

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092-323	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER HEARTS OF GOLD FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1004 EDENBURGHS KEEP DR KNIGHTDALE, NC 27545		
(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 initial survey on November 13, 2024.	C 000	C202/203: (a)(b)(e)Hearts of gold acknowledges a 2-step tuberculosis test for each resident to be done upon admission to family care home to remain in compliance with commssion for public health per 10A NCAC 41A .205.	
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 interviews and record reviews, the facility failed to ensure 1 of 2 sampled residents (#1) were tested upon admission for tuberculosis (TB) disease in compliance with the control measures by the Commission for Public Health. The findings are: Review of Resident #2's current FL2 dated 10/17/23 revealed diagnoses included type 2 diabetes mellitus, acute kidney injury, hyperlipidemia, peripheral vascular disease, and abnormal gait. Review of Resident #2's Resident Register revealed an admission date of 10/14/23. Review of Resident #2's record revealed there was not a first step or second step tuberculosis	C 202	per resident 2 Hearts of Gold acknowledges there was no second step tuberculosis test found in resident file. Hearts of Gold ensures that each resident will have a 2 step tuberculosis test upon admission to family care home, the first step will be completed upon admission and the second step will be comleted no more than 14 days of admissions to the facility. Hearts of Gold ensures 2 step tb test to be provided by a registered nurse. If a 2-step test is not a option for the resident or if the resident has tested positive for turboculosis in the past then a chest xray will be provided for confirmation. per resident 2 Hearts of gold scheduled a chest xray to be completed. chest xray were taken for patient and confirmed there is no tuberculosis present on 11/14/2024. documantation can be found in resident files. Hearts of Gold Family care home administrator is responisble for the auditing of the resident files and ensures it will be done on a monthly basis.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Christina Sutton

TITLE

Adminstrator

(X6) DATE

01/15/2025

Reviewed and acknowledged on 01/17/25 by *JL*

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C 202	Continued From page 1 (TB) test for review. Interview with the Administrator on 11/13/24 at 11:30 am revealed: -She was responsible for ensuring residents had a first and second step TB test. -She thought Resident #2 had a first and second step TB test at admission. -She was unsure why Resident #2's TB tests were not in the record. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable.	C 202		
C 203	10A NCAC 13G .0702 (b) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination And Immunizations (b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the home and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the	C 203		

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C 203	Continued From page 2 facility failed to ensure 1 of 2 sampled residents (#2) FL2 was updated annually. The findings are: Review of Resident #2's current FL2 dated 10/17/23 revealed diagnoses included type 2 diabetes mellitus, acute kidney injury, hyperlipidemia, peripheral vascular disease, and abnormal gait. Review of Resident #2's Resident Register revealed an admission date of 10/14/23. Review of Resident #2's record revealed: -There was an FL2 dated 10/17/23. -There were no other FL2s for review. Interview with the Administrator on 11/13/24 at 11:30am revealed: -She was responsible for ensuring the residents' FL2s were updated. -She was aware FL2s should be updated annually. -The facility's temporary license was approved in August 2024. -She thought since Resident #2's FL2 was current at the time the facility's temporary license was approved, the FL2 did not need to be updated until the following year.	C 203	206: Hearts of Gold acknowledges each resideint shall have a medical examination completed by a licensed physician prior to admission to the home and annually thereafter per 10A NCAC 13G .702 Hearts of Gold acknowledges per review of resident register resident #2 was admitted on 10/14/2023 and had a FI2 on file. The FL2 in resident files were dated for 10/17/2023 and no other FL2's were available for review. Hearts of Gold ensures each resident will have an FL2 completed by a licensed phycian upon admission to the home and also annually thereafter. Hearts of Gold per resident #2 has a FL2 completed by the residents primary care physician signed 12/23/2024 which includes a no sugar added diet in the nutritonal status. annual FL2 will be completed to stay in compliance with DHSR in 12/2025. documentation can be found in resident files.	12/28/2024
C 206	10A NCAC 13G .0702 (e) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination and Immunizations (e) The result of the medical examination required in Paragraph (b) of this Rule shall be documented on the North Carolina Medicaid Adult	C 206	Hearts of Gold Family care home administrator is responisble for the auditing of the resident files and ensures it will done on a monthly basis.	

