

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL073011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2024
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NAME OF PROVIDER OR SUPPLIER

GOLDEN YEARS FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

410 MONTFORD DRIVE
ROXBORO, NC 27573

(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
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(C 000) Initial Comments

The Adult Care Licensure Section conducted a follow-up survey on 11/01/24.

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, record reviews, and interviews, the facility failed to ensure medications were administered as ordered for 1 of 3 sampled residents (#1) related to a muscle relaxer.

The findings are:

Review of Resident #1's current FL2 dated 02/22/24 revealed diagnoses included morbid obesity, hyperlipidemia, and flank pain (back).

Review of Resident #1's physician's order dated 08/20/24 revealed an order for methocarbamol 750mg (used to treat muscle spasms) 1 tablet 3 times daily as needed due to lumbar radiculopathy (pain radiating along the sciatic nerve).

Review of Resident #1's medication administration record (MAR) for August 2024

(C 000)

C 330

Will follow up with doctors order asap including Recheck that have to pay out of pocket to keep it from happening again my SIE ~~will~~ and I ~~will~~ will Review med charts & med orders & make sure all meds & prns are here!

Dec 5/24

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Susan

Brown

TITLE

Browne/adm

(X6) DATE

Dec 19/24

STATE FORM

8835

XK3J12

If continuation sheet 1 of 4

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS FAMILY CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 410 MONITOR DRIVE ROXBORO, NC 27573		
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C 330	Continued From page 2 -The orthopedic specialist took him off one medication and started in him on methocarbamol in August 2024. -He did not remember if he was ever administered methocarbamol, he just knew the Administrator told him it was going to cost a lot of money. -He did not remember what the cost was, but he knew he did not have the money to pay. -He had not been back to the orthopedic specialist since August 2024. -He was currently not having muscle spasms in his back; the muscle spasms eased up this morning. Interview with a Supervisor-in-Charge (SIC) on 11/01/24 at 12:09pm revealed: -Resident #1's orthopedic specialist ordered him methocarbamol. -There was no fee for the methocarbamol when she filled it the first time. -When she requested to get the methocarbamol refilled, a pharmacy representative told her there would be a fee, but she did not remember what the fee was. -She called Resident #1's orthopedic specialist's office in September 2024 and spoke to a nurse who told her she would call back to let her know what to administer Resident #1, but the nurse never called her back. -She called Resident #1's orthopedic specialist's office at least twice in September 2024 and she never received clarification of what Resident #1 was expected to take instead of methocarbamol. -She talked to Resident #1's PCP while she was waiting to hear back from his orthopedic specialist, and the PCP told her to administer Tylenol and gabapentin. -She had not contacted Resident #1's orthopedic provider in October 2024.	C 330			

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

FCL073011

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY
COMPLETED

R

11/01/2024

NAME OF PROVIDER OR SUPPLIER

GOLDEN YEARS FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

410 MONTFORD DRIVE
ROXBORO, NC 27573

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PREFIX
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SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
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DEFICIENCY)

(X5)
COMPLETE
DATE

C 330

Continued From page 3

-Resident #1 had not complained to her about
having muscle spasms.

Interview with the Administrator on 11/01/24 at
11:59am revealed:

-Resident #1 was administered methocarbamol
as a muscle relaxer.

-Resident #1 was administered methocarbamol in
August and September 2024.

-She told Resident #1's PCP and his orthopedic
specialist that he did not want to pay for the
methocarbamol that was prescribed, but she did
not remember the PCP's or orthopedic
specialist's response.

-Resident #1 did not complain to her about having
muscle spasms.

Attempted telephone interview with Resident #1's
pharmacy on 11/01/24 at 11:44am was
unsuccessful.

Attempted telephone interview with Resident #1's
PCP on 11/01/24 at 11:34am was unsuccessful.

Attempted telephone interview with Resident #1's
orthopedic specialist on 11/01/24 at 11:36am was
unsuccessful.

C 330

We will call
with doctor see
if client can
get something else
We will document
when we call
doctor + what was
said. We will
get a D/C order
We have D/C order
in chart.
Admin & etc
Christi Ash will
follow up on
anything like this
again.

NOV 1/24
Done