STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051063	A. BUILDING: _____ B. WING _____	R 08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANDORA FAMILY CARE HOME	924 HOBBS STREET CLAYTON, NC 27520

(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 follow-up survey on August 20, 2024.	C 000		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the implementation of weekly blood pressure monitoring for 1 of 3 residents sampled (#2) with a diagnosis of hypertension. The findings are: Review of Resident #2's admission FL-2 dated 03/25/24 and a current FL-2 dated 07/30/24 revealed: -Diagnoses included hypertension. -There were signed physician orders for Norvasc (used to treat hypertension, also known as high blood pressure). Review of a telehealth progress note dated 04/01/24 for Resident #2 revealed: -There was no signature to the handwritten progress note. -There was an entry to monitor the resident's blood pressure once a week.	C 249		

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C 249	Continued From page 1 Review of Resident #2's June 2024, July 2024, and August 2024 medication administration records (MAR) revealed: -There was no entry to check Resident #2's BP weekly. -There was no documentation Resident #2's BP was checked weekly. Interview with the medication aide (MA) on 08/20/24 at 12:38pm revealed: -MA's were responsible to obtain resident blood pressure readings. -There were no residents at the facility that she obtained a blood pressure reading. -She did not document any blood pressure readings for any current residents living at the facility. -She did not do anything with processing new orders for residents. -The Administrator transcribed new orders to resident MARs. -The Administrator would call her to inform of a new physician's order for a resident. Interview with the Administrator on 08/20/24 at 1:04pm revealed: -She attended physician appointments with the residents. -She received resident physician orders. -Resident #2's blood pressure was not being monitored weekly. Interview with Resident #2 on 08/20/24 at 1:07pm revealed: -The resident pointed to her left temple and stated her head hurt about everyday around her temple. -She last had pain this morning (08/20/24) around the temple area of her head, but the pain had	C 249		

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C 249	Continued From page 2	C 249		

stopped.
-She would have "a little bit of a headache off and on."

Observation of the Administrator on 08/20/24 at 1:07pm revealed:
-She obtained a blood pressure reading from Resident #2's left arm while the resident was seated.
-The blood pressure reading was obtained as 161/77. (According to Heart Research Institute, high blood pressure, also known as hypertension, is defined as a systolic pressure (first number) of 130 mm Hg or higher, or a diastolic pressure (second number) of 80 mm Hg or higher. However, for older adults, the first number (systolic) is often 130 or higher, but the second number (diastolic) is less than 80.)

Observation of the Administrator on 08/20/24 at 4:24pm revealed:
-She obtained a blood pressure reading from Resident #2's right arm while the resident was seated.
-The blood pressure reading was obtained as 153/78.

Telephone interview with the Medical Assistant for Resident #2's Primary Care Provider (PCP) on 08/20/24 at 4:13pm revealed:
-The PCP said a blood pressure of 161/77 was elevated.
-The PCP recommended for Resident #2's blood pressure to be checked weekly.

Second telephone interview with the Medical Assistant for Resident #2's PCP on 08/20/24 at 4:28pm revealed:
-The PCP communicated she considered a blood pressure reading of 140/90 to be high blood

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C 249	Continued From page 3 pressure. -The PCP did not communicate concerns that Resident #2's blood pressure had not been checked weekly but moving forward Resident #2's blood pressure was to be checked weekly. -The PCP was unavailable for interview.	C 249		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to implement an activity program that promoted active involvement by the residents. The findings are: Interview with the Supervisor-in-Charge (SIC) on 08/20/24 at 8:15am revealed: -The facility had a current census of 5 residents. -Two of the five residents attended a day program on Mondays, Wednesdays, and Fridays. -The other three residents did not attend the day program and remained in the facility each day. -The residents usually sat and colored pictures. Interview with the Personal Care Aide/Medication aide (PCA/MA) on 08/20/24 at 8:22am revealed: -She did not know where the activity calendar was posted. -She thought the Administrator knew about the activity calendar and activities at the facility. -She had contacted the Administrator, and the	C 288		

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C 288	Continued From page 4	C 288		

Administrator would be arriving at the facility soon.
-Chores such as cooking, cleaning, laundry, medication administration, and checking on the residents at the facility basically filled up her day.

Observation of the facility on 08/20/24 at 8:30am revealed:
-There was an activity calendar posted on the bulletin board wall in the staff area between the kitchen and entrance to the den area.
-The date on the activity calendar was November 2021.
-There was no other activity calendar posted in the facility.

