomnia). -The 3 medication cards contained a total of 90 tablets of Ambien 5mg. -There were 10 medication cards containing a total of 300 tablets of mitigare 0.6mg (used to prevent gout) that was dispensed to a resident no longer residing at the facility. -There were 3 medication cards containing a total of 65 tablets of oxcarbazepine 300mg (used to treat seizures) that was dispensed to the same resident. -There were 2 medication cards containing a total	C 353		

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C 353	Continued From page 2 of 60 tablets of levetiracetam 500mg (used to treat epilepsy) that was dispensed to the same resident. -There was 1 medication card containing a total of 9 tablets of potassium chloride 20meq (a supplement) that was dispensed to the same resident. -There were 3 medication cards containing a total of 79 tablets of omeprazole 20mg (used to treat acid reflux) that was dispensed to the same resident. -There were 2 medication cards containing 60 tablets of carvedilol 3.125mg (used to treat high blood pressure). -There were 4 medication cards containing Metformin HCL 1,000mg that were dispensed to a resident residing at the facilty (Metformin is used to treat type 2 diabetes). -The 4 medication cards contained a total of 120 tablets of Metformin HCL 1,000mg. -There were 2 medication cards containing Olanzapine 10mg that were dispensed to Resident #4 (Olanzapine is used to treat schizophrenia and bipolar disorder). -The 2 medication cards contained a total of 60 tablets of Olanzapine 10mg. -There were 2 medication cards containing Ranitidine HCL 150mg (Ranitidine is used to treat indigestion). -The 2 medication cards contained a total of 60 capsules of Ranitidine HCL 150mg. Interview with a resident on 07/06/23 at 3:56pm revealed: -She thought the office door was usually locked. -Sometimes the door to the office was left open. -Most of the time there was a staff member in the office. -Sometimes the office door was left open and there was not a staff member in the office or in	C 353		

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C 353	Continued From page 3 the areas near the office. -She did not normally go into the office. Interview with the Administrator on 07/06/23 at 2:09pm revealed: -All the resident's current medications were kept in the locked medication cabinet in the office. -Most of the medications located in the cardboard box in the office were either expired or belonged to residents that no longer resided at the facility. -He did not know why there were medications in a cardboard box in the corner of the room. -The supervisor in charge (SIC) handled the medications and sending medications back to the pharmacy and she was currently away on vacation. -The cardboard box was kept in the office, but the office was usually locked. -If the office was unlocked a staff member was usually in the office. -All resident medications should be locked up, so residents did not have access to them. -There was not enough room in the locked medication cabinet to put all the medications located in the cardboard box. Attempted telephone interview with the facility's contracted primary care provider (PCP) on 07/06/23 3:06pm was unsuccessful. The facility failed to maintain all medications in a storage area which was locked and secured and residents had access to the medications which included a controlled medication. This failure was detrimental to the health, safety, and welfare of the residents which constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on July 6, 2023	C 353		

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C 353	Continued From page 4 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED August 20, 2023.	C 353		
C 363	10A NCAC 13G .1007 (c) Medication Disposition 10A NCAC 13G .1007 Medication Disposition (c) Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or following the death of the resident. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to destroy or return to the facility's contracted pharmacy within 90 days medications that had expired, been discontinued, or were prescribed to a resident who was deceased. The findings are: Review of the facility's undated medication policy revealed: -There was a policy to properly dispose of medications. -If medications are discontinued or outdated, or upon the death of a resident, the medications will be returned to a registered pharmacist licensed to practice in North Carolina for destruction. -A record of medications returned for destruction	C 363		

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C 363	Continued From page 5 to the pharmacy will be maintained by administration. Review of the facility's undated contracted pharmacy services and procedure manual revealed: -The facility should ensure that medications for expired or discharged residents are stored separately, away from use, until destroyed or returned to the resident and/or responsible party. -The facility should destroy or return all discontinued, outdated/expired, or deteriorated medications in accordance with applicable law. Observation of the office beside the common sitting area on 07/06/23 at 2:29pm revealed there was a cardboard box sitting in the corner of the room which was overflowing with medication cards. Observation of the contents of the cardboard box on 07/06/23 at 3:22pm revealed: -There was a medication card containing 30 tablets of Ambien 5mg (used to treat insomnia) that was dispensed for a resident on 01/18/19. -There was a medication card containing 30 tablets of Ambien 5mg that was dispensed for a resident on 08/09/19. -There was a medication card containing 30 tablets of Ambien 5mg that was dispensed for a resident on 11/12/20. -There were 2 medication cards containing a total of 90 tablets of mitigare 0.6mg (used to prevent gout) that were dispensed on 08/12/20 for a resident that did not reside at the facility. -There was a handwritten notation on both medication cards which read "D/C". -There were 2 medication cards containing a total of 90 tablets of mitigare 0.6mg that were dispensed for the same resident on 09/09/20.	C 363		

