STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008032	A. BUILDING: _____ B. WING _____	R 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY'S FAMILY CARE HOME #3	106 HARMON STREET 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 and annual and follow up survey on 10/09/24.	C 000		
C 202	10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination, and Immunizations (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 Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 residents sampled (Residents #3) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Resident #3's FL2 dated 05/16/24 revealed diagnoses included, osteoarthritis of knee, anemia, gastroesophageal reflux disease (GERD), hypertension, vitamin D deficiency, impaired cognition, and benign prostatic hyperplasia (BPH) . Review of Resident #3's Resident Register revealed: -Resident #3 was admitted to the facility on	C 202		

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C 202	Continued From page 1 07/15/22. -Resident #3 was admitted from a correctional facility. Review of Resident #3's record on 10/09/24 revealed: -There was documentation of TB test completed on 07/20/22 with a negative test result. -There was no documentation of another TB test for Resident #3. Interview with Resident #3 on 10/09/24 at 4:47pm revealed: -He could not remember taking a TB test when he was admitted to the facility. -He had not shown any signs or symptoms of TB, like coughing a lot. Interview with the Supervisor in Charge (SIC) on 10/09/24 at 11:58am revealed: -She thought Resident #3 had completed all of the required TB tests. -Resident #3 had not shown any symptoms of TB. -The Administrator was responsible for ensuring all residents completed their TB tests. Interview with the Administrator on 10/09/24 at 5:48pm revealed Resident #3 should have another TB test completed.	C 202		
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	C 231		

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C 231	Continued From page 2	C 231		

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 reviews and interviews, the facility failed to ensure care plan assessments were completed for 3 of 3 sampled residents (#1, #2 and #3).

The findings are:

1. Review of Resident #1's FL2 dated 08/29/23 revealed diagnoses included diabetes type II, sleep apnea, hypercholesterol, traumatic brain injury, and morbid obesity.

Review of Resident #1's Resident Register dated 09/24/21 revealed Resident #1 was admitted to the facility on 09/24/21.

Review of Resident #1's care plan dated 08/29/23 revealed:
-The care plan was signed by Resident #1's

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primary care provider (PCP) on 08/29/23.
-Resident #1 had not been assessed for activities of daily living (ADLs).

Interview with Resident #1 on 10/09/24 at 8:49am revealed he did not need help from staff with bathing.

Attempted telephone interview with Resident #1's PCP on 10/09/24 at 3:14pm was unsuccessful.

Refer to the interview with the Administrator on 10/09/24 at 5:48pm.

2. Review of Resident #2's FL2 dated 08/29/23 revealed diagnoses included chronic kidney disease, borderline personality disorder, vitamin D deficiency, autism spectrum disorder, and schizoaffective disorder, bipolar type.

Review of Resident #2's Resident Register dated 05/19/21 revealed Resident #2 was admitted to the facility on 05/19/21.

Review of Resident #2's care plan dated 08/29/23 revealed:
-The care plan was signed by Resident #2's primary care provider (PCP) on 08/29/23.
-Resident #2 had not been assessed for activities of daily living (ADLs).

Interview with Resident #2 on 10/09/24 at 8:49am revealed he could dress and bath himself.

Attempted telephone interview with Resident #2's PCP on 10/09/24 at 3:14pm was unsuccessful.

Refer to the interview with the Administrator on 10/09/24 at 5:48pm.

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C 231	Continued From page 4 3. Review of Resident #3's FL2 dated 05/16/24 revealed: -Diagnoses included osteoarthritis of knee, anemia, hypertension, gastroesophageal reflux disease (GERD) benign prostatic hyperplasia (BPH), vitamin D deficiency and impaired cognition. -Resident #3 orientation was intermittent. Review of Resident #3's Resident Register dated 07/15/22 revealed Resident #3 was admitted to the facility on 7/15/22. Review of Resident #3's care plan dated 08/28/23 revealed: -The care plan was signed by Resident #3's primary care provider (PCP) on 08/28/23. -Resident #3 had not been assessed for activities of daily living (ADLs). Interview with Resident #3 on 10/09/24 at 4:47pm revealed he could care for himself like dressing and bathing. Attempted telephone interview with Resident #3's PCP on 10/09/24 at 3:14pm was unsuccessful. Refer to the interview with the Administrator on 10/09/24 at 5:48pm. _____ Interview with the Administrator on 10/15/24 at 5:48pm revealed: -The residents' care plans were given to their primary care provider (PCP) to complete on 10/04/24. -The Adult Home Specialist brought it to her attention the care plans were outdated for the residents. -She completed chart audits quarterly to ensure all assessments were up to date.	C 231		