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C 206	Continued From page 3 Care Home FL-2 form which is available at no cost on the Department's Medicaid website at https://medicaid.ncdhhs.gov/media/6549/open . The Adult Care Home FL-2 shall be signed and dated by the physician or physician extender completing the medical examination. The medical examination shall include the following: (1) resident's identification information, including the resident's name, date of birth, sex, admission date, county and Medicaid number, current facility and address, physician's name and address, a relative's name and address, current level of care, and recommended level of care; (2) resident's admitting diagnoses, including primary and secondary diagnoses and dates of onset; (3) resident's current medical information, including orientation, behaviors, personal care assistance needs, frequency of physician visits, ambulatory status, functional limitations, information related to activities and social needs, neurological status including orders for therapeutic diets; (4) special care factors, including physician orders for blood pressure, diabetic urine testing, physical therapy, range of motion exercises, a bowel and bladder program, a restorative feeding program, speech therapy, and restraints; (5) resident's medications, including the name, strength, dosage, frequency and route of administration of each medication; (6) results of x-rays or laboratory tests determined by the physician or physician extender to be necessary information related to the resident's care needs; and (7) additional information as determined by the physician or physician extender to be necessary for the care of the resident.	C 206	Hearts of Gold acknowledges resident register revealed there is no current diet order for resident #2. per FI2 resident has diabetes, but no diet order was listed by the nutritional status was revealed on the residents fl2. Herats of Gold ensure there will be a diet order attached to resident fl2 that expains details of resident diet. Hearts of Gold provided low sugar diet for resident #2 Hearts of Gold Family care home administrator is responisble for the auditing of the resident files.	12/28/2024

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C 206	Continued From page 4 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 2 sampled residents (#2) had a current diet order. The findings are: Review of Resident #2's current FL2 dated 10/17/23 revealed: -Diagnoses included type 2 diabetes mellitus, acute kidney injury, hypertension, hyperlipidemia, peripheral vascular disease, and abnormal gait. -There was no diet listed under nutritional status. Observation of the facility's breakfast meal on 11/13/24 from 9:10am to 9:45am revealed Resident #2 was served waffles, scrambled eggs, bacon, coffee, and water. Review of Resident #2's record revealed there was no current diet order. Interview with the Administrator on 11/13/24 at 1:35pm revealed: -The residents' diet orders were usually on their FL2 or admission orders. -The facility did not have a separate diet order form. -Resident #2 had lived at the facility for a while and had always eaten a regular diet. -Resident #2 did not have a current diet order because she had not requested a diet order from Resident #2's primary care provider (PCP).	C 206		

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C 206	Continued From page 5 Attempted telephone interview with Resident #2's PCP on 11/13/24 at 1:47pm was unsuccessful.	C 206	231: Hearts of gold acknowledges the facility shall ensure an assesment of each resident is completed within 30days following the admission and at least annually thereafter Hearts of Gold acknowledges the facility failed to include 2 of 2 residents care palm did not consist of resident medications and levels of assistance needed in the ADL's section. there were no LHPS task listed and needed to be signed by resident #1 PCP. resident #2 resident register reveals there was no care plan to review.	12/28/2024
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 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 interviews and record reviews, the facility failed to ensure 2 of 2 sampled residents (#1, #2) had a care plan completed within 30 days of admission and 1 of 2 residents (#2) had a care plan completed annually. The findings are:	C 231	Hearts of Gold esures there will be a resident assesment using the DHSR approved instrument. there will be an assesment completed within 30 days of admission and annually thereafter that contain all doucmentaion according to 10A NCAC 13G .801 Hearts of Gold has completed care plan with a medical assesment provided by primary care provider. Care plan dated for both residents has addressed diagnosis, recommended levels of care for resident, level of needed assistance and LHPS task. Hearts of Gold Family care home administrator is responisble for the auditing of the resident files and ensures it will done on a monthly bais.	

