

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL064006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/08/2025
NAME OF PROVIDER OR SUPPLIER KNIGHT'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3306 GREENFIELD DRIVE ROCKY MOUNT, NC 27804		
(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 and follow up survey on January 8, 2025.	C 000	1. To prevent any omission of medications given and not on the resident's MAR, a medication tracking form was created and distributed to all staff. The tracking form confirms that all medications, as prescribed by the medical provider, is correctly entered on the MAR and that a reconciliation of the medications are made at the beginning of the month prior to medications being administered to the residents. Each staff member that administers medication must sign and date the tracking form to verify that medications have been reconciled to the MAR. Please see attached document.	1/9/25
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medication administration records were complete and accurate for 1 of 2 residents (#1). The findings are: Review of Resident #1's current FL-2 dated 08/30/24 revealed:	C 342	2. Medication was administered on 1/9/25. The MAR was corrected on that date to add Atorvastatin. The Administrator called the pharmacy to inform them they had inadvertently left off that medication. The pharmacist agreed and added it back to the MAR. 3. All Knight's Family Care Home staff completed additional medication administration training on 2/4/25. The training entailed a refresher in basic documentation and reviewed the additional medication tracking form process. Please see attachments.	1/9/25 2/4/25

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

Andre D. Knight TITLE Director

(X6) DATE

2/28/2025

STATE FORM

6899

XRC211

If continuation sheet 1 of 4

Reviewed and Acknowledged

SJS

3/11/25

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C 342	Continued From page 1 -Diagnoses included schizoaffective disorder and hypertension. -There was an order for Atorvastatin Calcium 20mg, take one tablet every day at 8:00am (Atorvastatin Calcium is a medication used to treat high cholesterol). Review of Resident #1's October 2024 medication administration record (MAR) revealed: -There was an entry for Atorvastatin 20mg once a day, scheduled for administration at 8:00am. -Atorvastatin 20mg was documented as administered at 8:00am daily from 10/01/24 to 10/31/24. Review of Resident #1's November 2024 MAR revealed: -There was not a typed or handwritten entry for Atorvastatin 20mg once a day, scheduled for administration at 8:00am. -There was no documentation that Atorvastatin 20mg was administered from 11/01/24 to 11/30/24. Review of Resident #1's December 2024 MAR revealed: -There was not a typed or handwritten entry for Atorvastatin 20mg once a day, scheduled for administration at 8:00am. -There was no documentation that Atorvastatin 20mg was administered from 12/01/24 to 12/31/24. Review of Resident #1's January 2025 MAR revealed: -There was not a typed or handwritten entry for Atorvastatin 20mg once a day, scheduled for administration at 8:00am. -There was no documentation that Atorvastatin 20mg was administered from 01/01/25 to	C 342			

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NAME OF PROVIDER OR SUPPLIER KNIGHT'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3305 GREENFIELD DRIVE ROCKY MOUNT, NC 27804			
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C 342	Continued From page 2 01/07/25. Observation of Resident #1's medications on hand on 01/08/25 at 11:15am revealed there was a bubble card with 26 Atorvastatin 20mg tablets with a dispense date of 12/18/24. Interview with Resident #1 on 01/08/25 at 11:05am revealed she thought she received all her medications daily. Attempted telephone interview with a pharmacist at the facility's contracted pharmacy on 01/08/25 at 10:30am revealed only a pharmacy manager could speak with state surveyors and all managers were in an emergency meeting and were not available. Interview with the Supervisor in Charge (SIC) on 01/08/25 at 11:22am revealed: -She administered Resident #1 Atorvastatin daily but forgot to add a handwritten entry on the November 2024, December 2024 and January 2025 MARs. -She or the medication aide (MA) should have noticed that Atorvastatin was not printed on the monthly MARs. -She had contacted a representative with the facilities contracted pharmacy to inform that Atorvastatin needed to be added to the MAR. -She could not remember when she contacted the representative from the facilities contracted pharmacy. Telephone interview with the Administrator on 01/08/25 at 11:37am revealed: -The SIC and MA should have handwritten the order for Atorvastatin 20mg on Resident #1's MARs. -He was aware that the SIC had notified a	C 342			