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C 231	Continued From page 5 -She could not provide the date when she last completed a chart audit. -She was the person responsible for completing the chart audits.	C 231		
C 257	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) Food services shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food under sanitary conditions. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all food items stored by the facility were protected from contamination related to improper storage of food items in the refrigerator. The findings are: Review of the County Health Department	C 257		

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C 257	Continued From page 6 Inspection of Residential Care Facility dated 04/13/23 revealed: -The facility status code was an A. -The facility received 1 demerit score lighting and ventilation. Review of the extermination bill dated 10/03/24 revealed: -The home received pest control services. -The bill did not list where the services were provided in the home. Observation of the kitchen refrigerator on 10/09/24 at 9:42am revealed: -There two roach bugs crawling in the cervices of the bottom vent on the refrigerator. -The bottom of the refrigerator had a white thick substance on rubber guard. -The refrigerator door shelves had black and red particles. -There was a brown sticky substance under the glass shelf. -There was a thick brown substance under the two storage drawers. Observation of the kitchen counter on 10/09/24 at 9:46am revealed: -There was a bug glue trap placed on the countertop beside of the refrigerator. -There was a dead bug attached to the bug glue trap. Observation of the microwave on 10/09/24 at 9:48am revealed there was black and brown particles on the top inside of the microwave. Interview with the Supervisor in Charge (SIC) on 10/09/24 at 9:44am revealed: -The cleaned the refrigerator each Wednesday. -She cleaned the entire kitchen daily by wiping	C 257		

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C 257	Continued From page 7 down the countertops and microwave. -There was not a cleaning schedule to follow. -There were issues with roach bugs, but an exterminator treated the home quarterly. Interview with the Administrator on 10/09/24 at 5:48pm revealed: -The facility had issues with bugs. -The exterminator treated the home every quarter. -The SIC was to clean the kitchen weekly and was to wipe the kitchen counter tops down daily. Attempted telephone interview with the County Health Department on 10/09/24 at 3:17pm was unsuccessful.	C 257		
C 272	10A NCAC 13G .0904(d)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (2) Foods and beverages shall be offered in accordance with each residents' prescribed diet or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to offer snacks to the residents three times a day.	C 272		

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C 272	Continued From page 8 The findings are: Observation of the facility on 10/09/24 at 8:47am revealed there were 4 residents present and 1 resident not at the home. Observation of the kitchen on 10/09/24 at 9:42am revealed: -There was not a current menu posted for October 2024. -There were an assortment of chips and cookies, peanut better crackers, honey buns, apples, applesauce, juice and milk. Review of the facility's posted menu on 10/09/24 dated for September 2024 revealed: -Snacks were to be served at 10:00am, 3:00pm and 9:00pm. -The snacks to be offered were ½ cup of orange slices, graham crakcers, honey bun, oatmeal cake, applesauce, ½ cup of mixed fruit and 8 oz of milk at each snack time. Interview with a resident on 10/09/24 at 11:54am revealed: -He received snacks in the afternoon and at night before bed. -He was able to take snacks with him to his day program. Interview with a second resident on 10/09/24 at 4:49pm revealed: -He was given snacks but not every day. -He and the other residents were given snacks after lunch and dinner. -Staff packked his snacks when he attended the day program on Tuesday and Thursday. Interview with the Supervisor in Charge (SIC) on	C 272		

