

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/05/2024
NAME OF PROVIDER OR SUPPLIER CLEMMIE'S FAMILY CARE HOME II			STREET ADDRESS, CITY, STATE, ZIP CODE 110 PEARL DR GREENVILLE, NC 27834		
(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 February 5, 2024.	{C 000}			
{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, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 3 sampled residents (#2) related to a medication used to treat nerve pain. The findings are: Review of Resident #2's current FL-2 dated 08/18/23 revealed diagnosis included hypertension. Review of Resident #2's Resident Register revealed the resident was admitted to the facility on 05/01/23. Review of a physician order dated 12/01/23 revealed there was an order for Lidocaine 5% patch, apply one patch topically to the affected area every morning and remove in 12 hours at bedtime for pain (Lidocaine is used to treat pain).	{C 330}			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 330}	Continued From page 1 Review of an internal medicine physician visit note for Resident #2 dated 12/01/23 revealed Resident #2 had sciatica pain on her left side (the sciatica nerve runs down one or both legs from the lower back and can cause radiating pain). Review of an internal medicine physician visit note for Resident #2 dated 12/12/23 revealed Resident #2 was seen for left hip pain. Review of Resident #2's December 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Lidocaine 5% patch, apply one patch topically to the affected area every morning at 8:00am and remove in 12 hours at bedtime for pain. -There was documentation the Lidocaine 5% patch was documented as administered each day at 8:00am and removed at 8:00pm from 12/02/23 to 12/31/23. Review of Resident #2's January 2024 eMAR revealed: -There was an entry for Lidocaine 5% patch, apply one patch topically to the affected area every morning at 8:00am and remove in 12 hours at bedtime for pain. -There was documentation the Lidocaine 5% patch was documented as administered each day at 8:00am and removed at 8:00pm from 01/01/24 to 01/31/24. Review of Resident #2's February 2024 eMAR revealed: -There was an entry for Lidocaine 5% patch, apply one patch topically to the affected area every morning at 8:00am and remove in 12 hours at bedtime for pain. -There was documentation the Lidocaine 5%	{C 330}		

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{C 330}	Continued From page 2 patch was documented as administered each day at 8:00am and removed at 8:00pm from 02/01/24 to 02/04/24. -There was documentation the Lidocaine 5% patch was documented as administered on 02/05/24 at 8:00am. Observation of Resident #2's medications on hand on 02/05/24 at 3:37pm revealed there were 20 Lidocaine 5% patches available for administration. Observation of Resident #2's room on 02/05/24 at 5:57pm revealed there was one unopened Lidocaine 5% patch on her dresser and there were a total of 21 Lidocaine 5% patches available for administration, only 9 Lidocaine 5% patches were administered from 12/02/23 to 02/05/24. Telephone interview with a pharmacist at the facility's contracted pharmacy on 02/05/24 at 4:06pm revealed 30 Lidocaine 5% patches were dispensed on 12/01/23 for Resident #2. Interview with Resident #2 on 02/05/24 at 5:57pm revealed: -She placed a Lidocaine 5% patch on this morning without assistance from staff. -The medication aide (MA) provided her with the Lidocaine 5% patch in the original package earlier today and the resident cut the package open and applied the patch to her lower left back. -She had left leg and left hip pain almost every day. -When she sat or stood for 15 to 30 minutes the pain in her left leg and left hip was between 5 to 6 on a scale from 1 to 10 based on a numeric rating scale (The numeric rating scale uses a 1 to 10 scale for patients to rate their pain, zero is no pain, 1 to 3 is mild pain, 4 to 6 is moderate pain	{C 330}		

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{C 330}	Continued From page 3 and 7 to 10 is severe pain). -The Lidocaine patch helped provide her with pain relief in her left leg and left hip for 4 to 6 hours. -The resident rated the pain in her left leg and left hip at a 1 to 2 for the first 4 to 6 hours when she wore the Lidocaine patch. -She asked the MA for a Lidocaine patch on the mornings she felt she needed it for pain relief. -She was not aware that the Lidocaine patch was supposed to be placed on her every morning by the MA. -She had never refused to wear the Lidocaine patch. -There was one Lidocaine patch on her dresser that she planned to apply to her lower back tomorrow morning. Interview with a personal care aide (PCA) on 02/05/24 at 5:10pm revealed Resident #2 complained of pain in her left leg and left hip when she returned from her day program. Interview with a medication aide (MA) on 02/05/24 at 2:08pm revealed: -Resident #2 refused the Lidocaine patch most mornings. -Sometimes the resident would ask for a Lidocaine patch in the morning, and she would give the resident a Lidocaine patch that was not opened. -She had documented her initials on Resident #2's eMAR that she administered the resident's Lidocaine patch every morning and removed it every evening. -She made a mistake by documenting that she administered Resident #2's Lidocaine patch every day out of habit and should not have documented that she administered the resident's Lidocaine patch when it was not administered.	{C 330}		

