STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035035	A. BUILDING: _____ B. WING _____	08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE FAMILY CARE HOME III AT MASON ST	108 EAST MASON ST FRANKLINTON, NC 27525

(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 Franklin County Department of Social Services conducted an Annual Survey August 8, 2023.	C 000		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or moving into a family care home, the administrator, all other staff, and any persons living in the family care home shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205, which is hereby incorporated by reference, including subsequent amendments. (b) There shall be documentation on file in the family care home that the administrator, all other staff, and any persons living in the family care home are free of tuberculosis disease. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled staff (Staff A) were tested for tuberculosis (TB) disease in compliance with control measures adopted by the Commission of Public Health upon hire. The findings are: Review of Staff A's, personal care aide (PCA), personnel record revealed: -There was a hire date of 06/05/23. -There was no documentation Staff A completed a TB skin test. Interview with Staff A on 08/08/23 at 3:52pm revealed:	C 140		

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C 140	Continued From page 1 -She had taken a TB skin test earlier this year, but she did not recall the date. -She did not have TB. -She did not have a chest x-ray done because she did not have TB. Interview with the Owner/Director on 08/08/23 at 5:49pm revealed: -He was responsible for ensuring staff had TB skin test. -Staff A needed to have a chest x-ray completed and he had given Staff A the required paperwork to obtain the chest x-ray. -Because of confidentiality, the facility would not give him the information related to the chest x-ray over the telephone. -He would stop by the facility that would have the chest x-ray tomorrow, 08/09/23 and fax the results. Review of the facsimile from the Owner/Director received on 08/09/23 revealed there were no chest x-ray results received for Staff A. Attempted telephone interview with the Administrator on 08/08/23 at 6:13pm was unsuccessful.	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;	C 145		

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C 145	Continued From page 2 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled staff (Staff A) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire. The findings are: Review of Staff A's, personal care aide (PCA), personnel record on 08/08/23 revealed: -There was a hire date of 06/05/23. -There was no documentation that a Health Care Personnel Registry (HCPR) check was completed prior to hire. -There was documentation a HCPR was checked on 08/08/23 with no substantiated findings. Interview with Staff A on 08/08/23 at 3:52pm revealed: -She had not had any charges against her. -She did not know what a HCPR was or if a HCPR had been completed on her prior to hire. Interview with the Owner/Director on 08/08/23 at 5:49pm revealed: -He was responsible for completing a HCPR on staff. -He thought he had a HCPR completed but could not locate it, so he printed one out today, 08/08/23. Attempted telephone interview with the Administrator on 08/08/23 at 6:13pm was unsuccessful.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications	C 147		

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C 147	Continued From page 3 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 2 staff sampled (Staff A) had a criminal background check completed upon hire. The findings are: Review of Staff A's, personal care aide (PCA), personnel record revealed: -There was a hire date of 06/05/23. -There was no documentation of a criminal background check completed. Observation on 08/08/23 from 11:10am-4:30pm revealed: -Staff A worked as the PCA. -Staff A provided personal care, cooked, and served meals to the residents. Review of resident records for July 2023 revealed Staff A had administered controlled medications. Interview with Staff A on 08/08/23 at 3:52pm revealed: -She provided personal care, cooked, and served meals to the residents, did laundry, and cleaned the facility. -She did not know if a criminal background check had been completed. Interview with the Owner/Director on 08/08/23 at 5:49pm revealed a criminal background check	C 147		

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C 147	Continued From page 4 had been completed on Staff A when hired and he would provide a copy. Review of the facsimile from the Owner/Director received on 08/09/23 revealed a criminal background was initiated on Staff A on 08/08/23; the results were pending. Attempted telephone interview with the Administrator on 08/08/23 at 6:13pm was unsuccessful.	C 147		
C 148	10A NCAC 13G .0406 (a)(8) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure examination and screening for the presence of controlled substances was completed upon hire and results documented for 1 of 2 staff (A) sampled who were hired after 10/01/13. The findings are: Review of Staff A's, personal care aide (PCA), personnel record revealed: -There was a hire date of 06/05/23. -There was no documentation of a controlled	C 148		

