STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092289	A. BUILDING: _____ B. WING _____	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 000	Initial Comments The Adult Care Licensure Section conducted an annual and a follow-up survey on 01/23/24.	C 000		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#1, #2) were tested for Tuberculosis (TB) disease in compliance with the guidelines from the Commission for Public Health as evidence by one Resident not having a second step TB test after admission (#1) and another Resident not completing the first and second step TB test (#2). The findings are: 1. Review of Resident #1's current FL-2 dated 02/01/23 revealed diagnoses included Type 2 diabetes, hypertension, hyperlipidemia, and asthma. Review of Resident #1's Resident Register revealed he was admitted to the facility from a residence on 06/22/22.	C 202		

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C 202	Continued From page 1 Review of Resident #1's record revealed: -There was documentation that a 1st step tuberculosis (TB) test was administered on 05/10/22 and read on 05/12/22. -There was no documentation that a 2nd step TB test was administered and read. -There was no documentation of a chest x-ray. Review of TB test results sent via fax from the Administrator on 01/24/24 at 12:00pm revealed: -There was documentation that a TB test was administered on 09/20/22 and read on 09/23/22. -There was no name of a resident documented. Refer to telephone interview with the Administrator on 01/23/24 at 10:45am. 2. Review of Resident #2's current FL-2 dated 02/02/23 revealed: -Diagnoses included type 2 diabetes and hypolipidemia. -There was an admission date of 09/23/22. Review of Resident #2's record revealed: -There was no Resident Register to obtain the admission date. -There was no documentation that a 1st or 2nd step tuberculosis (TB) test was administered and read. -There was no documentation of a chest x-ray. Review of TB test results sent via fax from the Administrator on 01/24/24 at 12:00pm revealed: -There was documentation that a TB test was administered on 09/20/22 and read on 09/23/22. -There was no name of a resident documented. Refer to telephone interview with the Administrator on 01/23/24 at 10:45am.	C 202		

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C 202	Continued From page 2 Telephone interview with the Administrator on 01/23/24 at 10:45am revealed: -She was responsible to ensure the Residents in the facility had their TB skin test completed. -She thought all the Residents' TB skin test done. -She was out of the country and planned to return in February 2024. -She had some residents' files at home and had not had a chance to put them in their records before she left.	C 202		
C 212	10A NCAC 13G .0703 (a) Resident Register 10A NCAC 13G .0703 Resident Register (a) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register within 72 hours of the resident's admission to the home. The Resident Register is available on the internet website, http://facility-services.state.nc.us/gcpage.htm, or at no charge from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. The facility may use a resident information form other than the Resident Register as long as it contains at least the same information as the Resident Register. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a Resident Register was completed and signed for 2 of 3 residents sampled (#2 and #3). The findings are:	C 212		

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C 212	Continued From page 3 1. Review of Resident #2's current FL-2 dated 02/02/23 revealed: -Diagnoses included type 2 diabetes and hypolipidemia. -There was an admission date of 09/23/22. Review of Resident #2's record revealed there was no Resident Register. Review of documents requested sent via fax from the Administrator on 01/24/24 at 12:00pm revealed there was no documentation of Resident #3's Resident Register. Refer to telephone interview with the Administrator on 01/23/24 at 10:45am. 2. Review of Resident #3's current FL-2 dated 02/13/23 revealed: -Diagnoses included Type 2 diabetes, overactive bladder, and esophagitis. -There was an admission date of 03/01/22. Review of Resident #3's record revealed there was no Resident Register. Review of documents requested sent via fax from the Administrator on 01/24/24 at 12:00pm revealed there was no documentation of Resident #3's Resident Register. Refer to telephone interview with the Administrator on 01/23/24 at 10:45am. _____ Telephone interview with the Administrator on 01/23/24 at 10:45am revealed: -All the Residents in the facility had their Resident Registers completed.	C 212		

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C 212	Continued From page 4 -She thought she had the Resident Registers in the residents' records. -She was out of the country and planned to return in February 2024. -She had some residents' files at home and had not had a chance to put them in their records before she left.	C 212		
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure an annual assessment	C 231		

