STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012048	A. BUILDING: _____ B. WING _____	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUAKER MEADOWS FAMILY CARE	125 CAMELLIA GARDEN STREET MORGANTON, NC 28655

(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 December 31, 2024.	C 000		
C 078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to maintain a hazard-free environment related to ten unsecured oxygen (O2) tanks in an office. The findings are: Observation of the office on 12/31/24 at 1:33pm revealed: -There were nine approximately 36-inch tall unsecured e-cylinder O2 tanks sitting upright on the floor next to the wall and one unsecured e-cylinder O2 tank in an open closet. -There were no O2 stands or crates to stabilize the O2 tanks. Interview with a medication aide (MA) on 12/31/24 at 1:51pm revealed: -She was trained upon hire that O2 tanks were to be secured in a stand or crate.	C 078		

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C 078	Continued From page 1 -There were no extra stands or crates in the facility to store the O2 tanks. -She did not know who was responsible for ensuring there were stands or crates available for O2 tanks in the facility. Interview with the Resident Care Coordinator (RCC) on 12/31/24 at 2:53pm revealed: -She was aware O2 tanks were to be stored secured in a stand or crate. -She had informed the durable medical equipment (DME) company four times that the facility needed storage crates for the O2 tanks. -The DME company was giving her a "hard time" about bringing a crate for the O2 tanks. Interview with a representative with the DME company on 12/31/24 at 3:07pm revealed O2 cylinders were always be stored in a crate or rack regardless if they were empty or full. Interview with the Administrator on 12/31/24 at 3:02pm revealed: -She expected the MAs and the RCC to ensure O2 tanks were safely stored in crates or stands. -She was unaware O2 tanks were not being safely stored in the facility. -The O2 tanks should be secured in a crate so they would not fall.	C 078		
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	C 249		

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C 249	Continued From page 2 orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure physician's orders were implemented for 1 of 3 sampled residents related to a medication used to decrease wheezing and two medications to treat hypertension and/or control heart rate (#3). The findings are: Review of Resident #3's hospital FL2 dated 08/15/24 revealed a diagnosis of acute respiratory failure with hypoxia and hypercapnia (a condition when the lungs are unable to exchange oxygen and carbon dioxide adequately resulting in low oxygen and high carbon dioxide levels). Review of a Resident #3's hospital discharge summary dated 08/19/24 revealed: -Resident #3 was admitted to the hospital on 08/13/24 for acute respiratory failure with hypoxia and hypercapnia. -Discharge diagnoses included chronic kidney disease, atrial fibrillation (irregular and often rapid heart rhythm), and hypertension. a. Review of Resident #3's hospital discharge summary dated 08/19/24 revealed: -There was an order for losartan 25mg (a medication to treat high blood pressure), one tablet daily. -Losartan 25mg, one tablet daily was prescribed for Resident #3 for persistent hypertension. Review of Resident #3's October 2024,	C 249		

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C 249	Continued From page 3 November 2024 and December 2024 electronic Medication Administration Records (eMARs) revealed there was no entry for losartan 25mg, one tablet daily. Interview with a Pharmacist with the facility's contracted pharmacy on 12/31/24 at 1:59pm revealed: -The pharmacy did not receive Resident #3's hospital discharge summary dated 08/19/24 from the facility. -The pharmacy did not have an order for losartan 25mg, one tablet daily for Resident #3. -Losartan was a medication to lower blood pressure and if not administered the resident may have elevated blood pressure. Refer to the interview with the Resident Care Coordinator (RCC) on 12/31/24 at 12:58pm. Refer to the telephone interview with the Administrator on 12/31/24 at 3:02pm. Attempted telephone interview with Resident #3's Primary Care Provider (PCP) on 12/31/24 at 2:19pm was unsuccessful. b. Review of Resident #3's hospital discharge summary dated 08/19/24 revealed: -There was an order for metoprolol 25mg (a medication to treat high blood pressure and/or control heart rate), one tablet daily. -Metoprolol 25mg, one tablet daily was prescribed for Resident #3 for hypertension and atrial fibrillation. Review of Resident #3's October 2024, November 2024 and December 2024 eMARs revealed there was no entry for metoprolol 25mg, one tablet daily.	C 249		

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C 249	Continued From page 4 Interview with a Pharmacist with the facility's contracted pharmacy on 12/31/24 at 1:59pm revealed: -The pharmacy did not receive Resident #3's hospital discharge summary dated 08/19/24 from the facility. -The pharmacy did not have an order for metoprolol 25mg, one tablet daily for Resident #3. -Metoprolol was a medication to lower blood pressure and/or control heart rate. -If Resident #3 did not receive the metoprolol 25mg, one tablet daily as prescribed he could have elevated blood pressure and/or heart rate. Refer to the interview with the RCC on 12/31/24 at 12:58pm. Refer to the telephone interview with the Administrator on 12/31/24 at 3:02pm. Attempted telephone interview with Resident #3's PCP on 12/31/24 at 2:19pm was unsuccessful. c. Review of Resident #3's hospital discharge summary dated 08/19/24 revealed there was an order for albuterol 90mcg/actuation inhaler (a medication to decrease wheezing), inhale two puffs every six hours as needed for wheezing. Review of Resident #3's October 2024, November 2024 and December 2024 eMARs revealed there was no entry for albuterol 90mcg/actuation inhaler, inhale two puffs every six hours as needed. Interview with a Pharmacist with the facility's contracted pharmacy on 12/31/24 at 1:59pm revealed: -The pharmacy did not receive Resident #3's	C 249		