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C 363	Continued From page 6 -There was a handwritten notation on both medication cards which read "D/C". -There was a medication card containing 30 tablets of mitigare 0.6mg that were dispensed to the same resident on 11/09/20. -There was a handwritten notation on the medication card which read "D/C". -There were 2 medication cards containing a total of 90 tablets of mitigare 0.6mg that were dispensed for the same resident on 12/09/20. -There were 2 medication cards containing a total of 90 tablets of mitigare 0.6mg that were dispensed for the same resident on 01/06/21. -There was a medication card containing 30 tablets of mitigare 0.6mg that were dispensed to the same resident on 09/03/21. -There was a medication card containing 5 tablets of oxcarbazepine 300mg (used to treat seizures) that was dispensed to the same resident on 05/03/22. -There was a medication card containing 30 tablets of oxcarbazepine 300mg that was dispensed to the same resident on 06/29/22. -There was a medication card containing 30 tablets of oxcarbazepine 300mg that was dispensed to the same resident on 09/28/22. -There was a medication card containing 30 tablets of levetiracetam 500mg (used to treat epilepsy) that was dispensed to the same resident on 07/07/21. -There was a medication card containing 30 tablets of levetiracetam 500mg that was dispensed to the same resident on 08/31/22. -There was a medication card containing 9 tablets of potassium chloride 20meq (a supplement) that was dispensed to the same resident on 05/14/21. -There was a handwritten notation on the medication card which read "D/C 06/09/21". -There was a medication card containing 18 tablets of omeprazole 20mg (used to treat acid	C 363		

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C 363	Continued From page 7 reflux) that was dispensed to the same resident on 06/25/21. -There was a handwritten notation on the medication card which read "D/C". -There was a medication card containing 30 tablets of omeprazole 20mg that was dispensed to the same resident on 09/03/21. -There were 2 medication cards containing a total of 60 tablets of carvedilol 3.125mg (used to treat high blood pressure) that was dispensed to the same resident on 09/09/20. -There was a handwritten notation on both medication cards which read "D/C". -There were 4 medication cards containing Metformin HCL 1,000mg that were dispensed to Resident #4 (Metformin is -There was a medication card containing 30 tablets of Metformin HCL 1,000mg (Metformin is used to treat diabetes) that was dispensed for another resident that did not reside at the facility on 04/23/19. -There was a medication card containing 30 tablets of Metformin HCL 1,000mg that was dispensed for the same resident on 07/19/19. -There was a medication card containing 3 tablets of Metformin HCL 1,000mg that was dispensed for the same resident on 10/18/19. -There was a medication card containing 30 tablets of Metformin HCL 1,000mg that was dispensed for the same resident on 11/18/10. -There were 2 medication cards containing Olanzapine 10mg that were dispensed to the same resident (Olanzapine is used to treat schizophrenia and bipolar disorder). -The 2 medication cards contained a total of 60 tablets of Olanzapine 10mg. -There were 2 medication cards containing Ranitidine HCL 150mg (Ranitidine is used to treat indigestion). -The 2 medication cards contained a total of 60	C 363		

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C 363	Continued From page 8 capsules of Ranitidine HCL 150mg. Interview with the Administrator on 07/06/23 at 2:09pm revealed: -Most of the medications located in the cardboard box in the office were either expired or belonged to residents that no longer resided at the facility. -He did not know why there were medications in a cardboard box in the corner of the room. -The supervisor in charge (SIC) handled the medications and sending medications back to the pharmacy and she was currently away on vacation. Second interview with the Administrator on 07/06/23 at 2:29pm revealed: -When resident's medications were expired or discontinued, they were placed in a box by the SIC to be sent back to the pharmacy. -When resident's medications were sent back to the pharmacy there was a form that had to be completed and the pharmacy had to be contacted so they could send a shipping label. -The handwritten notation of "D/C" that was written on some of the medications in the cardboard box meant that the medication had been discontinued. Third interview with the Administrator on 07/06/23 at 3:31pm revealed: -The resident who had medications cards in the cardboard box that contained mitigare, oxcarbazepine, levetiracetam, potassium chloride, omeprazole, and carvedilol expired on 10/15/22. -The resident who had medication cards in the cardboard box that contained Metformin HCL, Olanzapine, and Ranitidine HCL was admitted to a psychiatric facility and when she was discharged from that facility, she was admitted to	C 363		