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C 231	Continued From page 5 and care plan was completed for 3 of 3 residents (#1, #2, and #3). The findings are: 1. Review of Resident #1's current FL-2 dated 02/01/23 revealed diagnoses included Type 2 diabetes, hypertension, hyperlipidemia, and asthma. Review of Resident #1's Resident Register revealed he was admitted to the facility from a residence on 06/22/22. Review of Resident #1's record on 01/23/24 revealed: -The last annual care plan assessment was completed on 06/22/22. -There was no documentation of a current annual assessment and care plan. Refer to telephone interview with the Administrator on 01/23/24 at 10:45am. 2. Review of Resident #2's current FL-2 dated 02/02/23 revealed: -Diagnoses included type 2 diabetes and hypolipidemia. -There was an admission date of 09/23/22. Review of Resident #2's record on 01/23/24 revealed: -There was no Resident Register. -The last annual care plan assessment was completed on 09/28/22. -There was no documentation of a current annual assessment and care plan. Refer to telephone interview with the Administrator on 01/23/24 at 10:45am.	C 231		

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C 231	Continued From page 6 3. Review of Resident #3's current FL-2 dated 02/13/23 revealed: -Diagnoses included Type 2 diabetes, overactive bladder, and esophagitis. -There was an admission date of 03/01/22. Review of Resident #3's record on 01/23/24 revealed: -There was no Resident Register. -The last annual care plan assessment was completed on 03/10/22. -There was no documentation of a current annual assessment and care plan. Refer to telephone interview with the Administrator on 01/23/24 at 10:45am. _____ Telephone interview with the Administrator on 01/23/24 at 7:40am and 10:45am revealed: -She was out of the country and planned to return in February 2024. -She had some residents' files at home and had not had a chance to put them in their records before she left. -She did not remember what files she had at home. -She was responsible for ensuring the annual assessment and care plans were completed and signed by the Primary Care Provider (PCP).	C 231		
C 252	10A NCAC 13G .0903(a) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (a) The facility shall assure that an appropriate licensed health professional participates in the	C 252		

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C 252	Continued From page 7 on-site review and evaluation of the residents' health status, care plan, and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, TED hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy. For the purpose of this Rule, "well-established colostomy or ileostomy" means having a healed surgical site without sutures or drainage; (10) care for pressure ulcers, up to and including a Stage II pressure ulcer, which is a superficial ulcer presenting as an abrasion, blister, or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube. For the purpose of this Rule, "well-established gastrostomy feeding tube" means having a healed surgical site without sutures or drainage	C 252		

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C 252	Continued From page 8 and through which a feeding regimen has been successfully established; (15) medication administration through subcutaneous injection in accordance with Rule .1004(q) except for anticoagulant medications; (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include endotracheal suctioning. For the purpose of this Rule, "well-established tracheostomy" means the stoma is well-healed and the airway is patent; (20) administering and monitoring of tube feedings through a well-established gastrostomy feeding tube in accordance with Subparagraph (a)(14) of this Rule; (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that Act in 21 NCAC 36.	C 252		

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This REQUIREMENT is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure a licensed health professional participated in the review and evaluation of 3 of 3 residents (#1, #2, and #3).

The findings are:

1. Review of Resident #1's current FL-2 dated 02/01/23 revealed diagnoses included Type 2 diabetes, hypertension, hyperlipidemia, and asthma.

Review of Resident #1's Resident Register revealed he was admitted to the facility from a residence on 06/22/22.

Review of Resident #1's record on 01/23/24 revealed:
-There was documentation of a Licensed Health Professional Support (LHPS) completed on 07/31/22.
-The personal care task currently present was collecting and testing of fingerstick blood samples.
-There was documentation of a LHPS completed 03/01/23.
-The personal task currently present were medication administration through injection and collecting and testing of fingerstick blood samples.
-There was documentation of a LHPS completed 07/01/23.
-The personal task currently present were medication administration through injection and collecting and testing of fingerstick blood

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C 252	Continued From page 10	C 252		

samples.
-There was no documentation of a quarterly LHPS after 07/01/23.