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C 272	Continued From page 9 10/09/24 at 11:58am revealed: -She served snacks around 2:30pm or 3:00pm and after 5:00pm (dinner). -She had not served snacks to the residents in the morning when they had a large breakfast. -Snacks were packed and given to the residents when they attended the day program. -Breakfast is served between 6:00am to 7:00am. -She had not asked the residents if they wanted a snack. -The Administrator was responsible for updating the menu. Interview with the Administrator on 10/09/24 at 5:48pm revealed: -The residents were provided snacks twice daily before lunch and after dinner. -The SIC was responsible for providing snacks to the residents.	C 272		
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 record reviews, interviews and observations the facility failed to ensure residents were offered activities designed to promote the residents' active involvement. The findings are: Review of the activities calendar posted in the dining room area on 10/09/24 at 9:25am	C 288		

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revealed:
-There was an activities calendar posted for September 2024.
-The September 2024 activities calendar had daily activities listed.
-There was not an activities calendar posted for October 2024.

Observation of the residents' TV/sitting room on 10/09/24 at 4:48pm revealed there were activity supplies of board games, cards and puzzles.

Observation of the hone's activities on 10/09/24 from 10:00am to 1:30pm and from 2:30pm to 6:00pm revealed:
-No activities had been offered to the residents.
-Residents sat in the TV/sitting room sporadically throughout the day.
-Staff had not facilitated activities.

Interview with a resident on 10/09/24 at 4:47pm revealed:
-There were activities sometimes but not every day.
-He would play checkers with the other residents.

Interview with a second resident on 10/09/24 at 4:49pm revealed:
-He played checkers yesterday with another resident.
-He had not had any activities on 10/09/24.
-He had not been asked by staff if he wanted to participate in any activities.

Interview with the Supervisor in Charge (SIC) on 10/09/24 at 4:43pm revealed:
-She would do pep talks with the residents.
-She did not play cards or puzzles with the residents because they would play those games on their own.

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C 288	Continued From page 11 -The Administrator was responsible for updating and posting the activities calendar. Interview with the Administrator on 10/09/24 at 5:48pm revealed: -The SIC was to do activities with the residents according to the activities calendar. -She had forgot to post the October 2024 activities calendar.	C 288		
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.	C 350		

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C 350	Continued From page 12 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 1 of 1 resident (#3) who self-administered medications had orders to self-administer medications that were kept in the resident's room including feet fungal cream, acne topical cream, ear drops, acid reflux tablets and hemorrhoid cream . The findings are: Review of Resident #3's FL2 dated 05/16/24 revealed: -Diagnoses included osteoarthritis of knee, anemia, hypertension, gastroesophageal reflux disease (GERD) benign prostatic hyperplasia (BPH), vitamin D deficiency and impaired cognition. -There were not orders for Tolnaftate anti-fungal 1% cream, Clindamycin Phosphate 60mL topical, ear drops, Nexium 20mg, and Lidocaine HCl 3% cream. Review of Resident #3's record revealed he did not have an order to self-administer medication from his primary care provider (PCP). Observation of Resident #3's room on 10/09/24 at 9:27am revealed: -There was a 1.5 oz bottle of Tolnaftate anti-fungal 1% cream placed on Resident #3's dresser. (Tolnaftate anti-fungal is used to treat fungi on the feet.) -There was a 1.5 oz bottle of Clindamycin Phosphate 60mL topical cream placed on Resident #3's dresser. (Clindamycin is used to treat acne.) -There was a 0.4 oz bottle of Otix ear drops placed on Resident #3's dresser. (Otix ear drops	C 350		

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is used to treat ear pain and/or viral inflammation.)
-There was a bottle of Nexium 20mg placed on Resident #3's dresser. (Nexium 20mg is used to treat stomach acid reflux.)
-There was a 1 oz tube of Lidocaine HCl 3% cream placed on Resident #'s dresser. (Lidocaine HCl cream is used to treat hemorrhoids.)