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C 148	Continued From page 5 substance screening for Staff A. Observation on 08/08/23 from 11:10am-4:30pm revealed: -Staff A worked as the PCA. -Staff A provided personal care, cooked, and served meals to the residents. Review of resident medication administration records (MARs) and controlled substance count sheets (CSCS) for July 2023 revealed Staff A had administered controlled medications. Interview with Staff A on 08/08/23 at 3:52pm revealed: -She had worked at this facility for "a few months" (could not give exact date). -She provided personal care, administered medications, and cooked meals for the residents. -She had not had a drug screening since she began working at the facility. Interview with the Owner/Director on 08/08/23 at 5:49pm revealed: -Staff A had a drug screen completed since she started working at the facility. -He would locate the results of the drug screen and he would send a facsimile with the results. Review of the facsimile from the Owner/Director received on 08/09/23 revealed a drug screen was completed on 08/09/23 at 11:00am and the results were negative. Attempted telephone interview with the Administrator on 08/08/23 at 6:13pm was unsuccessful.	C 148		

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C 249	Continued From page 6	C 249		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure orders were implemented and documented for 1 of 3 sampled residents (#2) related to the application and removal of compression stockings. The findings are: Review of Resident #2's current FL-2 dated 02/08/23 revealed: -Diagnoses included hypoglycemia and acute renal failure. -The resident required assistance with bathing, dressing, and feeding. -There was an order for compression stockings daily. Review of Resident #2's assessment and care plan dated 02/03/23 revealed: -The resident was totally dependent on staff for toileting, bathing, dressing, and personal hygiene. -The resident required extensive assistance from staff with transferring and ambulation. Review of Resident #2's Podiatrist's after visit summary dated 04/03/23 revealed:	C 249		

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C 249	Continued From page 7 -Resident #2 was noted to have edema of the right foot and ankle. -An order was written for compression socks 20-30mm size 2xl. Review of Resident #2's Podiatrist's after visit summary dated 07/21/23 revealed Resident #2 was noted to have edema of the right foot and ankle. Review of Resident #2's June 2023, July 2023, and August 2023 for 08/01/23-08/08/23 medication administration record (MAR) revealed: -There was an entry for compression stockings daily, apply in the morning and remove at bedtime with a schedule application time of 8:00am and removal at 8:00pm. -Resident #2's compression stockings were documented as applied and removed daily for June 2023, and July 2023, and applied daily through 08/08/23 and removed daily through 08/07/23. Observation of Resident #2 on 08/0823 intermittently between 8:00am-3:48pm revealed: -At various times between 8:00am-3:48pm, Resident #2 was sitting in a chair with her legs elevated and she was not wearing compression stockings. -At 12:25pm and 3:48pm, Resident #2 had indentions in her legs from where her soft black socks stopped, just above the ankle. Interview with the medication aide (MA) on 08/08/23 at 10:53am and 4:20pm revealed: -She worked from 9:00am-9:00pm. -She applied Resident #2's compression stockings in the mornings and the personal care aide (PCA) removed the compression stockings at bedtime.	C 249		

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C 249	Continued From page 8 -The PCA applied Resident #2's compression stockings today, 08/08/23, because she was later coming into the facility. Interview with the PCA on 08/08/23 at 2:47pm revealed: -She dressed Resident #2 every day. -Resident #2 wore compression stockings when her legs were swollen. -Resident #2 did not have compression stockings on today, 08/08/23, because her legs were not swollen. -Resident #2 did not wear compression stockings every day, it depended on if the resident's legs were swollen. -Resident #2 wore compressions stockings on Sunday, 08/06/23 because her legs were swollen. -Resident #2 had not worn compression stockings on 08/07/23 or 08/08/23 because her legs were not swollen. Interview with the Owner/MA on 08/08/23 at 5:24pm revealed: -Resident #2 was supposed to wear compression stockings every day. -He noticed today, 08/08/23, Resident #2 did not have the compression stockings on, and he asked the staff about it. -The staff told him they allowed her legs to breathe when her legs were so swollen and would keep the resident's legs elevated. -He explained to the staff "that was when Resident #2 was supposed to wear them." -He expected Resident #2's compression stockings to be applied every day and removed at bedtime. Telephone interview with Resident #2's family member on 08/09/23 at 10:17am revealed: -She visited with Resident #2 1-2's per week.	C 249		