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C 363	Continued From page 9 another facility in a different county. -He was not sure exactly when the resident left the facility, but he thought it was sometime in 2019. -When a resident expired or was discharged from the facility or if a resident's medication was discontinued their medications should be sent back to the facility's contracted pharmacy within at least 30 to 60 days. -The facility could destroy medication as well but he would rather send the medications back to the facility's contracted pharmacy so they could destroy it properly. Interview with a pharmacist at the facility's contracted pharmacy on 07/06/23 at 4:07pm revealed: -If a resident expired, was discharged from the facility, or if a medication was discontinued the facility was expected to return the medication to the contracted pharmacy within one week. -Any unused medications that had expired should be returned to the facility within a week as well. -The facility should contact the contracted pharmacy and request a shipping label. -There was also a form the facility was to fill out and return with the medications. -The facility should box up all medications and return them to the contracted pharmacy using the shipping label. Attempted telephone interview with the facility's contracted primary care provider (PCP) on 07/06/23 3:06pm was unsuccessful.	C 363		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily	C 367		

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C 367	Continued From page 10 retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure there was documentation of the receipt, administration, and disposition of a schedule II-controlled for 1 of 1 sampled residents (#2) for a medication used to treat insomnia. The findings are: Review of the facility's undated medication policy revealed: -Controlled substances received from the facility's contracted pharmacy should be counted and if there were any discrepancies staff should notify the pharmacy immediately. -Any controlled substances unaccounted for should be documented. Review of Resident #2's current FL-2 dated 11/04/22 revealed diagnoses included schizoaffective disorder, hypertension, and insomnia. Review of the facility's undated contracted pharmacy services and procedure manual revealed: -The facility should maintain separate individual controlled substance records. -The facility should ensure that incoming and outgoing medication aides (MAs) count all schedule II-controlled medications at least once daily and document the results on the controlled	C 367		

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C 367	Continued From page 11 substance log (CSL). Review of a physician order dated 11/04/22 revealed there was an order for Ambien 5mg one tablet as needed at bedtime (Ambien is a medication used to treat insomnia). Review of Resident #2's November 2022 medication administration record (MAR) revealed: -There was an entry for Ambien 5mg to be administered at bedtime as needed for insomnia. -There was no documentation Ambien 5mg was administered from 11/04/22 to 11/30/22. Review of Resident #2's December 2022 MAR revealed: -There was an entry for Ambien 5mg to be administered at bedtime as needed for insomnia. -There was no documentation Ambien 5mg was administered from 12/01/22 to 12/31/22. Review of Resident #2's January 2023 MAR revealed: -There was an entry for Ambien 5mg to be administered at bedtime as needed for insomnia. -There was no documentation Ambien 5mg was administered from 01/01/23 to 01/31/23. Review of Resident #2's February 2023 MAR revealed: -There was an entry for Ambien 5mg to be administered at bedtime as needed for insomnia. -There was no documentation Ambien 5mg was administered from 02/01/23 to 02/28/23. Review of Resident #2's March 2023 MAR revealed: -There was an entry for Ambien 5mg to be administered at bedtime as needed for insomnia. -There was no documentation Ambien 5mg was	C 367		

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C 367	Continued From page 12 administered from 03/01/23 to 03/31/23. Review of Resident #2's April 2023 MAR revealed: -There was an entry for Ambien 5mg to be administered at bedtime as needed for insomnia. -There was no documentation Ambien 5mg was administered from 04/01/23 to 04/30/23. Review of Resident #2's May 2023 medication administration record (MAR) revealed: -There was an entry for Ambien 5mg to be administered at bedtime as needed for insomnia. -There was no documentation Ambien 5mg was administered from 05/01/23 to 05/31/23. Review of Resident #2's June 2023 MAR revealed: -There was an entry for Ambien 5mg to be administered at bedtime as needed for insomnia. -There was no documentation Ambien 5mg was administered from 06/01/23 to 06/30/23. Review of Resident #2's July 2023 MAR revealed: -There was an entry for Ambien 5mg to be administered at bedtime as needed for insomnia. -There was no documentation Ambien 5mg was administered from 07/01/23 to 07/06/23. Observation of Resident #2's medications on hand on 07/06/23 at 2:11pm revealed: -There was a medication card containing 22 tablets of Ambien 5mg, one tablet as needed that was dispensed on 11/03/22. -There was a medication card containing 30 tablets of Ambien 5mg, one tablet as needed that was dispensed on 12/07/22. -There was a medication card containing 30 tablets of Ambien 5mg, one tablet as needed that was dispensed on 06/05/23.	C 367		