Interview with a resident on 08/20/24 at 9:12am revealed:
-The resident was "bored."
-There were no activities conducted at the facility.

Interview with a second resident on 08/20/24 at 9:25am revealed:
-There were no group activities offered at the facility.
-The resident watched television, slept, and read the bible as "a last resort."
-The resident would like to do activities.
-The resident had never thought about the type of activities the resident would like to do at the facility.

Interview with a third resident on 08/20/24 at 10:00am revealed:
-The activities the resident participated in at the facility included watching television with the other residents, talking to the other residents, cleaning up, making sure everything was in order, and washing clothes.
-The resident was transported to a local church

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C 288	Continued From page 5	C 288		

by members of the church.
-The resident was "fine with what we do".

Observations of the Administrator on 08/20/24 at 9:52am revealed she approached a resident seated in the living room and asked the resident if he would like to do some stretching activities today (08/20/24). The resident replied, "I'll do some stretching then."

Observation of the resident on 08/20/24 at 9:57am revealed the resident was seated on the sofa in the living room with his eyes closed and his head down. There was no staff or activity being conducted for the residents.

Interview with the Administrator on 08/20/24 at 10:10am revealed:
-Activities at the facility never changed.
-She was the Activity Director at the facility.
-She would tell the personal care staff which activities to conduct.
-She was not at the facility all day to conduct activities.
-Normally the residents at the facility did not want to participate in activities.
-She did not prepare an activity calendar for each month.
-She normally alternated the three activity calendars she had in the facility because they were laminated, and she realized when she "used to make" activity calendars that the activities were repetitive.
-The activities to be conducted today (08/20/24) would be news from 9am -10am, stretching from 10am -11am, bingo from 2pm - 3pm, and evening movie from 5:30pm - 6:30pm.
-She was the facility's Activity Director and she was responsible for making and posting the activity calendar.

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C 288	Continued From page 6 -She had not posted an updated activity calendar because the residents did not want to do activities to her knowledge. Observations at the facility intermittently on 08/20/24 between 8:15am and 6:45pm revealed: -At 10:27am and 3:05pm, there were two residents seated on the sofas in the living room with the television on. There was no activity being conducted. -There were two residents in their bedrooms laying on their beds, covered in their blankets. -There was one resident sitting outside under the carport. -There were no activities conducted, including news from 9am -10am, stretching from 10am -11am, bingo from 2pm - 3pm, or evening movie from 5:30pm - 6:30pm.	C 288		
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	C 342		

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C 342	Continued From page 7 (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 ensure the medication administration records were accurate for 1 of 3 sampled residents (#3) including the effectiveness of a medication used as needed. The findings are: Review of Resident #3's current FL-2 dated 07/29/24 revealed: -Diagnoses included chronic back pain. -There was a physician's order for Motrin (used to treat pain) 800mg tablet every eight hours as needed for pain. Review of a previous FL-2 for Resident #3 dated 07/18/23 revealed there was a physician's order for Motrin 800mg tablet every 8 hours as needed for pain. Review of physician's progress notes for Resident #3 revealed the resident was being treated at the pain clinic with additional pain medications for low back pain and no changes resulting for the Motrin 800mg tablet every eight hours as needed for pain. Review of Resident #3's June 2024 medication administration records (MARs) revealed: -There was a printed entry for Motrin 800mg tablet take one tablet every 8 hours as needed for pain. -There was documentation of administration for	C 342		

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C 342	Continued From page 8 Motrin 800mg tablet one time a day on 06/06/24, 06/08/24 - 06/10/24, 06/15/24, 06/19/24, 06/21/24, and 06/24/24 - 06/26/24. -There was documentation of administration for Motrin 800mg tablet two times a day on 06/16/24 - 06/18/24, 06/22/24, 06/23/24, and 06/27/24 - 06/30/24. -There was a total of 30 opportunities medication aides (MAs) documented administration of the Motrin 800mg tablet used as needed. -There was no documentation on the back of the MARs for the usage of the Motrin 800mg tablet including the results/response to the administration for the as needed Motrin 800mg tablet for any of the days documented as administered. Review of Resident #3's July 2024 MARs revealed: -There was a printed entry for Motrin 800mg tablet take one tablet every 8 hours as needed for pain. -There was documentation of administration for Motrin 800mg tablet one time a day on 07/15/24, and two times a day on 07/01/24 - 07/09/24 for a total of 19 opportunities medication aides (MAs) documented administration of the Motrin 800mg tablet used as needed. -There was no documentation on the back of the MARs for the usage of the Motrin 800mg tablet including the results/response to the administration for the as needed Motrin 800mg tablet for any of the days documented as administered. Review of Resident #3's August 2024 medication administration records (MARs) revealed: -There was a printed entry for Motrin 800mg tablet take one tablet every 8 hours as needed for pain.	C 342		