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C 231	Continued From page 6 1. Review of Resident #1's current FL2 dated 08/14/24 revealed: -Diagnosis included chronic obstructive pulmonary disease. -The resident's recommended level of care was family care home. -The resident needed assistance with bathing and dressing. -The resident was incontinent of bowel and bladder. -The resident was non-ambulatory. Review of Resident #1's Resident Register revealed an admission date of 08/15/24. Review of Resident #1's care plan dated 08/15/24 revealed: -Resident #1's name, facility, and address were listed. -There were none of Resident #1's medications listed. -There were no levels of assistance noted in the activities of daily living (ADL) section. -There were no Licensed Health Professional Support (LHPS) tasks listed. -The care plan was signed by Resident #1's family member and the Administrator. -The care plan was not signed by Resident #1's primary care provider (PCP). Interview with a personal care assistant (PCA) on 11/13/24 at 1:20pm revealed: -Resident #1 required assistance from staff with bathing, dressing, grooming, and toileting. -Resident #1 was non-ambulatory and needed assistance with transfers to and from her wheelchair. -Resident #1 needed assistance from staff with her wheelchair and she did not self-propel her	C 231		

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C 231	Continued From page 7 wheelchair. Based on observations, interviews, and record reviews, it was determined that Resident #1 was not interviewable. Refer to interview with the Administrator on 11/13/24 at 11:35am. 2. Review of Resident #2's current FL2 dated 10/17/23 revealed: -Diagnoses included type 2 diabetes mellitus, acute kidney injury, hypertension, hyperlipidemia, peripheral vascular disease, and abnormal gait. -The resident's recommended level of care was family care home. -The resident had intermittent confusion. -The resident needed assistance with bathing and dressing. -The resident was non-ambulatory. -The resident had an indwelling catheter. -The resident was incontinent of bowel. Review of Resident #2's Resident Register revealed an admission date of 10/14/23. Review of Resident #2's record revealed there were no care plans for review. Interview with a personal care aide (PCA) on 11/13/24 at 1:20pm revealed: -Resident #2 required assistance with bathing, dressing, grooming, incontinence care, and emptying her foley catheter drainage bag. -Resident #2 was non-ambulatory and needed assistance with transfers to and from her wheelchair. -Resident #2 needed assistance from staff with her wheelchair and she did not self-propel her wheelchair. Based on observations, interviews, and record	C 231		

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C 231	Continued From page 8 reviews, it was determined that Resident #2 was not interviewable. Refer to interview with the Administrator on 11/13/24 at 11:35am. Interview with Administrator on 11/13/24 at 11:35am revealed: -She was responsible for completing the residents' care plans. -She thought the residents' care plans were completed at admission and if residents had a significant change in condition. -She was not aware Resident #1's primary care provider (PCP) needed to sign Resident #1's care plan. -She was unsure why Resident #2 did not have a care plan in the record.	C 231	254: Hearts of Gold acknowledges the completion of an LHPS is to be completed within 30days of admission or within 30days from the date a resident develops the need for a task and at least quarterly thereafter. Hearts of gold acknowledges these task are to be evaluated by a registered nurse, physical therapist, occupational therapist, respiratory care practitioner for the health status, care plan and care provided to each resident. Hearts of Gold ensures each resident will have an LHPS completed within 30days of admission and/or within 30days of the development of a new task. Hearts of gold has completed LHPS task for 2 of 2 residents including suppositories(#1,#2), medication by inhalation(#1), resident transfers(#1,#2), assistive devices(#1#2), urinary catheter(#2), medication by injection(#2) and fingerstick blood sugars(#2). Hearts of Gold Family care home administrator is responsible for the auditing of the resident files and ensures it will be done on a monthly basis.	
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist, respiratory care practitioner, or physical therapist in the on-site review and evaluation of the residents' health status, care plan, and care provided, as required in Paragraph (a) of this Rule, is completed within 30 days after admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care	C 254	Hearts of Gold will ensure that participation by a registered nurse, occupational therapist, respiratory care practitioner, or physical therapist in the on-site review and evaluation of the residents' health status, care plan, and care provided, as required in Paragraph (a) of this Rule, is completed within 30 days after admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter. Hearts of Gold has completed LHPS by Hearts of Gold's RN on staff to address task tasks including suppositories (#1), medication by inhalation (#1), transfers (#1, #2), assistive devices (#1, #2), urinary catheter (#2), medication by injection (#2), and fingerstick blood sugars (#2)	12/28/2024

