STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078098	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 7	2133 PRESTON ROAD MAXTON, NC 28364

(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 02/06/25.	C 000		
C 341	10A NCAC 13G .1004 (i) Medication Administration 10A NCAC 13G .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to record the administration on the medication administration record (MAR) according to the residents' scheduled medication administration for 3 of 3 sampled residents as evidence by the documentation of pre-charting. The findings are: 1. Review of Resident #1's FL-2 dated 01/17/25 revealed diagnoses included type 2 dementia, hypertension, congestive heart failure (CHF), Alzheimer's, and chronic obstructive pulmonary disease (COPD). a. Review of Resident #1's February 2025 medication administration record (MAR) revealed: -There was an entry for Lantus Solostar 100	C 341		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078098	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 7	2133 PRESTON ROAD MAXTON, NC 28364

(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 341	Continued From page 1	C 341		

unit/ml, inject 65 units every evening scheduled for 8:00pm. (Lantus is used to lower blood sugar levels in adults with Type 2 diabetes).
-On 02/06/25 at 8:00pm the Lantus Solostar was documented as administered.

b. Review of Resident #1's February 2025 MAR revealed:
-There was an entry for Magnesium Oxide 400mg tablet, 1 tablet twice per day scheduled for 8:00am and 8:00pm. (Magnesium Oxide is used an antacid to relieve heartburn or acid indigestion).
-On 02/06/25 at 8:00pm the Magnesium Oxide was documented as administered.

c. Review of Resident #1's February 2025 MAR revealed:
-There was an entry for Metoprolol tartrate 25mg tablet, ½ tablet twice per day scheduled for 8:00am and 8:00pm. (Metoprolol tartrate is used to treat high blood pressure, chest pain, and heart failure).
-On 02/06/25 at 8:00pm the Metoprolol tartrate was documented as administered.

d. Review of Resident #1's February 2025 MAR revealed:
-There was an entry for Oxycodone-Apap 10-325mg tablet, 1 tablet four times per day scheduled for 8:00am, 12:00pm, 4:00pm and 8:00pm. (Oxycodone- Apap is used to treat pain).
-On 02/06/25 at 12:00pm, 4:00pm and 8:00pm the Oxycodone-Apap was documented as administered.

e. Review of Resident #1's February 2025 MAR revealed:
-There was an entry for Potassium chloride 20mEq tablet, 1 tablet twice per day scheduled

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078098	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 7	2133 PRESTON ROAD MAXTON, NC 28364

(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 341	Continued From page 2	C 341		

for 8:00am and 8:00pm. (Potassium chloride is used to treat or prevent low amounts of potassium in the blood).
-On 02/06/25 at 8:00pm the Potassium chloride was documented as administered.

f. Review of Resident #1's February 2025 MAR revealed:
-There was an entry for Pravastatin sodium 80mg tablet, 1 tablet every day scheduled for 8:00pm. (Pravastatin sodium is used to lower cholesterol in the blood and to prevent stroke and heart attack).
-On 02/06/25 at 8:00pm the Pravastatin sodium was documented as administered.

g. Review of Resident #1's February 2025 MAR revealed:
-There was an entry for Pregabalin 100mg capsule, 1 capsule four times per day scheduled for 8:00am, 12:00pm, 4:00pm and 8:00pm. Pregabalin is used to treat nerve pain).
-On 02/06/25 at 12:00pm, 4:00pm and 8:00pm the Pregabalin was documented as administered.

h. Review of Resident #1's February 2025 MAR revealed:
-There was an entry for Bactrim DS 800-160mg, 1 tablet twice per day for 7 days scheduled for 8:00am and 8:00pm. (Bactrim DS is used to treat bacterial infections).
-On 02/06/25 at 8:00pm the Bactrim DS was documented as administered.

Observation of Resident #1's medications on hand on 02/06/25 at 11:25am revealed there were no medications missing in the medication cart.

2. Review of Resident #2's FL-2 dated 08/27/24 revealed diagnoses included diaphragmatic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078098	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 7	2133 PRESTON ROAD MAXTON, NC 28364

(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 341	Continued From page 3 hernia, aphasia, seizure disorder, gastro hemorrhage and hyperlipidemia. a. Review of Resident #2's February 2025 medication administration record (MAR) revealed: -There was an entry for 8-hour arthritis pain 650mg tablet, 1 tablet twice per day scheduled for 8:00am and 8:00pm. -On 02/06/25 at 8:00pm the 8-hour arthritis pain was documented as administered. (8-hour arthritis pain is used to treat aches and pains related to arthritis). b. Review of Resident #2's February 2025 MAR revealed: -There was an entry for Ferosul 325mg tablet, 1 tablet twice per day scheduled for 8:00am and 8:00pm. (Ferosul is used to treat or prevent low blood levels of iron). -On 02/06/25 at 8:00pm the Ferosul was documented as administered. c. Review of Resident #2's February 2025 MAR revealed: -There was an entry for Magnesium Oxide 400mg tablet, 1 tablet twice per day scheduled for 8:00am and 8:00pm. (Magnesium Oxide is used an antacid to relieve heartburn or acid indigestion). -On 02/06/25 at 8:00pm the Magnesium Oxide was documented as administered. d. Review of Resident #2's February 2025 MAR revealed: -There was an entry for Phenobarbital 32.4mg tablet, 3 tablets at bedtime scheduled for 8:00pm. (Phenobarbital is used to treat epilepsy, anxiety, and insomnia). -On 02/06/25 at 8:00pm the Phenobarbital was documented as administered.	C 341		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078098	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 7	2133 PRESTON ROAD MAXTON, NC 28364