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C 342	Continued From page 9 -There was documentation of administration for Motrin 800mg tablet one time a day on 08/06/24, 08/07/24, 08/10/24 - 08/15/24, and 08/20/24. -There was documentation of administration for Motrin 800mg tablet two times a day on 08/08/24, and 08/16/24 - 08/19/24. -There was a total of 21 opportunities medication aides (MAs) documented administration of the Motrin 800mg tablet used as needed. -There was no documentation on the back of the MARs for the usage of the Motrin 800mg tablet including the results/response to the administration for the as needed Motrin 800mg tablet for any of the days documented as administered. Observations of Resident #3 on 08/20/24 at 9:44am revealed: -He ambulated in the facility using a cane. -The resident had a shuffling type gait. Interview with Resident #3 on 08/20/24 at 9:51am revealed: -He could not do much now. -He had a bad back. Interview with the MA on 08/20/24 at 5:20pm revealed: -When she administered a medication prescribed as needed for a resident, she was supposed to document the name of the medication, reason administered, time administered, effects of the medication, and her signature on the back of the MARs. -Resident #3 requested to be administered the Motrin 800mg tablet twice daily. -She communicated to the Administrator that Resident #3 was requesting the Motrin 800mg tablet two times a day and was instructed to administer the Motrin 800mg tablet two times a	C 342		

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C 342	Continued From page 10 day. -The Administrator informed the MA that she (Administrator) would let the PCP know about the resident's request at the resident's next visit to the pain clinic and to continue to administer the Motrin 800mg tablet as needed. -She (MA) had not received any communication back from the Administrator regarding new instructions for administration of the Motrin 800mg tablets. Interview with he Administrator on 08/20/24 at 5:00pm revealed: -She was responsible for reviewing the MARs for accuracy. -She reviewed MARs every three months. -When she reviewed MARs, she reviewed to ensure the FL-2 and medication orders matched the MARs, there was documentation of medication administration on the MARs, and for the correct dosage, time, route, and resident. -She did not check the back of the MARs for as needed medication administration and MA signatures. Second interview with the Administrator on 08/20/24 at 5:43pm revealed: -She expected the MAs to compare medications to the MAR and look at the instructions printed on the MARs to determine the frequency for administration of the medication. -If a medication was prescribed as needed, she expected to see documentation for administration of the as needed medication. -She expected the MAs to note their initials and signature on the MARs so it could be determined who administered the medication.	C 342		

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C 443	Continued From page 11	C 443		
C 443	10A NCAC 13G .1212 Record of Staff Qualifications 10A NCAC 13G .1212 RECORD OF STAFF QUALIFICATIONS A family care home shall maintain records of staff qulaifications required by the rules in Section .0400 of this Subchapter in the facility. When there is an approved cluster of licensed facilities, these records may be kept in one location among the clustered facilities. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure records of staff qualifications were maintained in the facility for 2 of 2 staff (Staff A, Staff B). The findings are: Interview with the Administrator on 08/20/24 at 5:25pm revealed: -There were no staff records at the facility available for review. -She would have to call a family member to bring the staff records to the facility. -She had the staff records in another vehicle so she could review them. -She was expecting the county Adult Home Specialists (AHS) to visit the facility soon to review the staff records. -She wanted to go through the staff records to ensure all training documentation was present before the county AHS reviewed them.	C 443		

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C 443	Continued From page 12 -She knew records of staff qualifications were to be maintained at the facility. Interview with Staff A on 08/20/24 at 8:22am revealed: -She had been employed at the facility for one year and a couple of months. -She was a personal care aide and medication aide. Second interview with the Administrator on 08/20/2024 at 5:30pm revealed: -Staff B recently ended employment at the facility for personal reasons. -She had another staff from another facility that would be working at the facility to cover the days that Staff B previously worked. There were no staff records made available for review by the end of the survey.	C 443		