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C 254	Continued From page 9 being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation including physical assessment of current condition, evaluation of progress, and recommended changes was completed for 2 of 2 sampled residents (#1, #2) for tasks including suppositories (#1), medication by inhalation (#1), transfers (#1, #2), assistive devices (#1, #2), urinary catheter (#2), medication by injection (#2), and fingerstick blood sugars (#2). The findings are: 1. Review of Resident #1's current FL2 dated 08/14/24 revealed: -Diagnosis included chronic obstructive pulmonary disease. -The resident was non-ambulatory. -There was an order for Bisacodyl suppository 10mg, 1 suppository as needed daily for constipation (Bisacodyl is a medication used to treat constipation). -There was an order for Acetaminophen suppository 650mg, 1 suppository as needed for mild pain or fever (Acetaminophen is a medication used to treat pain or fever). -There was an order for DuoNeb 0.5mg/3mg per 3ml by inhalation twice daily (DuoNeb is a medication used to treat shortness of breath).	C 254	There was an entry for Bisacodyl suppository 10mg, 1 suppository as needed daily for constipation. There was no documentation of Bisacodyl suppository being administered from 10/01/24 to 10/31/24 There was an entry for Acetaminophen suppository 650mg, 1 suppository as needed for mild pain or fever. There was no documentation of Acetaminophen suppository 650mg being administered from 10/01/24 to 10/31/24. Hearts of Gold Acknowledges if medication has not been used in 30days to obtain a discontinue order for that medication. Hearts of Gold ensures residents primary care provider will provide discontinue order for medications not administered in 30 days. Hearts of Gold administrator is responsible for the audit and upkeep of resident files and will ensure an audit will be completed on a monthly basis.	

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C 254	Continued From page 10 Review of Resident #1's September 2024 medication administration record (MAR) revealed: -There was an entry for Bisacodyl suppository 10mg, 1 suppository as needed daily for constipation. -There was no documentation of Bisacodyl suppository being administered from 09/01/24 to 09/30/24. - here was an entry for Acetaminophen suppository 650mg, 1 suppository as needed for mild pain or fever. -There was no documentation of Acetaminophen suppository 650mg being administered from 09/01/24 to 09/30/24. -There was an entry for DuoNeb 0.5mg/3mg per 3ml by inhalation twice daily. -DuoNeb was documented as administered twice daily at 8:00am and 8:00pm from 09/01/24 to 09/30/24. Review of Resident #1's October 2024 MAR revealed: -There was an entry for Bisacodyl suppository 10mg, 1 suppository as needed daily for constipation. -There was no documentation of Bisacodyl suppository being administered from 10/01/24 to 10/31/24. -There was an entry for Acetaminophen suppository 650mg, 1 suppository as needed for mild pain or fever. -There was no documentation of Acetaminophen suppository 650mg being administered from 10/01/24 to 10/31/24. -There was an entry for DuoNeb 0.5mg/3mg per 3ml by inhalation twice daily. -DuoNeb was documented as administered twice daily at 8:00am and 8:00pm from 10/01/24 to 10/31/24.	C 254		