Review of Resident #1's assessment and care plan dated 06/22/22 revealed the resident required extensive assistance with blood sugar checks and medication administration.

Review of Resident #1's assessment and care plan dated 01/24/22 revealed the resident required extensive assistance with blood sugar checks and medication administration.

Refer to telephone interview with the Administrator on 01/23/24 at 10:45am.

2. Review of Resident #2's current FL-2 dated 02/02/23 revealed:
-Diagnoses included type 2 diabetes and hypolipidemia.
-There was an admission date of 09/23/22.

Review of Resident #2's record on 01/23/24 revealed:
-There was no Resident Register.
-There was documentation of a LHPS completed on 03/01/23.
-The personal care task currently present was collecting and testing of fingerstick blood samples and bowel or bladder training programs to regain continence.
-There was documentation of a LHPS completed on 07/01/23.
-The personal care task currently present was collecting and testing of fingerstick blood samples and bowel or bladder training programs to regain continence.
-There was no documentation of a quarterly LHPS after 07/01/23.

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C 252	Continued From page 11 Review of Resident #2's assessment and care plan dated 09/28/22 revealed the Resident required extensive assistance with blood sugar checks and medication administration. Refer to telephone interview with the Administrator on 01/23/24 at 10:45am. 3. Review of Resident #3's current FL-2 dated 02/13/23 revealed: -Diagnoses included Type 2 diabetes, overactive bladder, and esophagitis. -There was an admission date of 03/01/22. Review of Resident #3's record on 01/23/24 revealed: -There was no Resident Register. -There was documentation of a LHPS completed on 03/01/23. -The personal care task currently present was collecting and testing of fingerstick blood samples and bowel or bladder training programs to regain continence. -There was documentation of a LHPS completed on 07/01/23. -The personal care task currently present was collecting and testing of fingerstick blood samples, ambulation using assistive devices that require physical assistance, and bowel or bladder training programs to regain continence. -There was no documentation of a quarterly LHPS after 07/01/23. Review of Resident #3's assessment and care plan dated 03/10/22 revealed the resident required extensive assistance with medication administration. Refer to telephone interview with the	C 252		

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C 252	Continued From page 12 Administrator on 01/23/24 at 10:45am. _____ Telephone interview with the Administrator on 01/23/24 at 7:40am and 10:45am revealed: -She was out of the country and planned to return in February 2024. -She completed all the residents' quarterly LHPS in December 2023. -She normally kept the residents' quarterly LHPS in their resident records. -She had some residents' files at home and had not had a chance to put them in their records before she left. -She did not remember what files she had at home.	C 252		
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 record reviews and interviews, the facility failed to ensure a medication used to treat high cholesterol and reduce the risk of stroke and heart attack was administered as ordered for 1 of 3 residents (#1). The findings are:	C 330		

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C 330	Continued From page 13 Review of the Resident #1's FL-2 dated 02/01/23 revealed: -Diagnoses included hyperlipidemia, hypertension, Type 2 diabetes, and asthma. -There was an order for Atorvastatin 20mg every bedtime. (Atorvastatin is used to treat high cholesterol and reduce risk of stroke and heart attack). Review of Resident #1's January 2023 medication administration record (MAR) revealed there was no entry for Atorvastatin 20mg tablet, 1 tablet at bedtime, scheduled for 8:00pm. Observation of Resident #3's medications on hand on 01/23/24 at 11:10am revealed: -There was a pack labeled Atorvastatin 20mg tablet, 1 tablet at bedtime in the medication basket, with 14 tablets remaining from a quantity of 30. -The Atorvastatin 20mg tablet was last filled on 12/26/23. Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/24/24 at 10:23am revealed: -Atorvastatin 20mg tablet, 1 tablet at bedtime order was active. -Atorvastatin 20mg tablet, 1 tablet at bedtime was last dispensed on 01/01/24 with a 30-day supply. Interview with the Medication Aide (MA) on 01/23/24 at 12:40pm revealed: -Resident #1 had been taking Atorvastatin 20mg tablet for a while now. -She did not administer Atorvastatin 20mg tablet to Resident #1, if it was not on the MAR. Telephone interview with the Administrator on 01/23/24 at 11:04am revealed:	C 330		