Interview with Resident #3 on 10/09/24 at 4:47pm revealed:
-He had not used any of the medications in his room in a while and did not know the last time he used the medications.
-He no longer had stomach pain.
-He used the Clindamycin to shave but no longer used the cream.
-Staff knew he used the medications that were kept on his dresser.
-He purchased the Nexium, hemorrhoid cream and ear drops medications over the counter at a local store.

Telephone interview with Resident #3's local pharmacy on 10/09/24 at 2:50pm revealed.
-There was not an order on file for a 1.5 oz bottle of Tolnaftate anti-fungal 1% cream.
-There was not an order on file for a 1.5 oz bottle of Clindamycin Phosphate 60mL topical cream.
-There was not an order for a 0.4 oz bottle of Otix ear drops.
-There was not an order for a bottle of Nexium 20mg.
-There was not an order for a 1 oz tube of Lidocaine HCl 3% cream.

Interview with the Supervisor in Charge on 10/09/24 at 12:21pm revealed:
-Resident #3 was admitted to the home with the acne and anti-fungal creams.

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CHERRY'S FAMILY CARE HOME #3	106 HARMON STREET AULANDER, NC 27805

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C 350	Continued From page 14 -Resident #3 would purchase certain over-the-counter drugs at a local store. -Resident #3 did not have a self-administrator order for any medications. -Resident #3 had not complained of any stomach or foot pain. -She did not know when the last time Resident #3 had used any of the medications that were on his dresser. Interview with the Administrator on 10/09/24 at 5:48pm revealed: -Resident #3 kept the medications in his room on his dresser. -Resident #3 did not have an order to self-administer medications. -All self-administer medication order were to be assessed and ordered by the primary care provider (PCP). Attempted telephone interview with Resident #3's PCP on 10/09/24 at 3:14pm was unsuccessful.	C 350		
C 363	10A NCAC 13G .1007 (c) Medication Disposition 10A NCAC 13G .1007 Medication Disposition (c) Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or following the death of the resident. This Rule is not met as evidenced by: Based on observations, record reviews, and	C 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008032	A. BUILDING: _____ B. WING _____	R 10/09/2024

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C 363	Continued From page 15 interviews, the facility failed to ensure expired medication was destroyed or returned to the pharmacy within 90 days for 1 of 1 resident (Resident #2) with an order for a medication used to insomnia associated with depression. The findings are: Review of Resident #2's FL2 dated 08/29/23 revealed: -Diagnoses included chronic kidney disease, borderline personality disorder, vitamin D deficiency, autism spectrum disorder, and schizoaffective disorder, bipolar type. -There was not an order for Trazodone 300mg 1 tablet at night for insomnia associated with depression. Review of Resident #2's August 2024 medication administration record (MAR) revealed there was not an entry for Trazodone 300mg 1 tablet at night. Review of Resident #2's September 2024 MAR revealed there was not an entry for Trazodone 300mg 1 tablet at night. Review of Resident #2's October 2024 MAR revealed there was not an entry for Trazodone 300mg 1 tablet at night for 10/01/24 to 10/08/24. Observation of Resident #2's medication on hand on 10/09/24 at 1:26pm revealed: -There was a medication bottle of Trazodone 300mg; 30 tablets dispensed on 05/18/21. -The were 14 tablets on hand. Telephone interview with the Pharmacist at Resident #2's local pharmacy on 10/09/24 at 2:50pm revealed:	C 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 363	Continued From page 16 -There had been an order for Trazadone 300mg 1 tablet for 30 tablets dispensed on 11/01/21. -The Trazadone 300mg was not an active order. -The facility had not returned the Trazadone to be discarded after its expiration or no longer use. Interview with the Supervisor in Charge (SIC) on 10/09/24 at 1:32pm revealed: -She had not administered the Trazadone 300mg to Resident #2. -She knew the medication had expired but did not know to return the medication to the pharmacy. Attempted telephone interview with Resident #2's primary care physician (PCP) on 10/09/24 at 3:14pm was unsuccessful. Interview with the Administrator on 10/09/24 at 5:48pm revealed: -All expired medications were to be logged and returned to the pharmacy. -The SIC was responsible for completing the expired medication form and sending back to the pharmacy.	C 363		