STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074050	A. BUILDING: _____ B. WING _____	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
L AND C FAMILY CARE HOME LLC	6347 FAIRWAY DRIVE GRIFTON, NC 28530

(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 January 24, 2025.	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		

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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 onsite review for 3 of 3 sampled residents (#1, #2 and #3) which included the reconciliation of current orders, medication administration records (MARs) and medications in the facility. The findings are: 1. Review of Resident #1's current FL-2 dated 07/01/24 revealed: -Diagnoses included schizoaffective disorder bipolar type, mild intellectual disability, and mild neurocognitive disorder due to a traumatic brain injury. -There were nine medication orders listed on Resident #1's FL-2. Review of Resident #1's Resident Register revealed he was admitted to the facility on 07/08/24. Review of Resident #1's record revealed there was not a quarterly medication review in his medical record. Refer to the attempted telephone interview with the facility's contracted pharmacy registered nurse on 01/24/25 at 2:15pm. Refer to interview with the Administrator on 01/24/25 at 12:15pm. 2. Review of Resident #2's current FL-2 dated 10/09/24 revealed: -Diagnoses included schizophrenia and mild	C 375		

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C 375	Continued From page 2 intellectual disability. -There were six medication orders listed on Resident #2's FL-2. Review of Resident #2's Resident Register revealed he was admitted to the facility on 10/09/24. Review of Resident #2's record revealed a quarterly medication review was not completed. Refer to the attempted telephone interview with the facility's contracted pharmacy registered nurse on 01/24/25 at 2:15pm. Refer to interview with the Administrator on 01/24/25 at 12:15pm. 3. Review of Resident #3's current FL2 dated 02/26/24 revealed: -Diagnoses included diabetes, hypertension, intellectual developmental disability, and hyperlipidemia. -There were nine medication orders listed on Resident #3's FL-2. Review of Resident #3s quarterly medication review revealed: -There was a medication review completed on 02/14/24. -There was not another medication review completed since 02/14/24. Refer to the attempted telephone interview with the facility's contracted pharmacy registered nurse on 01/24/25 at 2:15pm. Refer to interview with the Administrator on 01/24/25 at 12:15pm. _____	C 375		

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C 375	Continued From page 3 Attempted telephone interview with the facility's contracted local pharmacy's on 01/24/25 at 2:15pm revealed: -The registered nurse (RN) was not available at the pharmacy. -The pharmacist would attempt to obtain the local RN's cellular telephone number and call the Administrator back with the contact number. Interview with the Administrator on 01/24/25 at 12:15pm revealed: -The RN from the facility's contracted pharmacy had completed a quarterly Licensed Health Professional Support (LHPS) for each resident. -She thought the RN was able to use the LHPS form to complete the required quarterly pharmacy review. -She did not realize that there were no medication recommendations on the quarterly LHPS completed by the RN for residents. -She had changed to a different contracted pharmacy in August or September 2024. -She should have realized the RN that visited the facility quarterly needed to complete a pharmacy review for each resident.	C 375		