

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL008001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER PATHWAYS II			STREET ADDRESS, CITY, STATE, ZIP CODE 812 CHARLES TAYLOR ROAD AULANDER, NC 27805		
(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 survey on 02/07/24.	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, record reviews, and interviews, the facility failed to administer medications as ordered for 1 of 3 sampled residents (#1) related to an expired medication used for pain being administered to a resident. The findings are: Review of Resident #1's current FL-2 dated 02/28/23 revealed diagnoses included psychosis, mild mental retardation, schizophrenia, and gastroesophageal reflux disease. Review of Resident #1's physician order dated 06/29/23 revealed an order for Acetaminophen 325mg, 3 tablets (975mg) every 6 hours as needed for pain and fever. (Acetaminophen is a medication used for pain and fever). Review of Resident #1's physician update sheet dated 01/01/24 revealed an order for Acetaminophen 325mg, 1 tablet every 6 hours as	C 330	Administrator or RN will monitor medication cart quarterly to ensure no PRN medications are expired. Administrator or RN will assess medication cart quarterly to ensure no PRN medication are expired and sign on MAR. Administrator or RN will monitor medication cart quarterly to ensure there are no expired PRN medications.		

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

Vandell CP

TITLE

Administrator

(X6) DATE

2/08/24

STATE FORM

6899

T2GM1

If continuation sheet 1 of 3

Reviewed and Acknowledged *SCM*

03/04/24

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C 330	Continued From page 1 needed for pain. Review of Resident #1's December 2023 medication administration record (MAR) revealed: -There was an entry for Acetaminophen 325mg, 1 tablet every 6 hours as needed for pain. -There was documentation Acetaminophen 325mg, 1 tablet was administered two times on 12/01/23, one time on 12/09/23, one time on 12/11/23, one time on 12/20/23, and one time on 12/28/23. Review of Resident #1's January 2024 MAR revealed: -There was an entry for Acetaminophen 325mg, 1 tablet every 6 hours as needed for pain. -There was documentation Acetaminophen 325mg, 1 tablet was administered one time on 01/08/24, one time on 01/10/24, one time on 01/12/24, one time on 01/13/24, one time on 01/15/24, and one time on 01/16/24. Observation of Resident #1's medications on hand on 02/07/24 at 11:00am revealed: -There was a bubble card containing 30 Acetaminophen tablets with the instructions to administer Acetaminophen 325mg, 3 tablets (975mg) every 6 hours as needed for pain and fever). -The Acetaminophen was dispensed on 06/29/23 for a quantity of 180 tablets and an expiration date of 12/26/23. -There was no bubble card containing Acetaminophen 325mg, 1 tablet every 6 hours as needed for pain dispensed on 11/03/23 in the medication storage container. Interview with Resident #1 on 02/07/24 at 12:15pm revealed: -He would request Acetaminophen sometimes	C 330	Medication CART will be assessed quarterly by administrator or RN to ensure PRN medications are not expired and medication policy and procedures are in accordance to state guidelines. Completion date for corrected action 2-8-24	

Vandell G. administrator 2/08/24

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C 330	Continued From page 2 because of a headache or foot pain. -The last time he received the medication was about a week or two ago. -The medication helped to get rid of the pain. Telephone interview with the facility's contracted pharmacist on 01/07/24 at 11:55am revealed: -Resident #1's Acetaminophen 325mg, 3 tablets (975 mg) every 6 hours as needed for pain and fever was dispensed on 06/29/23 for a quantity of 180 tablets. -A new order for Acetaminophen 325mg, 1 tablet every 6 hours as needed for pain was received and dispensed on 11/03/23 for a quantity of 30 tablets. Interview with the Supervisor in charge (SIC) on 01/07/24 at 12:05pm revealed: -What must have happened was that the Acetaminophen that was ordered for Resident #1 dated 11/03/23 for 30 tablets ran out and the MA used the bubble card containing the Acetaminophen dated 06/29/23. -The MA was responsible for conducting a medication cart once a month. -The MA did not notice that the medication had expired. -She called the facility's contracted pharmacist today and requested a refill for Resident #1's Acetaminophen 325mg, 1 tablet every 6 hours as needed for pain.	C 330			