

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL073022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER HELPING HANDS ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3067 CHUB LAKE ROAD ROXBORO, NC 27574		
(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 06/05/25.	C 000		
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, record reviews, and interviews, the facility failed to ensure the electronic medication administration records (eMAR) were accurate for 2 of 3 sampled residents (#1 and #2) including a supplement and a medication for gastric reflux (#1) a medication for gastric reflux (#2).	C 342	Corrective Action for Residents affected by the alleged deficient practice: All Medication Aide's has watch the Online Webinar from Elder-mar EMR on proper documentation of medication, how to locate and recheck the EMR if signature is not recorded and to contact Elder-mar support team, Administrator or SIC at once if this occurs. Medication Aides were educated on the importance of checking the EMR with current medication, current medication prescription and FL2. The Administrator has contacted the Support Team with Elder-Mar and has enable the missed/late entry alert on the dashboard of the office computer as well as the Administrator's personal computer to ensure that all medication will be signed off on the date and time prescribed by the physician. In addition The Administrator, the SIC and Medication aides will check the EMR after each medication pass and at the end of each shift to ensure that all medication as ordered by physician has been given to each resident to ensure the deficient practice will not reoccur. No negative outcome was identified by the alleged deficient practice. Completed June 6, 2025	6/6/2025

Division of Health Service Regulation

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

TITLE

(X6) DATE

Denise Hamlett

Owner/Administrator

June 27, 2025

STATE FORM

6899

VPES11

If continuation sheet 1 of 8

Reviewed and Acknowledged 06/30/25

Janet Thornburg

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C 342	Continued From page 1 The findings are: 1. Review of Resident #1's current FL-2 dated 10/16/24 revealed diagnoses included hypertension, hypokalemia, and chronic obstructive pulmonary disease (COPD). a. Review of Resident #1's current FL-2 dated 10/6/24 revealed there was an order for omeprazole 40mg (used to treat gastric reflux) twice daily. Review of Resident #1's April 2025 eMAR revealed: -There was an entry for omeprazole 40mg twice daily with a scheduled administration time of 6:00am and 4:30pm. -There was documentation omeprazole was administered 17 of 30 opportunities at 6:00am from 04/01/25 to 04/30/25. -There were 13 blanks on the eMAR for omeprazole 40mg at 6:00am from 04/1/25 to 04/30/25. Review of Resident #1's May 2025 eMAR revealed: -There was an entry for omeprazole 40mg twice daily with a scheduled administration time of 6:00am and 4:30pm. -There was documentation omeprazole was administered 17 of 31 opportunities at 6:00am from 05/01/25 to 05/31/25. -There were 14 blanks on the eMAR for omeprazole 40mg at 6:00am from 05/1/25 to 05/31/25. Review of Resident #1's June 2025 eMAR from 06/01/25 to 06/05/25 revealed: -There was an entry for omeprazole 40mg twice daily with a scheduled administration time of	C 342	Corrective Action for Residents affected by the alleged deficient practice: All Medication Aide's has watch the Online Webinar from Elder-mar EMR on proper documentation of medication, how to locate and recheck the EMR if signature is not recorded and to contact Elder-mar support team, Administrator or SIC at once if this occurs. Medication Aides were educated on the importance of checking the EMR with current medication, current medication prescription and FL2. The Administrator has contacted the Support Team with Elder-Mar and has enable the missed/late entry alert on the dashboard of the office computer as well as the Administrator's personal computer to ensure that all medication will be signed off on the date and time prescribed by the physician. In addition The Administrator, the SIC and Medication aides will check the EMR after each medication pass and at the end of each shift to ensure that all medication as ordered by physician has been given to each resident to ensure the deficient practice will not reoccur. No negative outcome was identified by the alleged deficient practice.	June 6, 2025