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C 254	Continued From page 11 Review of Resident #1's November 2024 MAR revealed: -There was an entry for Bisacodyl suppository 10mg, 1 suppository as needed daily for constipation. -There was no documentation of Bisacodyl suppository being administered from 11/01/24 to 11/13/24. -There was an entry for Acetaminophen suppository 650mg, 1 suppository as needed for mild pain or fever. -There was no documentation of Acetaminophen suppository 650mg being administered from 11/01/24 to 11/13/24. -There was an entry for DuoNeb 0.5mg/3mg per 3ml by inhalation twice daily. -DuoNeb was documented as administered at 8:00am from 11/01/24 to 11/14/24 and at 8:00pm from 11/01/24 to 11/13/24. Review of Resident #1's record revealed: -There were Licensed Health Professional Support evaluations dated 08/20/24, 09/09/24, 09/26/24, and 10/03/24. -The LHPS evaluation dated 08/20/24 was signed by a hospice social worker. -The LHPS evaluations dated 09/09/24, 09/26/24, and 10/03/24 were signed by a physical therapist (PT). -The identified LHPS tasks of transfers, assistive device, suppositories, and inhalation of medication were not addressed. -The LHPS evaluations did not have documentation of a review of health status and care provided and physical assessment. -The LHPS evaluations did not have documentation of changes and follow-up recommendations.	C 254		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092-323	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER HEARTS OF GOLD FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1004 EDENBURGHS KEEP DR KNIGHTDALE, NC 27545		
(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 254	Continued From page 12 Observation of the facility on 11/13/24 from 8:15am to 3:15pm revealed: -A personal care aide (PCA) assisted Resident #1 with transferring Resident #1 from her bed to her wheelchair. -The PCA propelled Resident #1 in her wheelchair from her room to the facility's living room. -Resident #1 had a nebulizer machine on a table in her room. Interview with a PCA on 11/13/24 at 1:20pm revealed: -Resident #1 required assistance of 1 staff member for transfers in and out of bed and in and out of her wheelchair. -Staff members assisted Resident #1 with her wheelchair; Resident #1 did not self-propel her wheelchair throughout the facility. Based on observations, interviews, and record reviews, it was determined that Resident #1 was not interviewable. Refer to interview with the Administrator on 11/13/24 at 11:35am. 2. Review of Resident #2's current FL2 dated 10/17/23 revealed: -Diagnoses included type 2 diabetes mellitus, acute kidney injury, hypertension, hyperlipidemia, peripheral vascular disease, and abnormal gait. -The resident was non-ambulatory. -The resident had an indwelling urinary catheter. -There was an order for Insulin Glargine inject 17 units every morning with breakfast (Insulin Glargine is a long-acting injectable medication used to lower blood sugar). -There was an order for Insulin Lispro, inject per sliding scale, 201-250=inject 2 units,	C 254		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092-323	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER HEARTS OF GOLD FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1004 EDENBURGHS KEEP DR KNIGHTDALE, NC 27545		
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C 254	Continued From page 13 251-300=inject 4 units, 300-350=inject 6 units, 351-400=inject 8 units, 401-450=inject 10 units before lunch and dinner (Insulin Glargine is a rapid-acting injectable medication used to lower blood sugar). -There was an order to check fingerstick blood sugar (FSBS) with sliding scale. Review of Resident #2's September 2024 medication administration record (MAR) revealed: -There was an order for Insulin Glargine inject 17 units every morning with breakfast scheduled for 9:00am. -Insulin Glargine was documented as administered at 9:00am from 09/01/24 to 09/30/24. -There was an order for Insulin Lispro, inject per sliding scale, 201-250=inject 2 units, 251-300=inject 4 units, 300-350=inject 6 units, 351-400=inject 8 units, 401-450=inject 10 units before lunch and dinner scheduled for 11:30am and 4:30pm. -Insulin Lispro was documented as administered or held as ordered from 09/01/24 to 09/30/24. Review of Resident #2's October MAR revealed: -There was an order for Insulin Glargine inject 17 units every morning with breakfast scheduled for 9:00am. -Insulin Glargine was documented as administered at 9:00am from 10/01/24 to 10/31/24. -There was an order for Insulin Lispro, inject per sliding scale, 201-250=inject 2 units, 251-300=inject 4 units, 300-350=inject 6 units, 351-400=inject 8 units, 401-450=inject 10 units before lunch and dinner scheduled for 11:30am and 4:30pm. -Insulin Lispro was documented as administered or held as ordered from 10/01/24 to 10/31/24.	