STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001153	A. BUILDING: _____ B. WING _____	R 10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZUR FAMILY CARE HOME	711 ASKEW STREET BURLINGTON, NC 27217

(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 October 11, 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 (#1) related to a blood pressure medication. The findings are: Review of Resident #1's current FL2 dated 01/18/24 revealed: -Diagnoses included hypertension, hyperlipidemia and anxiety. -There was an order for carvedilol 3.125mg (used to treat high blood pressure) take 1 tablet 2 times a day. Review of Resident #1's physician's orders dated 04/18/24 revealed an order for carvedilol 6.25mg take 1 tablet twice daily. Review of Resident #1's August 2024 medication	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001153	A. BUILDING: _____ B. WING _____	R 10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZUR FAMILY CARE HOME	711 ASKEW STREET BURLINGTON, NC 27217

(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 330	Continued From page 1	C 330		

administration record (MAR) revealed:
-There was an entry for carvedilol 6.25mg take 1 tablet twice daily at 7:00am and 8:00pm.
-Carvedilol was documented as administered 2 times a day from 08/01/24 to 08/31/24.

Review of Resident #1's September 2024 MAR revealed:
-There was an entry for carvedilol 6.25mg take 1 tablet twice daily at 7:00am and 8:00pm.
-Carvedilol was documented as administered 2 times a day from 09/01/24 to 09/30/24.

Review of Resident #1's October 2024 MAR from 10/01/24-10/11/24 revealed:
-There was an entry for carvedilol 6.25mg take 1 tablet twice daily at 7:00am and 8:00pm.
-Carvedilol was documented as administered 2 times a day from 10/01/24 to 10/11/24.

Observation of medication on hand for Resident #1 revealed there was no carvedilol available to administer.

Interview with Resident #1 on 09/11/24 at 11:05am revealed:
-He visited his neurologist a few months ago because he was dizzy and had headaches.
-The neurologist said it was his blood pressure and ordered a medication but he did not know the name of the medication.
-He did not know all of his medications and he was not sure if he was still ordered carvedilol.
-He was not sure when he was last administered carvedilol.
-He relied on the staff to give him what was ordered by his providers.
-Staff did not take his blood pressure but he thought his blood pressure was around 130/80 at one time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001153	A. BUILDING: _____ B. WING _____	R 10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZUR FAMILY CARE HOME	711 ASKEW STREET BURLINGTON, NC 27217

(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 330	Continued From page 2 -He had not had any headaches and dizziness in the past few months. -He had frequent visits with his cancer provider and neurologist and had "good" blood pressures, but he could not remember the numbers. Telephone interview with a pharmacist from the facility's contracted pharmacy on 09/11/24 at 10:52am revealed: -Resident #1 did not have a current order for carvedilol, -The last order was 05/20/24 for a quantity of 60 for 1 month supply and 1 month refill. -The pharmacy did not contact the facility but had sent numerous order renewal requests to the ordering provider and received the response "refill not appropriate" and did not receive a new order nor a discontinue order. -The facility was also sent faxes of the renewal request response from the provider. -The pharmacy printed the MARs for the facility and Resident #1's carvedilol was still on the MAR because there was no discontinue order from a provider. -Carvedilol 6.25mg was dispensed to the facility on 04/18/24 for a quantity of 60 for a 1 month supply. -Carvedilol 6.25mg was dispensed to the facility on 05/20/24 for a quantity of 60 for a 1 month supply with 1 month refill. -The facility's medications were sent in weekly dose packs and Resident #1 would not have had carvedilol after the second week in July 2024. -There was no documentation that staff from the facility called to request Resident #1's carvedilol or inquire as to what was needed to dispense the medication. Interview with a medication aide (MA) on 09/11/24 at 11:15am revealed:	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001153	A. BUILDING: _____ B. WING _____	R 10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZUR FAMILY CARE HOME	711 ASKEW STREET BURLINGTON, NC 27217

(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 330	Continued From page 3 -She did not notice that Resident #1's carvedilol was not in his weekly medication delivery and so had not called the pharmacy, Resident #1's provider nor the Administrator about it not being delivered. -She did not compare delivered medications to the residents' MARs. -She usually just administered what medications were in the dose packs and initialed all the entries on the MAR. -She was not familiar with the pharmacy's renewal response form and did not think it came to the facility but would go to the Administrator's office. -Resident #1 did not have an order to have regular blood pressure checks so she had not taken his blood pressure to know if it was normal or high. -Resident #1 had not complained of high blood pressure symptoms such as headache or dizziness. Telephone interview with a representative at Resident #1's neurologist office on 09/11/24 at 11:10am revealed: -Resident #1 was ordered carvedilol for high blood pressure during a visit in April 2024. -There was no documentation the facility staff or the facility's contracted pharmacy requested a refill for Resident #1's carvedilol. -She could not speak to any negative outcomes if Resident #1 had not received his carvedilol for the past 3 months. -Resident #1's neurologist would expect staff to administer medications as ordered and to call his office for refills when needed. Telephone interview with the Administrator on 09/11/24 at 12:30pm revealed: -The MA on duty was responsible to audit	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001153	A. BUILDING: _____ B. WING _____	R 10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZUR FAMILY CARE HOME	711 ASKEW STREET BURLINGTON, NC 27217

(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 330	Continued From page 4 medication deliveries for missing medications compared to the MAR and to contact pharmacy, the PCP, or responsible party to have the medications delivered. -The MA nor the pharmacy had contacted him to say Resident #1 needed a new order for his carvedilol. -The facility fax was located in his office, not in the facility, but he had not seen any renewal responses or requests for Resident #1's carvedilol. -He expected MAs on duty to compared weekly delivered medications to each residents MAR and contact him if they did not have a medication. -He expected MAs to administer all medications as ordered by the providers.	C 330		