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C 342	Continued From page 3 representative with the facilities contracted pharmacy to request that Atorvastatin be added to the MAR. -The SIC should have documented her communication with a representative at the facilities contracted pharmacy about the need to add Atorvastatin on the MAR. -If he were made aware that Atorvastatin was not printed on the monthly MARs, he would have contacted the facilities consulting pharmacist to ensure the correction was made.	C 342			

Medication Tracking Form



Please check all medications in each resident's medication box/tray to ensure that medications match the MAR documentation. Each staff member that administers medications to residents MUST sign this document, by the 1st of each month, that verifies that medications administered are listed on the MAR form. By initialing this document, you verify that the medications have been reconciled before administering meds to our clients.

Initials

Date

January

February

March

April

May

June

July

August

September

October

November

December

Certificate of Completion

is hereby granted to:

[REDACTED]

to certify that they have completed to satisfaction

**Medication Administration &
Diabetes Training**

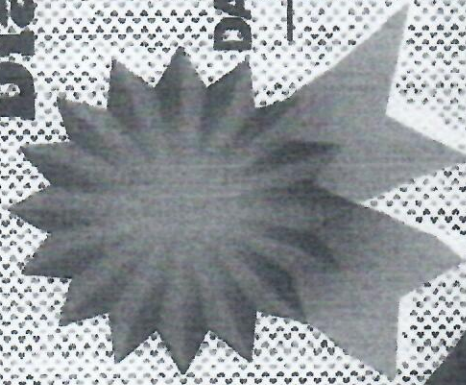
6 CONTACT HOURS

DATE : FEBRUARY 4, 2025

[REDACTED]

RJV

POSITIVE MOMENTUM LLC



Certificate of Completion

is hereby granted to:

[REDACTED]

to certify that they have completed to satisfaction

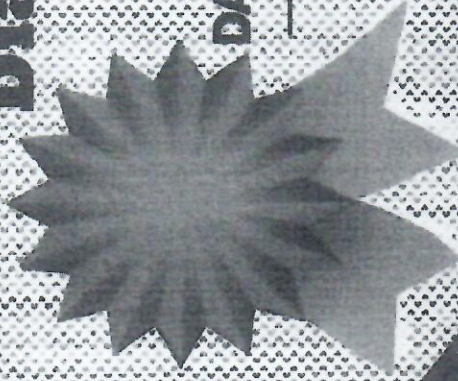
Medication Administration & Diabetes Training

6 CONTACT HOURS

DATE : FEBRUARY 4, 2025

[REDACTED]

POSITIVE MOMENTUM LLC



Certificate of Completion

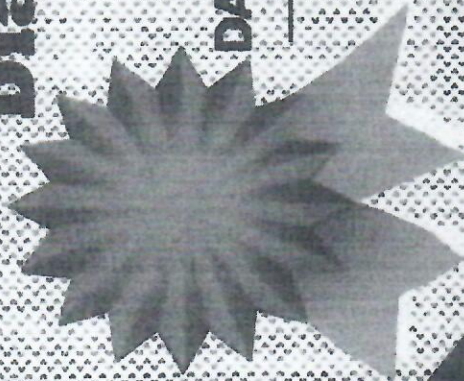
is hereby granted to:

[REDACTED]

to certify that they have completed to satisfaction
**Medication Administration &
Diabetes Training**

6 CONTACT HOURS

DATE: FEBRUARY 4, 2025



[REDACTED]

R.N. # [REDACTED]

POSITIVE MOMENTUM LLC

Certificate of Completion

is hereby granted to:

[REDACTED]

to certify that they have completed to satisfaction

Medication Administration & Diabetes Training

6 CONTACT HOURS

DATE : FEBRUARY 4, 2025

RN #

[REDACTED]

POSITIVE MOMENTUM LLC