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C 249	Continued From page 9 -The last few times she had seen Resident #2, the resident was wearing her compression stockings. -Earlier this year, she did not recall exactly when, she had noted Resident #2's legs were swollen, and the staff started applying the compression stockings. -She did not know what the order was for the compression stockings, but the staff told her the order was for every other day. Attempted telephone interview on 08/08/23 at 4:27pm with the Podiatrist who wrote the order for the compression stockings on 04/03/23 was unsuccessful. Based on observations, record reviews and interviews Resident #2 was not interviewable. Attempted telephone interview with the Administrator on 08/08/23 at 6:13pm was unsuccessful.	C 249		
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 ensure medication	C 330		

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C 330	Continued From page 10	C 330		

was administered as ordered for 1 of 3 sampled residents (#1) related to thyroid medication, a medication used to treat dry mouth, and a laxative.

The findings are:

Review of Resident #1's current FL-2 dated 01/19/23 revealed diagnoses included hypothyroidism, hypertension, and neurocognitive disorder.

a. Review of Resident #1's FL-2 dated 01/19/23 revealed an order for Levothyroxine [used to treat an underactive thyroid gland (hypothyroidism)] 50mcg daily.

Review of Resident #1's medication administration record (MAR) for June 2023, July 2023, and August 2023 from 08/01/23-08/08/23 revealed:
-There was an entry for Levothyroxine 50mcg with a scheduled administration time of 6:00am.
-Levothyroxine 50mcg was documented as administered at 6:00am daily.

Observation of Resident #1 on 08/08/23 between 9:00am-10:00am revealed the resident had a cup of coffee and ate breakfast.

Observation of the medication pass on 08/08/23 at 10:01am revealed Levothyroxine 50mcg was administered with Resident #1's other morning medications.

Observation of Resident #1's medications on hand on 08/08/23 at 11:01am revealed:
-A medication pack labeled as Levothyroxine 50mcg with a dispensed date of 08/01/23; the package was labeled morning dose 6:00am.

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C 330	Continued From page 11 -The medication pack started on 08/01/23 and was punched out through 08/08/23. Interview with the medication aide (MA) on 08/08/23 at 10:53am revealed: -She worked from 9:00am-9:00pm. -She did the first medication pass each day. -The Owner would come in at 9:00pm and stay until after midnight to ensure evening medications had been administered and the resident had no other medication needs. -There was a personal care aide (PCA) who was with the residents at all times, but she could not administer medications. Interview with the PCA on 08/08/23 at 11:11am revealed: -She assisted the residents with personal care, cooking, and cleaning. -She never administered medications. -Resident #1 ate breakfast every day. -Resident #1's medications were administered after breakfast. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/08/23 at 1:11pm revealed: -Levothyroxine was prescribed to Resident #1 due to low thyroid function. -Levothyroxine was usually administered 30 minutes before breakfast. -The medication would usually be scheduled on the MAR for 30 minutes before the resident's usual breakfast time. -The medication would be administered before breakfast to increase the absorption of the medication. -According to the package insert with the Levothyroxine the medication should be administered before food to get as much	C 330		

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absorbed as possible.
-If Resident #1's Levothyroxine was administered after eating, the medication may not be absorbed.

Telephone interview with Resident #1's primary care provider (PCP) on 08/08/23 at 2:01pm revealed:
-She had not seen Resident #1; she had taken over the residents at the facility from another provider.
-Levothyroxine was prescribed for Resident #1 for hypothyroidism.
-Levothyroxine was usually administered before meals and other medications because food would affect the absorption.
-If Levothyroxine was administered after a meal, it would be difficult to get her thyroid levels therapeutic.

Second interview with the MA on 08/08/23 at 2:32pm revealed:
-Resident #1 was on Levothyroxine over three months ago and the PCP was increasing and decreasing the dosage.
-It had been over three months since Resident #1 had taken Levothyroxine.
-When Resident #1 was on Levothyroxine the medication had to be administered before breakfast.
-She would go in and administer Levothyroxine and then later the resident would eat breakfast.
-When shown the current Levothyroxine medication package, she stated Resident #1's Levothyroxine was administered before breakfast.
-She stated that Resident #1's Levothyroxine was not administered today, 08/08/23, before breakfast because the resident refused.

