STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL080024	A. BUILDING: _____ B. WING _____	04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBBY FAMILY CARE HOME	4035 WOODLEAF-BARBER ROAD CLEVELAND, NC 27013

(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 04/22/25.	C 000		
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 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 observations, interviews, and record reviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed at least quarterly for 1 of 2 sampled residents (#1) with an LHPS task of monitoring of a continuous positive airway	C 254		

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C 254	Continued From page 1 pressure (CPAP) device. The findings are: Review of Resident #1's current FL2 dated 08/12/24 revealed diagnoses included dementia, vertigo, and sleep apnea. Review of Resident #1's most recent LHPS evaluation dated 09/04/24 revealed: -Monitoring of CPAP devices was listed as a marked task. -There was not a more recent LHPS evaluation available for review. Observation of Resident #1's room on 04/22/25 at 10:15am revealed there was a CPAP device at bedside. Telephone interview with the former LHPS nurse on 04/22/25 at 2:28pm revealed: -She last completed an LHPS evaluation for Resident #1 in September 2024. -She did not remember if Resident #1 had an LHPS task of monitoring of CPAP devices. -She had moved out of state and no longer completed Resident #1's LHPS evaluations. Interview with the Administrator on 04/22/25 at 1:00pm revealed: -Resident #1 had an LHPS task of monitoring of CPAP devices. -She knew it was at least a quarterly requirement to complete LHPS evaluations for residents with LHPS tasks. -The former LHPS nurse had moved out of state and the new LHPS nurse had not yet visited the facility. Based on observations, interviews, and record	C 254		

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C 254	Continued From page 2 review, it was determined that Resident #1 was not interviewable.	C 254		
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 3 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a pharmaceutical review was completed at least quarterly for 2 of 2 sampled residents (Resident #1 and #2). The findings are: 1. Review of Resident #1's current FL2 dated 08/12/24 revealed diagnoses included dementia, vertigo, and sleep apnea. Review of Resident #1's Resident Register revealed she was admitted to the facility on 10/22/07. Review of Resident #1's pharmaceutical reviews revealed: -There was a pharmaceutical review dated 09/04/24 signed by a registered nurse with no recommendations. -There was no other pharmaceutical review available for review. Refer to telephone interview with the registered nurse on 04/22/25 at 2:28pm. Refer to the interview with the Administrator on 04/22/25 at 1:00pm. 2. Review of Resident #2's current FL2 dated 08/14/24 revealed diagnoses included diffuse joint and allergy symptoms. Review of Resident #2's Resident Register revealed he was admitted to the facility on 10/22/07. Review of Resident #2's pharmaceutical reviews	C 375		

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C 375	Continued From page 4 revealed: -There was a pharmaceutical review dated 09/04/24 signed by a registered nurse with no recommendations. -There was no other pharmaceutical review available for review. Refer to telephone interview with the registered nurse on 04/22/25 at 2:28pm. Refer to the interview with the Administrator on 4/22/25 at 1:00pm. _____ Telephone interview with the registered nurse on 04/22/25 at 2:28pm revealed: -She last completed a pharmaceutical review for the residents in September 2024. -She had moved out of state and no longer completed pharmaceutical reviews for the facility. Interview with the Administrator on 4/22/25 at 1:00pm revealed: -A pharmaceutical review was completed for all residents in September 2024. -The nurse who completed the pharmaceutical reviews moved out of state. -She knew that pharmaceutical reviews must be completed for all residents quarterly.	C 375		