C 254		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092-323	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER HEARTS OF GOLD FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1004 EDENBURGHS KEEP DR KNIGHTDALE, NC 27545		
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C 254	Continued From page 14 Review of Resident #2's November MAR revealed: -There was an order for Insulin Glargine inject 17 units every morning with breakfast scheduled for 9:00am. -Insulin Glargine was documented as administered at 9:00am from 11/01/24 to 11/13/24. -There was an order for Insulin Lispro, inject per sliding scale, 201-250=inject 2 units, 251-300=inject 4 units, 300-350=inject 6 units, 351-400=inject 8 units, 401-450=inject 10 units before lunch and dinner scheduled for 11:30am and 4:30pm. -Insulin Lispro was documented as administered or held as ordered from 11/01/24 to 11/12/24. Review of Resident #2's record revealed: -There were Licensed Health Professional Support (LHPS) evaluations dated 08/08/24,08/20/24,08/26/24, 09/03/24,09/16/24, 09/19/24, 09/23/24, 09/30/24, 10/07/24, 10/28/24, and one undated evaluation. -The LHPS evaluations were signed by a physical therapist on 08/26/24, 09/10/24, 09/23/24, 09/30/24, and 10/28/24. -The LHPS evaluations were signed by a physical therapy assistant (PTA) on 08/08/24,08/20/24,08/26/24, 09/03/24,09/16/24, 09/19/24,10/07/24, and the undated evaluation. -The identified LHPS tasks of medication by injection, FSBS, urinary catheter, transfers, and assisted device were not addressed. -The LHPS evaluations did not have documentation of a review of health status and care provided and physical assessment. -The LHPS evaluations did not have documentation of changes and follow-up recommendations.	C 254		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092-323	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER HEARTS OF GOLD FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1004 EDENBURGHS KEEP DR KNIGHTDALE, NC 27545		
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C 254	Continued From page 15 Interview with a personal care aide (PCA) on 11/13/24 at 1:20pm revealed: -Resident #2 required assistance with transfers in and out of bed and in and out of her wheelchair. -Staff members assisted Resident #2 in her wheelchair; Resident #2 did not self-propel her wheelchair throughout the facility. -Resident #2 had a urinary catheter and she emptied the catheter each shift. Attempted interview with Resident #2's home health agency on 11/14/24 at 1:48pm was unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable. Refer to interview with the Administrator on 11/13/24 at 11:35am. Interview with the Administrator on 11/13/24 11:35am revealed: -The facility staff administered Resident #2's insulin and performed fingerstick blood sugars (FSBS). -She was responsible for ensuring residents had Licensed Health Professional Support (LHPS) evaluations in their records. -She usually asked a nurse or physical therapist (PT) from either a home health agency or hospice agency to complete the residents' LHPS evaluations. -There was not one specific registered nurse (RN) or PT assigned and responsible for completing LHPS evaluations for the facility. -She was not aware that each identified LHPS task, the residents' progress, and recommended changes should be documented on the evaluation	C 254		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092-323	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2024
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C 254	Continued From page 16 by a licensed health professional.	C 254		