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
	FCL011225	A. BUILDING: _____ B. WING _____	01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALVERTA BOLICK HOME	80 BAKER AVENUE ASHEVILLE, NC 28806

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 01/30/24.	C 000		
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 record review and interviews, the facility failed to ensure 1 of 3 sampled residents (#1) had a resident FL2 completed annually. The findings are: Review of Resident #1's current FL2 dated	C 231		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Stefanie Effler, MS, QP Administration 2/20/24

Received & acknowledged 2/22/24 SMJ

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C 231	Continued From page 1 11/08/22 revealed: -Diagnoses included epilepsy and impulse disorder. -There was nothing documented for orientation. Review of Resident #1's record revealed: -There was no documentation an FL2 had been completed after 11/08/22. -There was a sticky note on the FL2 that documented a yearly FL2 was not needed. Interview with the Administrator on 01/30/24 at 10:46am revealed: -She was not aware Resident #1's FL2 needed to be updated. -She was informed by her Supervisor that since Resident #1 was private pay, the facility did not have to complete a yearly FL2 for him. -Resident #1 did not have a current FL2. -She was responsible for ensuring the FL2s for all residents were completed annually.	C 231	All residents regardless of pay status will have FL2s completed at annual physical appointment with their primary care provider. This resident is scheduled on 4/9/2024 to have his FL2 completed and will be repeated annually.	04/09/24
C 237	10A NCAC 13G .0802 (b) Resident Care Plan 10A NCAC 13G .0802 Resident Care Plan (b) The care plan shall be revised as needed based on further assessments of the resident according to Rule .0801 of this Subchapter This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 sampled residents (#1) had a resident care plan completed annually. The findings are: Review of Resident #1's current FL2 dated	C 237		

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C 237	Continued From page 2 11/08/22 revealed: -Diagnoses included epilepsy and impulse disorder. -There was nothing documented for orientation. Review of Resident #1's record revealed the most recent care plan was completed on 11/08/22. Interview with a medication aide (MA) on 01/30/24 at 1:22pm revealed: -He knew what to do for the residents because the Administrator went over th"likes and dislikes" of each resident when he started working at the facility. -Some of the residents require verbal redirections at times. -None of the residents required personal care. -If he did not know what care needed to be provided for a resident, he would ask another MA or the Administrator. -He never needed to look at Resident #1's care plan. Interview with the Administrator on 01/30/24 at 10:46am revealed: -She was not aware Resident #1's care plan needed to be updated. -Care plans were usually updated at the same time FL2s were updated. -Since the FL2 was not updated, the care plan had not been updated. -She was responsible for ensuring the care plan for residents was completed annually.	C 237	All residents will have resident care plan completed annually at annual physical appointment with primary care provider. This resident is scheduled 4/9/2024 to see his primary care provider for annual physical, FL2 & resident care plan.	4/09/24
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	C 375		

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C 375	Continued From page 3	C 375		

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;

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure on site, quarterly pharmaceutical reviews were completed for 3 of 3 sampled residents (#1, #2, and #3).

The findings are:

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1. Review of Resident #1's current FL2 dated 11/08/22 revealed diagnoses included epilepsy and impulse disorder.

The Resident Register for Resident #1 revealed an admission date of 07/23/20.

Review of Resident #1's pharmacy reviews revealed:
-There was a completed pharmacy review dated 02/22/23.
-There was a completed pharmacy review dated 11/17/23.
-There were no other pharmacy reviews available for review.

Refer to telephone interview with a representative from the facility's contracted pharmacy on 01/30/24 at 11:46am.

Refer to interview with the Administrator on 01/30/24 at 11:41am.

2. Review of Resident #2's current FL2 dated 11/20/23 revealed diagnoses included hypertension, anxiety, and depression.

The Resident Register for Resident #2 revealed an admission date of 10/17/06.

Review of Resident #2's pharmacy reviews revealed:
-There was a completed pharmacy review dated 02/22/23.
-There was a completed pharmacy review dated 11/17/23.
-There were no other pharmacy reviews available for review.

Refer to telephone interview with a representative

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C 375	Continued From page 5 from the facility's contracted pharmacy on 01/30/24 at 11:46am. Refer to interview with the Administrator on 01/30/24 at 11:41am. 3. Review of Resident #3's current FL2 dated 08/24/23 revealed diagnoses included Fragile X Syndrome (a genetic disorder resulting in developmental disabilities and cognitive impairment). The Resident Register for Resident #3 revealed an admission date of 09/05/22. Review of Resident #3's pharmacy reviews revealed: -There was a completed pharmacy review dated 02/22/23. -There was a completed pharmacy review dated 11/17/23. -There were no other pharmacy reviews available for review. Refer to telephone interview with a representative from the facility's contracted pharmacy on 01/30/24 at 11:46am. Refer to interview with the Administrator on 01/30/24 at 11:41am. Telephone interview with a representative from the facility's contracted pharmacy on 01/30/24 at 11:46am revealed: -He and another pharmacist conducted the pharmacy reviews for the facility offsite. -After the offsite pharmacy review, they would fax the results to the facility. -He was not sure how often they completed the reviews.	C 375	Administrator has met with 2 other pharmacies regarding Family Care Home rules and the need to be on site to complete quarterly reviews, fulfill training requirements and to service the pharmaceutical services for our residents. Current pharmacy lost his nurse and has not been able to hire a new one with the expected rate of pay and they resort to travel nursing instead. Changing to a different pharmacy at this time will meet this rule as they will be able to do onsite reviews with more staffing allowances as stated at the time of our consult.	5/01/24

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C 375	Continued From page 6 -He thought it was every 3 or every 6 months. -They would complete the pharmacy reviews when the Administrator called and requested a review. Interview with the Administrator on 01/30/24 at 11:41am revealed: -She thought the quarterly reviews were getting done, but she was not always getting a copy. -She had made a request to the pharmacy to scan the reviews in so she can get a copy to ensure recommendations are followed up on timely. -The pharmacy reviews should have been requested and completed quarterly.	C 375		