Interview with Resident #1 on 08/08/23 at 2:51pm revealed:

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C 330	Continued From page 13 -She did not take any medication before breakfast. -The MA told her she had to take medication after getting food in her stomach. -She did not recall anyone ever coming in to administer medication before breakfast. Interview with the Owner/MA on 08/08/23 at 5:24pm revealed: -The [named] MA worked 9:00am-9:00pm and administered the morning medications. -Levothyroxine should be administered on an empty stomach. -He did not know if Resident #1's Levothyroxine had been administered before or after breakfast. -Resident #1 was a very depressed resident and refused medications a lot and she may have refused to take the medication early in the morning. Attempted telephone interview with the Administrator on 08/08/23 at 6:13pm was unsuccessful. b. Review of Resident #1's physician's order dated 05/02/23 revealed: -There was an order for Cevimeline (used to treat dry mouth) 30mg take one capsule up to three times per day with meals. -Quantity to be dispensed was 90 capsules and there were 3 refills allowed. Review of Resident #1's medication administration record (MAR) for May 2023 revealed: -There was a handwritten entry for Cevimeline 30mg take one tablet three times per day with meals for dry mouth with a scheduled administration time of 8:00am, 12:00pm, and 8:00pm.	C 330		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE FAMILY CARE HOME III AT MASON ST	108 EAST MASON ST FRANKLINTON, NC 27525

(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 14 -Cevimeline 30mg was documented as administered three times per day from 05/01/23-05/31/23. Review of Resident #1's MAR for June 2023, July 2023, and August 2023 from 08/01/23-08/08/23 revealed: -There was no entry for Cevimeline 30mg. -Cevimeline 30mg was not documented as administered. Observation of Resident #1's medications on hand on 08/08/23 at 11:01am revealed there was no Cevimeline 30mg available to be administered. Interview with the medication aide (MA) on 08/08/23 at 4:18pm revealed: -She recalled Resident #1 went to the dentist and had dental work done and returned with the prescription for Cevimeline. -After 30 days, Resident #1 felt like she still needed the medication, so she had Resident #1's family member to get an order to continue the medication. -She did not know if Cevimeline 30mg was a current order or not or if the medication had been discontinued. -The facility's contracted pharmacy sent a refill for the medication the last time the Cevimeline was dispensed. -Resident #1 took Cevimeline in July 2023. -She did not know why Cevimeline was not documented on the July 2023 MAR. -Resident #1 became very agitated because the medication was not available was why Resident #1's family member was asked to get an order to continue the medication. Telephone interview with the Pharmacist at the	C 330		

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facility's contracted pharmacy on 08/08/23 at 1:11pm revealed Cevimeline 30mg had never been profiled or dispensed from their pharmacy.

Telephone interview with a representative at Resident #1's dentist's office on 08/08/23 at 1:45pm revealed:
-Resident #1's Cevimeline 30mg was listed as an active order in their system.
-Resident #1's dentist was not available due to medical leave.

Telephone interview with Resident #1's family member on 08/08/23 at 4:29pm revealed:
-She had picked up Resident #1's Cevimeline 30mg at a [named] pharmacy after Resident #1 had dental work.
-She had only filled Resident #1's Cevimeline 30mg one time.
-No one had asked her to have Resident #1's Cevimeline 30mg refilled.
-The Cevimeline 30mg was not discontinued as she knew of.
-Resident #1 asked her to bring her over-the-counter (OTC) medication for dry mouth.