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C 330	Continued From page 14 -She spoke to the contracted pharmacy today, 01/23/24 and the Atorvastatin 20mg tablet was an active order. -Staff were not to administer medications if the medication was not on the MAR.	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 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 record reviews and interviews, the facility failed to ensure the medication administration records were accurate for 1 of 3 residents (#1) who had a medication order for a medicine used to treat high cholesterol.	C 342		

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C 342	Continued From page 15 Review of the Resident #1's FL-2 dated 02/01/23 revealed: -Diagnoses included hyperlipidemia, hypertension, Type 2 diabetes, and asthma. -An order for Atorvastatin 20mg every bedtime. (Atorvastatin is used to treat high cholesterol and reduce risk of stroke and heart attack). Review of Resident #1's November 2023 medication administration record (MAR) revealed: -There was an entry for Atorvastatin 20mg tablet, 1 tablet at bedtime, scheduled for 8:00pm. -There was documentation Atorvastatin 20mg tablet was administered from 11/01/23 to 11/30/23. Review of Resident #1's December 2023 medication administration record (MAR) revealed there was no entry for Atorvastatin 20mg tablet, 1 tablet at bedtime, scheduled for 8:00pm. Review of Resident #1's January 2023 medication administration record (MAR) revealed there was no entry for Atorvastatin 20mg tablet, 1 tablet at bedtime, scheduled for 8:00pm. Observation of Resident #3's medications on hand on 01/23/24 at 11:10am revealed: -There was a pack labeled Atorvastatin 20mg tablet, 1 tablet at bedtime in the medication basket, with 14 tablets remaining from a quantity of 30. -The Atorvastatin 20mg tablet was last filled on 12/26/23. Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/24/24 at 10:23am revealed: -She had access to review the MARs but did not have time now due to staffing issues in the	C 342		

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C 342	Continued From page 16	C 342		

pharmacy.
-The pharmacy sent MARs to the facility monthly.
-Atorvastatin 20mg tablet, 1 tablet at bedtime order was active.
-Atorvastatin 20mg tablet, 1 tablet at bedtime was last dispensed on 01/01/24 with a 30-day supply.

Interview with the Medication Aide (MA) on 01/23/24 at 12:40pm revealed:
-She reviewed the residents' MARs monthly when they came from the pharmacy.
-Resident #1 had been taking Atorvastatin 20mg tablet for a while now.
-She remembered the Atorvastatin 20mg tablet was on Resident #1's MAR last month.
-It was an oversight that she did not see Atorvastatin 20mg tablet was no longer on Resident #1's January MAR.
-She did not administer the Atorvastatin 20mg tablet to Resident #1 if it was not on the MAR.
-She planned to contact the contracted pharmacy and have Atorvastatin 20mg tablet put back on the Resident #1's MAR.

Telephone interview with the Administrator on 01/23/24 at 11:04am revealed:
-She reviewed the MARs monthly to ensure the orders were on the MAR, there were no duplicate orders, discontinued orders were removed, and new orders were on the MAR.
-She did not review the January MARS and did not remember who reviewed the MARs in January.
-Staff were not to administer medications if the medication was not on the MAR.
-She was not aware Resident #1's Atorvastatin was not on his December 2023 and January 2024 MAR.
-She spoke to the contracted pharmacy today, 01/23/24 and the Atorvastatin 20mg tablet was an

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C 342	Continued From page 17 active order.	C 342		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record;	C 375		