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C 249	Continued From page 5 hospital discharge summary dated 08/19/24 from the facility. -The pharmacy did not have an order for albuterol 90mcg/actuation, two puffs every six hours as needed for Resident #3. -Albuterol was a medication used to decrease wheezing. -If Resident #3 did not receive albuterol as ordered he could experience wheezing or coughing. Refer to the interview with the RCC on 12/31/24 at 12:58pm. Refer to the telephone interview with the Administrator on 12/31/24 at 3:02pm. Attempted telephone interview with Resident #3's PCP on 12/31/24 at 2:19pm was unsuccessful. _____ Interview with the Resident Care Coordinator (RCC) on 12/31/24 at 12:58pm revealed: -She was responsible for reviewing resident hospital discharge summaries for any medication changes when they returned to the facility. -She was responsible for ensuring all medication order changes were faxed to the pharmacy. -She was unsure why she did not fax Resident #3's discharge summary to the pharmacy. Telephone interview with the Administrator on 12/31/24 at 3:02pm revealed: -The RCC was responsible for reviewing all hospital discharge summaries for order changes or order clarifications. -The RCC was responsible for faxing hospital FL2s and discharge summaries to the pharmacy. -There was no audit process in place to ensure hospital discharge summaries were faxed to the pharmacy.	C 249		

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C 291	10A NCAC 13G .0905 (c) Activities Program 10A NCAC 13G .0905 Activities Program (c) The activity director shall: (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities, and possible cultural differences of the residents; (2) prepare a monthly calendar of planned group activities in a format that is legible and shall be posted in a location accessible to residents by the first day of each month, and updated when there are any changes; (3) involve community resources, such as recreational, volunteer, and religious organizations, to enhance the activities available to residents; (4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program; (5) encourage residents to participate in activities; and (6) assure there are supplies necessary for planned activities, supervision, and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities. This Rule is not met as evidenced by: Based on observations and interviews, the facility	C 291		

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C 291	Continued From page 7 failed to prepare a monthly calendar of planned group activities, which should be posted in a location accessible to residents by the first day of each month for the six residents residing at the facility. The findings are: Observation on 12/31/24 at 11:45am revealed: -There was no activity calendar for December 2024 posted in the facility -There was a binder that included a November 2024 activities calendar without hours located in a cupboard in the common living area but not easily accessible to the residents. Interview with a resident on 12/31/24 at 9:16am revealed: -He did not participate in many activities but does watch TV with other residents in the common area daily. -He did not remember specifically what activities were offered. -He did not recall seeing an activities calendar. Interview with a second resident on 12/31/24 at 11:56am revealed: -He did not know if an activity calendar was posted. -He did not choose to participate in activities frequently. -The medication aide (MA) sometimes notified them of an activity that was offered. Interview with a MA on 12/31/24 at 1:35pm revealed: -There was an activities program with daily activities. -She believed the Activities Director (AD) often kept the activity book with her.	C 291		

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C 291	Continued From page 8 -Sometimes the activity calendar was posted. -The staff or AD informed the residents of activities by notifying them in person each day. Interview with the Resident Care Coordinator (RCC) on 12/31/24 at 1:50pm revealed: -The AD was responsible for posting the activities calendar on the bulletin board in the common area. -The AD usually posted the calendar monthly and she did not know why it was not posted. -Her expectation was that the AD planned the monthly activities and posted the calendar in the facility. Interview with the AD on 12/31/24 at 1:55pm revealed: -She usually posted the activity calendar monthly but "forgot to put it up" for November 2024. -It was her responsibility to plan the activities and post a monthly activity calendar. -Her expectation was that she would change and post the activity calendar at the end of each month in a place residents were able to see easily. Telephone interview with the Administrator on 12/31/24 at 3:02pm revealed: -The RCC was responsible for completing and posting the monthly activities calendar in the facility. -The AD or a personal care aide (PCA) delegated by the RCC was responsible for completing the daily activities with the residents. -She was not aware there was no monthly activity calendar posted at the facility.	C 291		
C 292	10A NCAC 13G .0905 (d) Activities Program	C 292		

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C 292	Continued From page 9 10A NCAC 13G .0905 Activities Program (d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills. This Rule is not met as evidenced by: Based on interviews and observations, the facility failed to ensure a minimum of 14 hours of planned group activities that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills were planned for the six residents living in the facility. The findings are: Observation on 12/31/24 at 11:45am revealed: -There was no activity calendar for December 2024 posted in the facility. -There was a binder that included a November 2024 activities calendar without hours located in a cupboard in the common living area. Observation of the facility on 12/31/24 between 9:00am and 3:30pm revealed the only activity offered was watching television. Interview with a resident on 12/31/24 at 11:56am revealed: -He did not know if an activity calendar was posted. -He did not choose to participate in activities frequently. -The medication aide (MA) would sometimes	C 292		

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C 292	Continued From page 10 notify them of an activity that was offered. Interview with the Resident Care Coordinator (RCC) on 12/31/24 at 1:50pm revealed she was aware there needed to be 14 hours of activities per week. Interview with the Activities Director (AD) on 12/31/24 at 1:55pm revealed she was aware there must be a minimum of 14 hours of activities scheduled each week. Telephone interview with the Administrator on 12/31/24 at 3:02pm revealed: -The RCC was responsible for ensuring there were at least 14 hours of activities scheduled per week. -The AD or a personal care aide (PCA) delegated by the RCC was responsible for completing the daily activities with the residents. -She was not aware there was no monthly activity calendar posted at the facility with at least 14 hours of weekly activities.	C 292		