Interview with Resident #1 on 08/08/23 at 2:51pm revealed:
-She had a dry mouth.
-She was taking medication for dry mouth 3-4 times a day but did not recall the last time she took the medication.
-The medication that was administered helped with the dry mouth.
-Drinking water did not help her dry mouth, maybe for a second.
-She had asked for the dry mouth medication, but the MA told her they had to get it refilled; she did not recall when she was told.
-She had her daughter bring her OTC dry mouth

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C 330	Continued From page 16 throat lozenges. Interview with the Owner/MA on 08/08/23 at 5:24pm revealed: -He was not aware Resident #1's Cevimeline had not been refilled. -Resident #1 had not complained of dry mouth to him. Attempted telephone interview with the Administrator on 08/08/23 at 6:13pm was unsuccessful. c. Review of Resident #1's FL-2 dated 01/19/23 revealed an order for Bisacodyl (a laxative) one tablet every other day. Review of Resident #1's progress note dated 08/03/23 revealed Resident #1 had complained of diarrhea. Review of Resident #1's medication administration record (MAR) for June 2023, July 2023, and August 2023 from 08/01/23-08/08/23 revealed: -There was an entry for Bisacodyl one tablet every other day with a scheduled administration time of 8:00am. -Bisacodyl was documented as administered every other day at 8:00am. -Bisacodyl was documented as administered in August 2023 on 08/01/23, 08/03/23, 08/05/23, and 08/07/23. Observation of Resident #1's medications on hand on 08/08/23 at 110:01am revealed: -A medication pack labeled as Bisacodyl a dispensed date of 08/01/23; the package was labeled morning dose 8:00am. -The medication pack started on 08/01/23 and	C 330		

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C 330	Continued From page 17 was punched out through 08/11/23. Interview with the medication aide (MA) on 08/08/23 at 10:53am revealed: -She did not administer Resident #1's Bisacodyl today, 08/08/23 because the medication was to be administered every other day. -She had not administered Resident #1's Bisacodyl that had been punched from the 08/09/23 and 08/11/23 blister. -Resident #1 was having a lot of episodes of diarrhea earlier this year (2023) and the primary care provider (PCP) had discontinued the daily dose of another stool softener and Resident #1's diarrhea improved. -She did not know Resident #1 had diarrhea last week as documented by the personal care aide (PCA). Interview with Resident #1 on 08/08/23 at 2:51pm revealed: -She had diarrhea one day last week. -The PCA administered her medication that helped stop the diarrhea. Interview with the PCA on 08/08/23 at 2:51pm revealed: -She did not know Resident #1 had diarrhea last week. -She did write the note in Resident #1's record that Resident #1 had diarrhea. -Resident #1 had diarrhea one day last week, she did not recall which day. -She did not administer any medications at the facility. -She did not administer Resident #1 any anti-diarrheal medication last week. Interview with the Owner/MA on 08//08/23 at 5:24pm revealed:	C 330		

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-He did not administer Resident #1's Bisacodyl from the 08/09/23 and 08/11/23 blister.
-The medication scheduled for administration on 08/09/23 and 08/11/23 should not have been punched from the medication card.
-The MA should not be double dosing Resident #1's Bisacodyl.

Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/08/23 at 1:11pm revealed:
-Resident #1's Bisacodyl was ordered to be administered every other day.
-Resident #1's Bisacodyl was packaged at the pharmacy as every other day on the medication card.
-Bisacodyl was a laxative and if the medication was administered more frequently than every other day, it increased the chances of Resident #1 having diarrhea.

Telephone interview with Resident #1's family member on 08/08/23 at 4:29pm revealed:
-Resident #1 complained about diarrhea to her every time she visited the resident at the facility, once a week.
-She was told by the MA, Resident #1's medication caused the resident to have diarrhea.
-She did not know which medication.

Attempted telephone interview with Resident #1's primary care provider (PCP) on 08/08/23 at 4:27pm was unsuccessful.

Attempted telephone interview with the Administrator on 08/08/23 at 6:13pm was unsuccessful.

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C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily 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 a readily retrievable record that accurately reconciled the receipt and administration of controlled substances was maintained for 1 of 3 sampled residents (Resident #1) who had an order for a controlled substance pain medication. The findings are: Review of Resident #1's current FL-2 dated 01/19/23 revealed: -Diagnoses included hypothyroidism, hypertension, and neurocognitive disorder. -There was an order for Tramadol HCL (a pain medication) 50mg once daily. Review of Resident #1's medication administration record (MAR) for May 2023, June 2023, July 2023, and August 2023 from 08/01/23-08/07/23 revealed: -There was an entry for Tramadol HCL 50mg daily with a scheduled administration time of 12:00pm. -Tramadol was documented as administered at 12:00pm daily. Review of Resident #1's controlled substance	C 367		

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count sheet (CSCS) dated 04/06/23-05/28/23 revealed:
-The order was for Tramadol HCL 50mg 1 tablet daily and 30 tablets were dispensed on 04/05/23 with a beginning count of 30 tablets.
-There was documentation Tramadol was signed out daily at 12:00pm from 04/06/23-05/28/23 with a remaining balance of 6 tablets.