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C 375	Continued From page 18 This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure pharmacy reviews were completed quarterly for 3 of 3 residents sampled (#1, #2, and #3). The findings are: 1. Review of Resident #1's current FL-2 dated 02/01/23 revealed diagnoses included Type 2 diabetes, hypertension, hyperlipidemia, and asthma. Review of Resident #1's Resident Register revealed he was admitted to the facility from a residence on 06/22/22. Review of Resident #1's record on 01/23/24 revealed: -There was no documentation that the last quarterly pharmacy review was completed. -There was no documentation of a current quarterly pharmacy review was completed. Refer to telephone interview with the Administrator on 01/23/24 at 7:40am and 10:45am. 2. Review of Resident #2's current FL-2 dated 02/02/23 revealed: -Diagnoses included type 2 diabetes and hypolipidemia. -There was an admission date of 09/23/22. Review of Resident #2's record on 01/23/24 revealed: -There was no Resident Register. -There was no documentation that the last quarterly pharmacy review was completed. -There was no documentation of a current	C 375		

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C 375	Continued From page 19 quarterly pharmacy review was completed. Refer to telephone interview with the Administrator on 01/23/24 at 7:40am and 10:45am. 3. Review of Resident #3's current FL-2 dated 02/13/23 revealed: -Diagnoses included Type 2 diabetes, overactive bladder, and esophagitis. -There was an admission date of 03/01/22. Review of Resident #3's record on 01/23/24 revealed: -There was no Resident Register. -There was documentation of a quarterly pharmacy review completed on 05/31/22. -There was no documentation of a current quarterly pharmacy review was completed. Refer to telephone interview with the Administrator on 01/23/24 at 7:40am and 10:45am. _____ Telephone interview with the Administrator on 01/23/24 at 7:40am and 10:45am revealed: -She was out of the country and planned to return in February 2024. -She thought the quarterly pharmacy reviews were at the facility.	C 375		
C 415	10A NCAC 13G .1201 (a) Resident Records 10A NCAC 13G .1201 Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available	C 415		

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C 415	Continued From page 20 for review by representatives of the Division of Facility Services and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S. 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by:	C 415		

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C 415	Continued From page 21 Based on interviews and record reviews, the facility failed to maintain residents' records in an orderly manner and have them available for review for 3 of 3 residents sampled (#1, #2, and #3). The findings are: 1. Review of Resident #1's current FL-2 dated 02/01/23 revealed diagnoses included Type 2 diabetes, hypertension, hyperlipidemia, and asthma. Review of Resident #1's Resident Register revealed he was admitted to the facility from a residence on 06/22/22. Review of Resident #1's record on 01/23/24 revealed: -The last annual care plan assessment was completed on 06/22/22. -There was no documentation of a current annual assessment and care plan. Refer to telephone interview with the Administrator on 01/23/24 at 7:40am and 10:45am. 2. Review of Resident #2's current FL-2 dated 02/02/23 revealed: -Diagnoses included type 2 diabetes and hypolipidemia. -There was an admission date of 09/23/22. a. Review of Resident #2's record revealed there was no Resident Register. b. Review of Resident #2's record on 01/23/24 revealed: -The last annual care plan assessment was	C 415		

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C 415	Continued From page 22 completed on 09/28/22. -There was no documentation of a current annual assessment and care plan. Refer to telephone interview with the Administrator on 01/23/24 at 7:40am and 10:45am. 3. Review of Resident #3's current FL-2 dated 02/13/23 revealed: -Diagnoses included Type 2 diabetes, overactive bladder, and esophagitis. -There was an admission date of 03/01/22. Review of Resident #3's record revealed there was no Resident Register. Review of Resident #3's record on 01/23/24 revealed: -The last annual care plan assessment was completed on 03/10/22. -There was no documentation of a current annual assessment and care plan. Refer to telephone interview with the Administrator on 01/23/24 at 7:40am and 10:45am. _____ Telephone interview with the Administrator on 01/23/24 at 7:40am and 10:45am revealed: -She was out of the country and planned to return in February 2024. -She had some residents' files at home and had not had a chance to put them in their records before she left. -She did not remember what files she had at home. -All the Residents in the facility had their Resident Registers completed.	C 415		

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C 415	Continued From page 23 -She thought she had the Resident Registers in the residents' Records. -She was responsible for ensuring the annual assessment and care plans were completed and signed by the Primary Care Provider (PCP).	C 415		