STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL059024	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW ASSISTED LIVING	114 FAIRVIEW ROAD MARION, NC 28752

(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 September 10, 2024.	C 000		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record;	C 375	Resident care coordinator will schedule all pharmacy reviews prior to their due date. Spoke to pharmacy & they will also call Resident care coordinator to schedule pharmacy reviews in the future. Both pharmacy & Resident care coordinator will keep up with dates of all pharmacy reviews going forward.	9/10/24 9/12/24 9/12/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deb Young — Administrator — TITLE — (X6) DATE: 9/20/24

Reviewed + acknowledged by Joan Mellon RN 11/12/24

RECEIVED
OCT 28 2024
ADULT CARE LICENSURE SECTION
RALEIGH

Division of Health Service Regulation

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C 375	Continued From page 1 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a licensed pharmacist, provider or registered nurse completed a quarterly on-site medication review for 3 of 3 sampled residents (#1, #2, and #3). The findings are: 1.Review of Resident #1's current FL2 dated 05/24/24 revealed: -Diagnoses included dementia, diabetes, chronic kidney disease and major depressive disorder. -Resident #1 was admitted to the facility on 10/29/2018. Refer to interview with the medication aide (MA) on 09/10/24 at 12:15pm. Refer to the interview with the Supervisor in charge (SIC) on 09/10/24 at 12:23pm. Refer to the telephone interview with the Pharmacist at the facility's contracted pharmacy on 09/10/24 at 11:10am. 2.Review of Resident #2's current FL2 dated 05/02/24 revealed: -Diagnoses included seizures, epilepsy, anxiety, dementia, and hypertension. -Resident #2 was admitted to the facility on 06/04/2014. Refer to interview with the MA on 09/10/24 at 12:15pm. Refer to the interview with the SIC on 09/10/24 at 12:23pm. Refer to the telephone interview with the	C 375		

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C 375	Continued From page 2 Pharmacist at the facility's contracted pharmacy on 09/10/24 at 11:10am. 3.Review of Resident #3's current FL2 dated 11/30/2023 revealed: -Diagnoses included seizures, chronic obstructive pulmonary disease, ataxia, and hyperlipidemia. -Resident #3 was admitted to the facility on 11/19/2017. Refer to interview with the MA on 09/10/24 at 09/10/24 at 12:15pm. Refer to the interview with the SIC on 09/10/24 at 12:23pm. Refer to the telephone interview with the Pharmacist at the facility's contracted pharmacy on 09/10/24 at 11:10am. --- Interview with the MA on 09/10/24 at 09/10/24 at 12:15pm revealed: -She did not schedule the quarterly medication reviews. -She did not realize the quarterly medication reviews had not been completed since 04/11/23. -It was not her responsibility to make sure the quarterly medication reviews were completed. Interview with the SIC on 09/10/24 at 12:23pm revealed: -She did not realize the medication reviews had not been completed since 04/11/23. -She thought the Pharmacy came quarterly and did not have to be called to do the medication review. -She was new in the position and was not told by the previous SIC to call the pharmacy quarterly. -It was the responsibility of the SIC to make sure	C 375		

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C 375	Continued From page 3 the medication reviews were completed. -She did not audit the charts for medication reviews. -She was told by the Administrator to exit with the surveyor and bring the results back to her. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 09/10/24 at 11:10am revealed: -The Pharmacist had to be called by the facility to do the quarterly medication reviews. -There was no call from the facility to the pharmacy since the last medication review on 04/11/23. -The Pharmacist would be at the facility on 09/11/24 to complete the medication reviews for all of the residents. Attempted interview with the Administrator on 09/10/24 at 8:45am revealed: -The Administrator was made aware of the survey upon entrance and indicated the SIC would be the contact person for the survey.	C 375		