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(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 367	Continued From page 13 -There was a total of 82 doses remaining with 8 doses not documented as administered. Review of Resident #2's CSL sheets for Ambien 5mg on 07/06/23 at 2:30pm revealed: -There was one CSL sheet from the facility's contracted pharmacy for Ambien 5mg dispensed on 11/03/22. -There was no documentation on the CSL of the quantity received by facility staff and no documentation that Ambien 5mg was administered to the resident from 11/04/22 to 11/30/22. -There was one CSL sheet from the facility's contracted pharmacy for Ambien 5mg dispensed on 12/07/22. -There was no documentation on the CSL of the quantity received by facility staff and no documentation that Ambien was administered to the resident from 12/01/22 to 12/31/22. -There was one CSL sheet from the facility's contracted pharmacy for Ambien 5mg dispensed on 06/05/23. -There was no documentation on the CSL of the quantity received by facility staff and no documentation that Ambien was administered to the resident from 06/05/23 to 06/30/23. Telephone interview with the facility's contracted pharmacy on 07/06/23 at 2:19pm revealed: -Resident #2's prescription for Ambien 5mg was only dispensed when a new prescription was sent to the pharmacy. -Ambien 5mg was dispensed on 11/03/22 for a quantity of 30 pills. -Ambien 5mg was dispensed on 12/07/22 for a quantity of 30 pills. -Ambien 5mg was dispensed on 06/05/23 for a quantity of 30 pills.	C 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064006	A. BUILDING: _____ B. WING _____	R 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNIGHT'S FAMILY CARE HOME	3305 GREENFIELD DRIVE ROCKY MOUNT, NC 27804

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C 367	Continued From page 14 Interview with the Administrator on 07/06/23 at 3:55pm revealed: -He expected staff to document controlled substances on the CSL when the medication was delivered by the pharmacy. -Staff should have kept the CSL in a binder or in the resident's chart to track the administration of Ambien. -The resident went on therapeutic leave home usually a few days each month; but there was no documentation that the facility had sent Ambien home with the resident. -He expected staff to follow the facility's medication administration policy and the contracted pharmacy policy regarding controlled substances. Interview with Resident #2 on 07/06/23 at 3:39pm revealed: -She only received Ambien 5mg if she requested the medication when she had difficulty sleeping. -She had only requested Ambien 5mg once or twice since she had been at the facility. Attempted telephone interview with the facility's contracted primary care provider (PCP) on 07/06/23 at 3:06pm was unsuccessful.	C 367		
C 369	10A NCAC 13G .1008 (c) Controlled Substances 10A NCAC 13G .1008 Controlled Substances c) Controlled substances that are expired, discontinued or no longer required for a resident shall be returned to the pharmacy within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The facility shall document the resident's name; the name, strength and dosage	C 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064006	A. BUILDING: _____ B. WING _____	R 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNIGHT'S FAMILY CARE HOME	3305 GREENFIELD DRIVE ROCKY MOUNT, NC 27804

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C 369	Continued From page 15 form of the controlled substance; and the amount returned. There shall also be documentation by the pharmacy of the receipt or return of the controlled substances. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to document and return an expired schedule II-controlled substance for 1 of 1 sampled residents (#2) back to the pharmacy. The findings are: Review of the facility's undated medication policy revealed: -Controlled drugs no longer needed will be noted on inventory and returned to the pharmacy. -Any drugs unaccounted for will be recorded on the appropriate form. -If medications are discontinued or outdated, or upon the death of a resident, the medications will be returned to a registered pharmacist licensed to practice in North Carolina for destruction. -A record of medications returned for destruction to the pharmacy will be maintained by administration. Review of the facility's undated contracted pharmacy services and procedure manual revealed: -The facility should ensure that medications for expired or discharged residents are stored separately, away from use, until destroyed or returned to the resident and/or responsible party. -The facility should destroy or return all discontinued, outdated/expired, or deteriorated	C 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064006	A. BUILDING: _____ B. WING _____	R 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNIGHT'S FAMILY CARE HOME	3305 GREENFIELD DRIVE ROCKY MOUNT, NC 27804

