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 09/28/2023

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 a Follow Up Survey on 09/28/23.	{C 000}		
{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 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 expired controlled substance for 1 of 1 sampled resident (#2) back to the pharmacy. The findings are: 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 -The facility should destroy or return all discontinued, outdated/expired, or deteriorated	{C 369}		

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{C 369}	Continued From page 1	{C 369}		

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 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 09/12/23 revealed diagnoses included anemia, iron deficiency, schizoaffective disorder, hypertension, hyperlipidemia, stage 3 chronic kidney disorder and insomnia.

Review of a physician office visit summary dated 09/21/23 revealed there was a discontinued order for Zolpidem Tartrate (Ambien) 5mg one tablet at bedtime to treat insomnia.

Observation of Resident #2's medications on hand on 09/28/23 at 10:21am revealed:
-There was a medication card containing 30 tablets on Zolpidem 5mg 1 tablet as needed (prn) with a dispense date of 01/08/19 stored in a locked box.
-There was a medication card containing 30 tablets on Zolpidem 5mg 1 tablet as needed (prn) with a dispense date of 06/21/21stored in a locked box.
-There was a medication card containing 30 tablets on Zolpidem 5mg 1 tablet as needed (prn) with a dispense date of 02/21/22 stored in a locked box.
-There was a medication card containing 30 tablets on Zolpidem 5mg 1 tablet as needed (prn) with a dispense date of 12/07/22 stored in a locked box.
-There was a medication card containing 30 tablets on Zolpidem 5mg 1 tablet as needed (prn)

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{C 369}	Continued From page 2	{C 369}		

with a dispense date of 06/05/23 stored in a locked box.

Interview with Resident #2's local pharmacy on 09/28/23 at 11:26am revealed:
-The Zolpidem (Ambien) had not been returned to the pharmacy.
-The Zolpidem 5mg was to be taken 1 tablet prn for insomnia.
-Control substances were not on a monthly cycle review or on automatic refills.
-The facility were to request refills.
-Control substances were to be returned to the pharmacy if the resident had been discharged from the facility, deceased, or when the medication had expired or discontinued.
-The facility were to request a medication return pick up to send control substances back to the facility.
-Control substances were dispensed for a 30-day usage.

Attempted telephone interview with Resident #2's primary care physician (PCP) on 09/28/23 at 11:53am was unsuccessful.

Interview with the Supervisor-in-Charge (SIC) on 09/28/23 at 10:58am revealed:
-She returned medication to the pharmacy monthly.
-She completed medication audits monthly.
-She last completed a medication audit on 08/06/23 but did not document the audit.
-She had not returned any medication during the last audit.
-She and the Administrator were responsible for discarding and returning all expired medication and unused control substances to the pharmacy.

Interview with the Administrator on 09/28/23 at

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{C 369}	Continued From page 3 10:37am revealed: -He spoken with the local pharmacy either in August 2023 or September 2023 (specific date not provided) and was instructed to return the unused Zolpidem 5mg. -The 6 packs of Zolpidem 5mg had been placed in the locked control substance box to be returned to the pharmacy after awaiting a response back from the plan of correction (POP). -He had not returned the 6 packs Zolpidem 5mg. -The facility used the local pharmacy's control substance policy as guidance for storing and disposing of control substances. -He was responsible for discarding and returning all medications to the pharmacy.	{C 369}		