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{C 330}	Continued From page 4 Interview with the Administrator on 02/05/24 at 6:00pm revealed: -She had never heard Resident #2 complain of leg or hip pain. -She thought the Lidocaine patch was not that serious or important for Resident #2 because the Lidocaine patch was an over-the-counter medication. -She thought Resident #2's Lidocaine patch should have been ordered "as needed" and not scheduled because she had never heard the resident complain of pain. -She and the MAs made a mistake when they documented that they administered Resident #2's Lidocaine patch every morning on the eMAR. -She and the MAs were supposed to administer medications as ordered by Resident #2's physician. -She and the MAs should have placed the Lidocaine patch on Resident #2 each morning as ordered and removed the patch every night at 8:00pm. Attempted telephone interviews with Resident #2's internal medicine physician on 02/05/24 at 1:09pm was unsuccessful.	{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	C 342		

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C 342	Continued From page 5 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 observations, interviews, and record reviews, the facility failed to assure the medication administration records were accurate for 1 of 3 sampled residents (#2) including inaccurate documentation for a medication used to treat nerve pain. The findings are: Review of Resident #2's current FL-2 dated 08/18/23 revealed diagnosis included hypertension. Review of a physician order dated 12/01/23 revealed there was an order for Lidocaine 5% patch, apply one patch topically to the affected area every morning and remove in 12 hours at bedtime for pain (Lidocaine is used to treat pain). Review of an internal medicine physician visit note for Resident #2 dated 12/01/23 revealed Resident #2 had sciatica pain on her left side (the sciatica nerve runs down one or both legs from the lower back and can cause radiating pain).	C 342		

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C 342	Continued From page 6 Review of an internal medicine physician visit note for Resident #2 dated 12/12/23 revealed Resident #2 was seen for left hip pain. Review of Resident #2's December 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Lidocaine 5% patch, apply one patch topically to the affected area every morning at 8:00am and remove in 12 hours at bedtime for pain. -There was documentation the Lidocaine 5% patch was documented as administered each day at 8:00am and removed at 8:00pm from 12/02/23 to 12/31/23. Review of Resident #2's January 2024 eMAR revealed: -There was an entry for Lidocaine 5% patch, apply one patch topically to the affected area every morning at 8:00am and remove in 12 hours at bedtime for pain. -There was documentation the Lidocaine 5% patch was documented as administered each day at 8:00am and removed at 8:00pm from 01/01/24 to 01/31/24. Review of Resident #2's February 2024 eMAR revealed: -There was an entry for Lidocaine 5% patch, apply one patch topically to the affected area every morning at 8:00am and remove in 12 hours at bedtime for pain. -There was documentation the Lidocaine 5% patch was documented as administered each day at 8:00am and removed at 8:00pm from 02/01/24 to 02/04/24. -There was documentation the Lidocaine 5% patch was documented as administered on 02/05/24 at 8:00am.	C 342		

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C 342	Continued From page 7 Interview with Resident #2 on 02/05/24 at 5:57pm revealed: -She only received a Lidocaine 5% patch when she asked staff for a pain patch. -She was not aware that the medication was prescribed for her to wear a pain patch every day and applied to her lower back by staff. -She had only received a few Lidocaine 5% patches from staff since the doctor ordered them for pain in her left leg and left hip back in December. Interview with a medication aide (MA) on 02/05/24 at 2:08pm revealed: -She made a mistake and documented her initials on Resident #2's eMAR that she administered the resident's Lidocaine patch every morning. -She forgot to document on the eMAR that she did not administer the resident's Lidocaine patch. -She was responsible for maintaining accurate documentation of administration of medications on the eMAR and was not sure why she documented that the resident received the Lidocaine patch every day from December 2023 to 02/05/24. Interview with the Administrator on 02/05/24 at 6:00pm revealed: -She and the MAs at the facility had not correctly documented Resident #2's Lidocaine patch on the resident's eMAR. -Staff became comfortable with placing their initials on the eMAR and did not pay attention to ensure that when they documented their initials that medications were administered to Resident #2. -She and the MAs were responsible for documenting the correct information on the resident's eMARS.	C 342			