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C 369	Continued From page 16 medications in accordance with applicable law. -The facility should maintain separate individual controlled substance records. -The facility should ensure that incoming and outgoing medication aides (MAs) count all schedule II-controlled medications at least once daily and document the results on the controlled substance log (CLS). Review of Resident #2's current FL-2 dated 11/04/22 revealed diagnoses included schizoaffective disorder, hypertension, and insomnia. Review of a physician order dated 11/04/22 revealed there was an order for Ambien 5mg one tablet as needed at bedtime (Ambien is a medication used to treat insomnia). Observation of Resident #2's medications on hand on 07/06/23 at 2:11pm revealed: -There was a medication card containing 22 tablets of Ambien 5mg (Ambien is a medication used to treat insomnia), that was dispensed on 11/03/22. -There was a medication card containing 30 tablets of Ambien 5mg, that was dispensed on 12/07/22. Observation of the contents of the cardboard box on 07/06/23 at 3:22pm revealed: -There was a medication card containing 30 tablets of Ambien 5mg that was dispensed for Resident #2 on 01/18/19. -There was a medication card containing 30 tablets of Ambien 5mg that was dispensed for Resident #2 on 08/09/19. Second telephone interview with a pharmacist at the facility's contracted pharmacy on 07/06/23 at 4:07pm revealed:	C 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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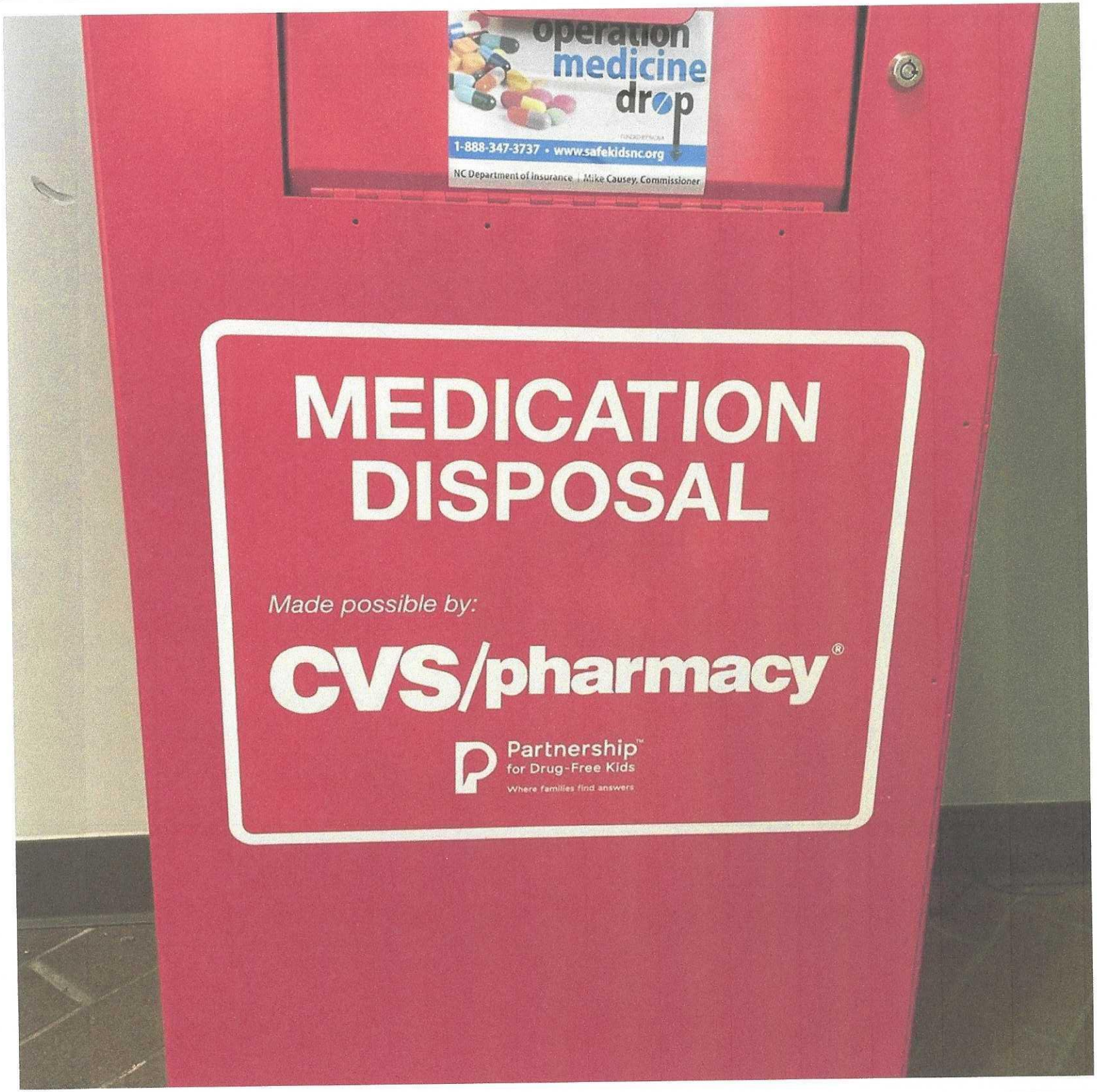