Review of Resident #1's CSCS revealed there was no CSCS sheet dated for 05/29/23-06/30/23.

Review of Resident #1's CSCS dated 07/01/23-07/31/23 revealed:
-The order was for Tramadol HCL 50mg 1 tablet daily and 5 tablets were dispensed on 06/25/23.
-There was handwritten documentation 31 tablets were received.
-The beginning count of 31 was documented on 07/01/23 and the resident received one tablet.
-The medication was signed out as administered on 07/01/23-07/03/23.
-There was no documentation of who administered the Tramadol on 07/04/23-07/21/23 with a remaining balance of 11 on 07/21/23.
-The next entry was dated 07/22/23 with a beginning balance of 10 tablets.
-There was no documentation when the 11th tablet was administered.
-There was documentation of who administered the Tramadol from 07/22/23-07/31/23 with a remaining balance of 0.

Review of Resident #1's CSCS revealed there was no CSCS sheet dated for 08/01/23-08/07/23.

Interview with the medication aide (MA) on 08/08/23 at 10:01am and 10:31am revealed:
-She had been off for the past two days.
-CSCS were kept in the medication administration

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C 367	Continued From page 21 book. -She did not see a CSCS for Resident #1 for August 2023. -She looked with Resident #1's controlled medication and there was no CSCS with the resident's medication card for Tramadol. Second interview with the MA on 08/08/23 at 10:43am revealed: -She had called the pharmacy about Resident #1's August 2023 CSCS and the pharmacy stated it was an error on their part and would send additional CSCS to the facility. -She completed the August 2023 CSCS for 08/01/23-08/07/23 because she was the MA who administered the medication. -She knew she stated she had been off for two days, but she had come to the facility and administered Resident #1's Tramadol. -Resident #1 did not have a June 2023 CSCS and it would take time to do one as she would have to see who documented the medications each day. Observation of Resident #1's CSCS for August 2023 at 10:43am revealed: -Tramadol HCL 50mg was dispensed on 07/21/23 for 30 tablets. -Tramadol HCL had been documented as administered on 08/01/23-08/07/23 daily with an ended count of 24 tablets. Observation of Resident #1's medications on hand on 08/08/23 at 10:09am revealed: -There was a medication card for Tramadol HCL 50mg with a dispensed date of 08/01/23 for 31 tablets; directions were to administer to once daily. -There were 7 tablets of Tramadol punched from the medication card.	C 367		

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C 367	Continued From page 22 Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/08/23 at 1:11pm revealed: -Resident #1's current order was for Tramadol HCL 50mg once daily at 12:00pm. -Resident #1's Tramadol was dispensed on 05/30/23, 06/23/23, 07/21/23, for a month supply each dispensing. -Depending on the number of days in the month would depend on the amount dispensed. -The dates provided were the dates the medication was filled but the facility's medication usually started the first of each month. -Tramadol was considered a controlled medication because the medication was considered addictive. -The pharmacy provided a CSCS with each dispensed controlled medication. -If a CSCS was not received at the facility with the medication, the facility staff could call, and they would send a CSCS sheet out for the medication. -She did not see any documentation Resident #1's Tramadol had been returned of any voids since 05/01/23. Interview with the Owner/MA on 08/08/23 at 5:24pm revealed: -CSCS were supposed to be delivered with each controlled medication dispensed. -The MAs were to sign off on the CSCS each time a controlled medication was administered to keep up with the counts. -He did not know Resident #1 did not have a CSCS for June 2023 and August 2023. -The MAs should have let him know a CSCS had not been delivered with the medication. Attempted telephone interview with the Administrator on 08/08/23 at 6:13pm was	C 367		

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C 367	Continued From page 23 unsuccessful.	C 367		