(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 341	Continued From page 4 e. Review of Resident #2's February 2025 MAR revealed: -There was an entry for Simvastatin 20mg tablet, 1 tablet at bedtime scheduled for 8:00pm. (Simvastatin is used to treat high cholesterol). -On 02/06/25 at 8:00pm the Simvastatin was documented as administered. f. Review of Resident #2's February 2025 MAR revealed: -There was an entry for Stool softener 100mg capsule, 1 capsule twice per day scheduled for 8:00am and 8:00pm. (Stool softener is used to relieve constipation). -On 02/06/25 at 8:00pm the Stool softener was documented as administered. g. Review of Resident #2's February 2025 MAR revealed: -There was an entry for Topiramate 100mg tablet, 1 tablet twice per day scheduled for 8:00am and 8:00pm. (Topiramate is used to treat and prevent seizures). -On 02/06/25 at 8:00pm the Topiramate was documented as administered. Observation of Resident #2's medications on hand on 02/06/25 at 11:25am revealed there were no medications missing in the medication cart. 3. Review of Resident #3's FL-2 dated 09/19/24 revealed diagnoses included epigastric pain, hypertension, chronic anemia, chronic kidney disease, mild dementia, and gastritis. a. Review of Resident #3's February 2025 medication administration record (MAR) revealed: -There was an entry for Potassium chloride 20mEq tablet, 1 tablet twice per day scheduled	C 341		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078098	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 7	2133 PRESTON ROAD MAXTON, NC 28364

(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 341	Continued From page 5	C 341		

for 8:00am and 8:00pm. (Potassium chloride is used to treat or prevent low amounts of potassium in the blood).
-On 02/06/25 at 8:00pm the Potassium chloride was documented as administered.

b. Review of Resident #3's February 2025 MAR revealed:
-There was an entry for Stool softener 100mg capsule, 1 capsule twice per day scheduled for 8:00am and 8:00pm. (Stool softener is used to relieve constipation).
-On 02/06/25 at 8:00pm the Stool softener was documented as administered.

c. Review of Resident #3's February 2025 MAR revealed:
-There was an entry for Symbicort 160-4.5mcg, 2 puffs twice per day scheduled for 8:00am and 8:00pm. (Symbicort is used to treat asthma and chronic obstructive pulmonary disease).
-On 02/06/25 at 8:00pm the Symbicort was documented as administered.

d. Review of Resident #3's February 2025 MAR revealed:
-There was an entry for Trazadone 100mg tablet, 1 tablet daily scheduled for 8:00pm. (Trazadone is used to treat depression).
-On 02/06/25 at 8:00pm the Trazadone was documented as administered.

e. Review of Resident #3's February 2025 MAR revealed:
-There was an entry for Xiidra 5% eye solution, 1 drop each eye daily scheduled for 8:00am and 8:00pm. (Xiidra is used to treat dry eye disease).
-On 02/06/25 at 8:00pm the Xiidra was documented as administered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078098	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 7	2133 PRESTON ROAD MAXTON, NC 28364

(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 341	Continued From page 6 f. Review of Resident #3's February 2025 MAR revealed: -There was an entry for Melatonin 3mg tablet, 1 tablet at bedtime scheduled for 8:00pm. (Melatonin is used to help with sleep). -On 02/06/25 at 8:00pm the Melatonin was documented as administered. g. Review of Resident #3's February 2025 MAR revealed: -There was an entry for Oxycodone HCl 10mg tablet, 1 tablet daily scheduled for 4:00pm. (Oxycodone HCl is used to relieve pain). -On 02/06/25 at 4:00pm the Oxycodone was documented as administered. h. Review of Resident #3's February 2025 MAR revealed: -There was an entry for Xtampza 18mg capsule, 1 capsule every 12 hours scheduled for 8:00am and 8:00pm. (Xtampza is used to treat pain). -On 02/06/25 at 8:00pm the Xtampza was documented as administered. Observation of Resident #3's medications on hand on 02/06/25 at 11:25am revealed there were no medications missing in the medication cart. Interview with a Medication Aide (MA) on 02/06/25 at 11:44am revealed: -She was in a rush this morning. -She did not realize she was signing off on the medications before time, "It was a mistake." -She should have signed off on the medications as she administered them. Interview with the Resident Care Coordinator (RCC) on 02/06/25 at 11:25am revealed: -She ensured medications were available for the residents and orders for medications matched the	C 341		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078098	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 7	2133 PRESTON ROAD MAXTON, NC 28364

(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 341	Continued From page 7 MAR. -Staff were not expected to sign off on medications before they were administered. Interview with the Administrator on 02/06/25 at 11:41am revealed: -The MAs should always verify the date and time before signing off they administered a medication. -No one should be signing off they administered a medication before the time.	C 341		