C 369	Continued From page 17 -If a resident expired, was discharged from the facility, or if a medication was discontinued the facility was expected to return the medication to the contracted pharmacy within one week. -Any unused medications that had expired should be returned to the facility within a week as well. -The facility should contact the contracted pharmacy and request a shipping label. -There was also a form the facility was to fill out and return with the medications. -The facility should box up all medications and return them to the contracted pharmacy using the shipping label. Interview with the Administrator on 07/06/23 at 3:31pm revealed when a resident expired or was discharged from the facility or if a resident's medication was discontinued their medications should be sent back to the facility's contracted pharmacy within at least 30 to 60 days. Attempted telephone interview with the facility's contracted primary care provider (PCP) on 07/06/23 at 3:06pm was unsuccessful.	C 369		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1-888-347-3737 • www.safekidsnc.org
NC Department of Insurance | Mike Causey, Commissioner
MEDICATION
DISPOSAL
Made possible by:
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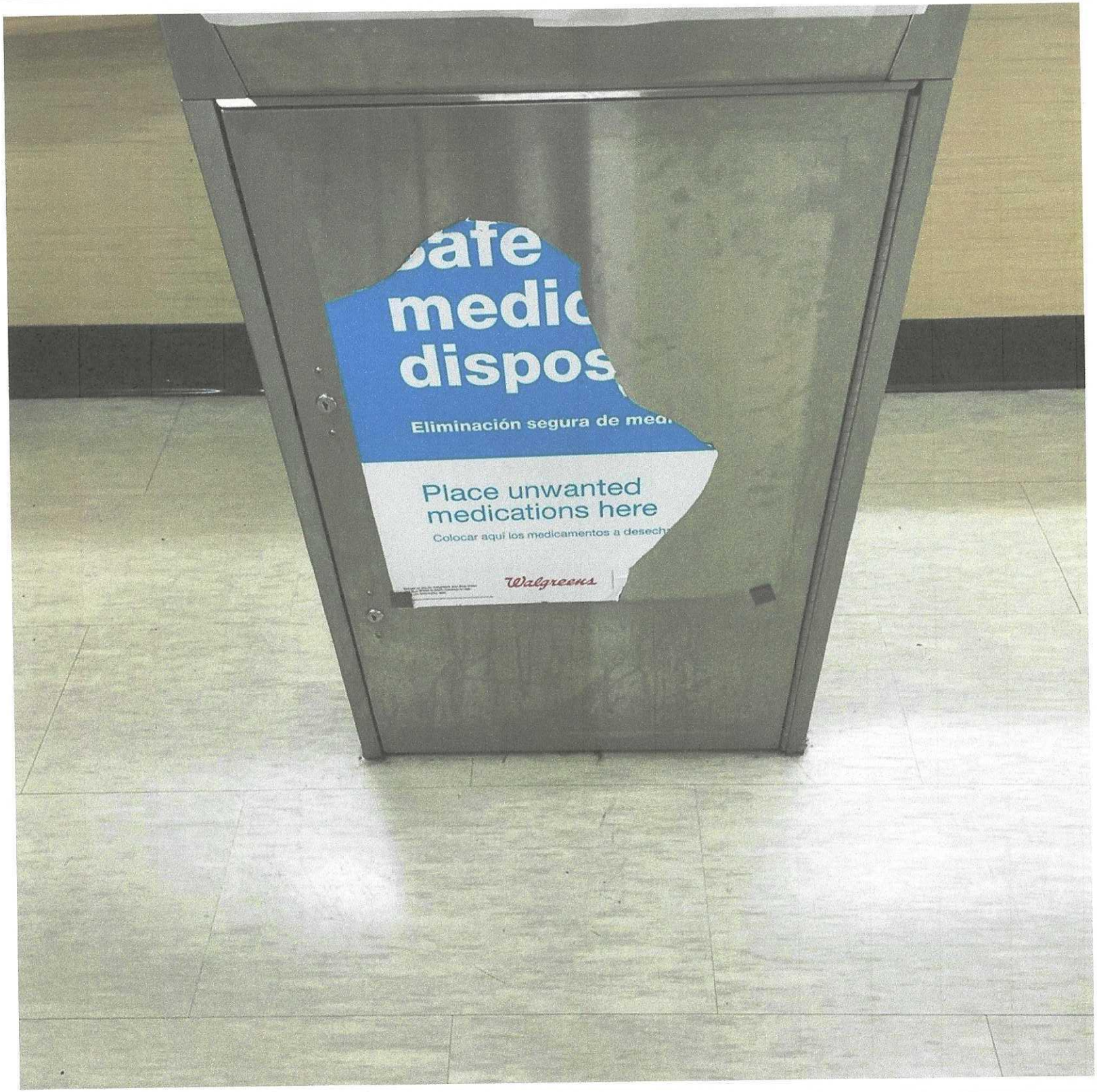
Where families find answers