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{C 350}	10A NCAC 13G .1005 (a and b) Self-Administration Of Medications 10A NCAC 13G .1005 Self-Administration Of Medications (a) The facility shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label. (b) The facility shall notify the physician when: (1) there is a change in the resident's mental or physical ability to self-administer; (2) the resident is non-compliant with the physician's orders; or (3) the resident is non-compliant with the facility's medication policies and procedures. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure an assessment and physician's order was in place for 1 of 3 sampled residents (#2) who self-administered a medication used to treat nerve pain. The findings are:	{C 350}		

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{C 350}	Continued From page 9 Review of Resident #2's current FL-2 dated 08/18/23 revealed diagnosis included hypertension. Review of Resident #2's Resident Register revealed the resident was admitted to the facility on 05/01/23. Review of Resident #2's current assessment and care plan dated 06/02/23 revealed: -Resident #2 required total assistance from staff for bathing and grooming. -Resident #2 required limited assistance with dressing and ambulation. Review of Resident #2's resident record revealed there was no documentation of a physician's order for self-administration of any medication. Review of Resident #2's physician order dated 12/01/23 revealed there was an order for Lidocaine 5% patch, apply one patch topically to the affected area every morning and remove in 12 hours at bedtime for pain (Lidocaine is used to treat nerve pain). Review of Resident #2's December 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Lidocaine 5% patch, apply one patch topically to the affected area every morning at 8:00am and remove in 12 hours at bedtime for pain. -There was documentation the Lidocaine 5% patch was administered each day at 8:00am and removed at 8:00pm from 12/02/23 to 12/31/23. Review of Resident #2's January 2024 eMAR revealed: -There was an entry for Lidocaine 5% patch,	{C 350}		

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{C 350}	Continued From page 10 apply one patch topically to the affected area every morning at 8:00am and remove in 12 hours at bedtime for pain. -There was documentation the Lidocaine 5% patch was administered each day at 8:00am and removed at 8:00pm from 01/01/24 to 01/31/24. Review of Resident #2's February 2024 eMAR revealed: -There was an entry for Lidocaine 5% patch, apply one patch topically to the affected area every morning at 8:00am and remove in 12 hours at bedtime for pain. -There was documentation the Lidocaine 5% patch was administered each day at 8:00am and removed at 8:00pm from 02/01/24 to 02/04/24. -There was documentation the Lidocaine 5% patch was administered at 8:00am on 02/05/24. Interview with Resident #2 on 02/05/24 at 5:57pm revealed: -She asked the medication aide (MA) for a Lidocaine patch on the mornings she felt she needed it for pain relief. -The MA and Administrator never applied the Lidocaine patch to her lower back in the mornings. -When she received the Lidocaine patch from the MA or Administrator, she took the package to her bedroom and cut the package open, removed the patch and placed the patch on her lower back. -When she wore the Lidocaine patch, she removed the patch before bedtime. Interview with a medication aide (MA) on 02/05/24 at 2:08pm revealed: -The Administrator had asked her to go to Resident #2's primary care physician's (PCP) office on 02/05/24 to request an order for the resident to self-administer the Lidocaine patch.	{C 350}		

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{C 350}	Continued From page 11 -She had asked the resident's internal medicine physician at her last appointment for a self-administration order for the Lidocaine 5% patch, but the physician forgot to give her the order. -Resident #2 asked her for a Lidocaine patch on the mornings she felt she needed one. -There was still not an order from a physician for the resident to self-administer the Lidocaine patch. Interview with the Administrator on 02/05/24 at 6:00pm revealed: -Resident #2 asked for a Lidocaine patch a few mornings after the patch was ordered. -Resident #2 placed the Lidocaine patch on her lower back independently in her bedroom. -Resident #2 was private and did not want staff to apply the Lidocaine patch to her lower back. -She had the MA go to the resident's PCP earlier today to request an order for Resident #2 to self-administer her Lidocaine patch because she wanted to show they were "at least trying" to fix the problem from their last state survey. Attempted telephone interviews with Resident #2's internal medicine physician on 02/05/24 at 1:09pm was unsuccessful.	{C 350}		