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C 342	Continued From page 2 6:00am and 4:30pm. -There was documentation omeprazole was administered 17 of 31 opportunities at 6:00am from 06/01/25 to 06/05/25. -There was 1 blank on the eMAR for omeprazole 40mg at 6:00am from 06/01/25 to 06/05/25. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 06/05/25 at 12:33pm revealed: -Resident #1 had an order for omeprazole 40mg twice daily. -The pharmacy dispensed 56 omeprazole 40mg, a 28-day supply, on 03/20/25, 04/14/25, and 05/13/25. Observation of Resident #1's medication on hand on 06/05/25 at 11:45am revealed there were omeprazole 40mg available for administration that was dispensed on 05/13/25. Telephone interview with a medication aide (MA) on 06/05/25 at 1:34pm revealed: -She administered omeprazole 40mg to Resident #1 each morning. -She clicked off on the eMAR after administration of the medication. -She did not know the eMAR was blank after she had signed she had administered the medications. Interview with the Administrator on 06/05/25 at 1:08pm revealed: -She had not noticed the omeprazole had blanks at 6:00am administration time. -The omeprazole had been administered as ordered at 6:00am each morning. -She did not know why initials were not documented on the eMARs when the MA signed off on the EMAR.	C 342	Corrective Action for Residents affected by the alleged deficient practice: All Medication Aide's has watch the Online Webinar from Elder-mar EMR on proper documentation of medication, how to locate and recheck the EMR if signature is not recorded and to contact Elder-mar support team, Administrator or SIC at once if this occurs. Medication Aides were educated on the importance of checking the EMR with current medication, current medication prescription and FL2. The Administrator has contacted the Support Team with Elder-Mar and has enable the missed/late entry alert on the dashboard of the office computer as well as the Administrator's personal computer to ensure that all medication will be signed off on the date and time prescribed by the physician. In addition The Administrator, the SIC and Medication aides will check the EMR after each medication pass and at the end of each shift to ensure that all medication as ordered by physician has been given to each resident to ensure the deficient practice will not reoccur. No negative outcome was identified by the alleged deficient practice.	

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C 342	Continued From page 3 b. Review of Resident #1's current FL-2 dated 10/6/24 revealed there was an order for potassium chloride extended release (ER) 10mEq (used as a replacement supplement) daily. Review of Resident #1's April 2025 eMAR revealed: -There was an entry for potassium chloride 10mEq daily with a scheduled medication administration time of 8:00am. -There was documentation potassium chloride was administered 15 of 30 opportunities from 04/01/25 to 04/30/25. -There were 15 entries of an X placed on the eMAR every other day. Review of Resident #1's May 2025 eMAR revealed: -There was an entry for potassium chloride 10mEq daily with a scheduled medication administration time of 8:00am. -There was documentation potassium chloride was administered 16 of 31 opportunities from 05/01/25 to 05/31/25. -There were 15 entries of an X placed on the eMAR every other day. Review of Resident #1's June 2025 eMAR from 06/01/25 to 06/05/25 revealed: -There was an entry for potassium chloride 10mEq daily with a scheduled medication administration time of 8:00am. -There was documentation potassium chloride was administered 3 of 5 opportunities from 06/01/25 to 06/05/25. -There were 2 entries of an X placed on the eMAR every other day.	C 342	Corrective Action for Residents affected by the alleged deficient practice: All Medication Aide's has watch the Online Webinar from Elder-mar EMR on proper documentation of medication, how to locate and recheck the EMR if signature is not recorded and to contact Elder-mar support team, Administrator or SIC at once if this occurs. Medication Aides were educated on the importance of checking the EMR with current medication, current medication prescription and FL2. The Administrator has contacted the Support Team with Elder-Mar and has enable the missed/late entry alert on the dashboard of the office computer as well as the Administrator's personal computer to ensure that all medication will be signed off on the date and time prescribed by the physician. In addition The Administrator, the SIC and Medication aides will check the EMR after each medication pass and at the end of each shift to ensure that all medication as ordered by physician has been given to each resident to ensure the deficient practice will not reoccur. No negative outcome was identified by the alleged deficient practice.	

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C 342	Continued From page 4 Telephone interview with the Pharmacist at the facility's contracted pharmacy on 06/05/25 at 12:33pm revealed: -Resident #1 had an order for potassium chloride 10mEq daily. -The pharmacy dispensed 28 potassium chloride 10mEq, a 28-day supply, on 03/20/25, 04/14/25, and 05/13/25. Observation of Resident #1's medication on hand on 06/05/25 at 11:45am revealed potassium chloride was available for administration that was dispensed on 05/13/25. Telephone interview with a MA on 06/05/25 at 1:34pm revealed: -She administered potassium chloride 10mEq to Resident #1 each morning. -She clicked off on the eMAR after administration of the medication. -She did not know the eMAR was blank after she had signed she had administered the medications. Interview with the Administrator on 06/05/25 at 1:08pm revealed: -She had not noticed the potassium chloride was set up to administer every other day in the eMAR. -The potassium chloride showed on the eMAR to administer every day, and the medication had been administered daily as ordered. -She did not know how the eMAR appeared as if the potassium chloride was to be given every other day when it was ordered for daily. 2. Review of Resident #2's current FL-2 dated 02/17/25 revealed: -Diagnoses included rhabdomyolysis, muscle weakness, and insomnia. -There was an order for omeprazole 20mg (used	C 342	Corrective Action for Residents affected by the alleged deficient practice: All Medication Aide's has watch the Online Webinar from Elder-mar EMR on proper documentation of medication, how to locate and recheck the EMR if signature is not recorded and to contact Elder-mar support team, Administrator or SIC at once if this occurs. Medication Aides were educated on the importance of checking the EMR with current medication, current medication prescription and FL2. The Administrator has contacted the Support Team with Elder-Mar and has enable the missed/late entry alert on the dashboard of the office computer as well as the Administrator's personal computer to ensure that all medication will be signed off on the date and time prescribed by the physician. In addition The Administrator, the SIC and Medication aides will check the EMR after each medication pass and at the end of each shift to ensure that all medication as ordered by physician has been given to each resident to ensure the deficient practice will not reoccur. No negative outcome was identified by the alleged deficient practice.	