afe
medic
dispos
Eliminación segura de med
Place unwanted
medications here
Colocar aquí los medicamentos a desech
Walgreens

Omnicare®
a ♥CVSHealth company

CONTROLLED MEDICATION UTILIZATION RECORD

DISPOSITION OF UNUSED DRUGS

Date of Discontinuance	Amount Remaining
Date of Disposition	

Nurse

DON

Pharmacist

Administrator or Designee

Signature

Omnicare of Raleigh 1815 Garner Station Boulevard Raleigh,NC 27603 866-999-7962 FC2522969
JOHNSON, STEVIE 11293-/
clonazePAM 0.5MG TABLET [redacted] 60 EA QTY REM:60
SUB FOR:KLONOPIN BARROW, TAWANA
C63567326 (11293) KNIGHT'S FA 11293.2 06/09/23
TAKE 1 TAB BY MOUTH TWICE DAILY
John Smith
D22845
GAVANDER
NDC 72888015205 MFG:ADVAGEN 1 OF 2 B
CAUTION: STATE OR FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.

X-034 (R1700U) REFILL AFTER 07/03/23
ionazePAM 0.5MG TABLET 60 C63567326
JOHNSON, STEVI D22845 KNIGHT'S FAMIL
orange round logo and 66 A-NIOSH 06/09/23 QTY REM:60

Center

Customer/Resident Name

Rx#

Rx Date

Physician

Qty. Dispensed

Date Received	Qty. Received	Received By

DATE Month/Day/Year	TIME A.M.	P.M.	DOSE GIVEN	SIGNATURE OF NURSE ADMINISTERING MEDICATION	AMOUNT REMAINING	WASTED	CHECKED BY

8.0 Drug Product Recalls

APPLICABILITY

This Procedure 8.0 sets forth procedures relating to drug product recalls.

PROCEDURE

1. "Recall Classification" means the numerical designation (i.e., I, II, III) assigned by the Food and Drug Administration (FDA) to a particular product recall to indicate the relative degree of health hazard presented by the product being recalled, as follows:

    1.1 Class I - Reasonable probability that the use of or exposure to this product will cause serious adverse health consequences or death.

    1.2 Class II - Use of or exposure to this product may cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote.

    1.3 Class III - Use of or exposure to this product is not likely to cause any health consequences.

2. The Pharmacy will notify the Community of recalls as required by and in accordance with Applicable Law, and, in the event of such notice, the Community should:

    2.1 Complete any information requested by the Pharmacy and notify the resident's Physician/Prescriber.

    2.2 Pass along any suggestions for alternative medications by the Pharmacy to relay to the Physician/Prescriber.

    2.3 Sequester and return recalled medication to the Pharmacy in a separate bag or container in the next routine pick-up; and

    2.4 Provide the Pharmacy with a new order prescribed by a Physician/Prescriber.

3. The Community staff should monitor residents for potential harm or reaction to the recalled product, as specified by the recall bulletins.