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C 342	Continued From page 5 to treat gastric reflux) every morning. Review of Resident #2's April 2025 eMAR revealed: -There was an entry for omeprazole 20mg every morning with a scheduled administration time of 7:00am. -There was documentation omeprazole was administered 16 of 30 opportunities from 04/01/25 to 04/30/25. -There were 14 blanks on the eMAR for omeprazole 40mg from 04/1/25 to 04/30/25. Review of Resident #2's May 2025 eMAR revealed: -There was an entry for omeprazole 20mg every morning with a scheduled administration time of 7:00am. -There was documentation omeprazole was administered 16 of 30 opportunities from 04/01/25 to 04/30/25. -There were 14 blanks on the eMAR for omeprazole 40mg from 04/1/25 to 04/30/25. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 06/05/25 at 12:33pm revealed: -Resident #2 had an order for omeprazole 20mg daily. -The pharmacy dispensed 28 omeprazole 20mg, a 28-day supply, on 03/20/25, 04/14/25, and 05/13/25. Observation of Resident #1's medication on hand on 06/05/25 at 11:45am revealed there were omeprazole 20mg available for administration that was dispensed on 05/13/25. Telephone interview with a medication aide (MA) on 06/05/25 at 1:34pm revealed:	C 342	Corrective Action for Residents affected by the alleged deficient practice: All Medication Aide's has watch the Online Webinar from Elder-mar EMR on proper documentation of medication, how to locate and recheck the EMR if signature is not recorded and to contact Elder-mar support team, Administrator or SIC at once if this occurs. Medication Aides were educated on the importance of checking the EMR with current medication, current medication prescription and FL2. The Administrator has contacted the Support Team with Elder-Mar and has enable the missed/late entry alert on the dashboard of the office computer as well as the Administrator's personal computer to ensure that all medication will be signed off on the date and time prescribed by the physician. In addition The Administrator, the SIC and Medication aides will check the EMR after each medication pass and at the end of each shift to ensure that all medication as ordered by physician has been given to each resident to ensure the deficient practice will not reoccur. No negative outcome was identified by the alleged deficient practice.	

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C 342	Continued From page 6 -She administered omeprazole 20mg to Resident #1 each morning. -She clicked off on the eMAR after administration of the medication. -She did not know the eMAR was blank after she had signed she had administered the medications. Interview with the Administrator on 06/05/25 at 1:08pm revealed: -She had not noticed the omeprazole had blanks at the 7:00am administration time. -The omeprazole had been administered as ordered at 7:00am each morning. the eMAR. -She did not know why initials were not documented on the eMARs when the MA signed off on the EMAR. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 06/05/25 at 12:33pm revealed: -The pharmacy started using a third party for eMARs in January 2025. -The pharmacy entered the order into the computer system. -The third party created the eMAR and the facility would have access to the eMAR through the computer. Interview with the Administrator on 06/05/25 at 1:08pm revealed: -She printed the eMAR at the end of each month, reviewed them and took them to the Primary Care Provider (PCP) to sign. -She looked over the eMARs for accuracy each month before she took them to the PCP for signature. -The pharmacy was working with a third party to set up the eMARS on the computer.	C 342	Corrective Action for Residents affected by the alleged deficient practice: All Medication Aide's has watch the Online Webinar from Elder-mar EMR on proper documentation of medication, how to locate and recheck the EMR if signature is not recorded and to contact Elder-mar support team, Administrator or SIC at once if this occurs. Medication Aides were educated on the importance of checking the EMR with current medication, current medication prescription and FL2. The Administrator has contacted the Support Team with Elder-Mar and has enable the missed/late entry alert on the dashboard of the office computer as well as the Administrator's personal computer to ensure that all medication will be signed off on the date and time prescribed by the physician. In addition The Administrator, the SIC and Medication aides will check the EMR after each medication pass and at the end of each shift to ensure that all medication as ordered by physician has been given to each resident to ensure the deficient practice will not reoccur. No negative outcome was identified by the alleged deficient practice.	

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C 342	Continued From page 7 -If the MA did not sign off on the eMAR when a medication was administered, she would get an alert on her computer. -If she received an alert, she would follow up as to why the medication was not administered . -She had not received any alerts in the past 3 months of a medication not being administered as ordered.	C 342		