8.1 Medication Returns to the Pharmacy and Credits

APPLICABILITY

This Procedure 8.1 sets forth procedures relating to medication returns and credits.

PROCEDURE

1. The Community may return a resident's medication to the Pharmacy to receive credit if permitted by and in accordance with Applicable Law. When returning medications to the Pharmacy, the Community should use the "Return Medication to Pharmacy Form" set forth in ***Appendix 13: Return Medication to Pharmacy Form.***

2. The Community may not return controlled substances as it is not permitted by Applicable Law.

3. Unless otherwise provided by Applicable Law, the following medications and products are acceptable for return but are not acceptable for credit:

3.2 Opened medications or products;

3.3 Specifically compounded medications;

3.4 Medications or products requiring refrigeration/freezing;

3.5 Oral medications or other products with less than one hundred twenty (120) days remaining prior to expiration date;

3.6 Injectable medications not returned within five (5) working days from the date of discontinuation;

3.7 Medications in multi-dose packaging;

3.8 Syringes and associated supplies;

3.9 Medications which cannot be credited due to state Medicaid or insurance restrictions; and

3.10 Medications covered by a Medicare Part D prescription drug plan.

4. Unless otherwise provided by Applicable Law, the following medications and products are acceptable for return and credit:

4.1 Oral, injectable, or topical medications or products that:

4.1.1 Are in an original, unopened, sealed, manufacturer's package or a Pharmacy sealed blister card or unit dose package;

4.1.2 Are in a resalable condition from which the manufacturer's lot numbers and expiration date can be positively ascertained;

4.1.3 Are in a non-altered dosage form; and

4.1.4 Have thirty (30) days or more remaining to the expiration date.

5. If returns are permitted under Applicable Law, the Community may return medications to the Pharmacy immediately after such medications have been discontinued.

6. Subject to Applicable Law, the Community should destroy medication or products that are not returnable to the Pharmacy in accordance with the Community's policies and procedures.

8.2 Disposal of Medications

APPLICABILITY

This Procedure 8.2 describes the procedures for the disposal of unused, unwanted or expired medications.

PROCEDURE

1. The Community should comply with Applicable Law relating to the disposal of medications.

2. The Community staff should take unused, unneeded, or expired medications out of their original containers. The Community staff should wear gloves to remove medications from their packaging.

3. The Community staff should throw the prescription containers in the trash and make sure the label is unreadable or double-bag the containers with resident labels in dark opaque trash bags to minimize the exposure of protected health information.

4. The Community staff should:

4.1 Mix the medications with an undesirable substance

4.2 Mix the medications with water or other fluid in an impermeable container or bag to destroy the integrity of the medication to make it unusable and throw medications in the trash; or

4.3 Take unused, unneeded or expired medications and place them in a sealed container or box, store the medications securely and turn them over to a biohazard waste or other disposal company for incineration.

5. Medications packaged in blister cards or unit dose packaging or bottles should be kept in their containers, unless otherwise specified by the disposal company, and the Community should document the receipt of the sealed container or box by the disposal company.

6. The Community staff should refer to the Community's policies and procedures concerning disposal of medications.

7. All medication destruction/disposal should take place in the presence of at least one Community staff member and witness as required by Applicable Law and recorded. Such Documentation should include:

7.1 Resident name;

7.2 Pharmacy name and prescription number;

7.3 Name and strength of medication;

7.4 Quantity destroyed;

7.5 Reason for disposal;

7.6 Signatures of witnesses; and

7.7 Date of disposal.

8. Wasted medications (medications contaminated or refused that require disposal) should be treated as follows:

8.1 The Community should not place wasted medications back in the container.

8.2 Wasted controlled medications should be destroyed by the Community's Wellness Director or licensed nurse and a witness, and the disposal should be documented on the accountability record on the line representing that dose. This applies to the disposal of unused doses (whole tablets, partial tablets, unused portions of single dose ampules and doses of controlled substances) wasted for any reason.

8.3 Wasted single doses of medications for disposal should be placed in the sharp's container.

8.4 Non-controlled wasted medications can be placed in the sharp's container and documented on the back of the MAR.

8.5 The FDA recommends that some medications be disposed of in public sewage by flushing in the toilet. If applicable, the Community should so dispose of such medications.

9. Refer to ***Appendix 17: Additional Omnicare Pharmacy Resources*** for a table of state-specific regulations concerning the disposal of medications.