STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL059-033	A. BUILDING: _____ B. WING _____	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW FAMILY CARE HOME	3341 OLD HWY #10 E NEBO, NC 28761

(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 conducted an annual survey on 08/07/25.	C 000		
C 236	10A NCAC 13G .0802 (a) (c) Resident Care Plan 10A NCAC 13G .0802 Resident Care Plan (a) The facility shall develop and implement a care plan for each resident based on the resident's assessment completed in accordance with Rule .0801 of this Section. The care plan shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan. (c) The care plan shall include the following: (1) a description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Section; (2) frequency of the services or tasks to be performed; (3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Section; (4) licensed health professional tasks required according to Rule .0903 of this Section; (5) a dated signature of the assessor upon completion; and (6) a dated signature of the resident's physician or physician extender as defined in Rule .0102 of this Subchapter within 15 days of completion of the care plan certifying the resident is under this physician's care and has a medical diagnosis with associated physical or mental limitations warranting the provision of the personal care	C 236		

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C 236	Continued From page 1 services in the above care plan in accordance with G.S. 131D-2.15. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure care plans were signed and dated by the assessor upon completion for 3 of 3 sampled residents (#1, #2, #3). The findings are: 1. Review of Resident #1's current FL2 dated 01/02/25 revealed: -Diagnoses included chronic obstructive pulmonary disease, late effects of inferential trauma (occurring when individuals experience emotional distress and psychological symptoms as a result of learning about or witnessing the traumatic experience of others), leg pain, hypertension, neuropathy, gastroesophageal reflux disease, hyperlipidemia, major depression, vitamin d deficiency, vitamin B12 deficiency, and substance use. -The resident was ambulatory. -The resident was continent of bowel and bladder. Review of Resident #1's care plan dated 12/19/24 revealed the assessor did not sign or date the care plan.	C 236		

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C 236	Continued From page 2 Refer to the interview with the Administrator on 08/07/25 at 11:54am and 2:53pm. 2. Review of Resident #2's current FL2 dated 01/02/25 revealed: -Diagnoses included diabetes type 2, hyperlipidemia, essential hypertension, anxiety, depression. -The resident was ambulatory. -The resident was continent of bowel and bladder. Review of Resident #2's care plan dated 04/08/25 revealed the assessor did not sign or date the care plan. Refer to the interview with the Administrator on 08/07/25 at 11:54am and 2:53pm. 3. . Review of Resident #3's FL2 dated 01/02/25 revealed: -Diagnoses included paranoid psychosis, mental retardation, type 2 diabetes, hypertension, obesity and hyperlipidemia. -The resident was ambulatory -The resident was continent of bowel and bladder. Review of Resident #3's care plan dated 01/27/25 revealed the assessor did not sign or date the care plan. Refer to the interview with the Administrator on 08/07/25 at 11:54am and 2:53pm. _____ Interview with the Administrator on 08/07/25 at 11:54am and 2:53pm revealed: -The primary care physician (PCP) did not sign care plans because the personal care tasks were on the FL2, which the PCP signed.	C 236		

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C 236	Continued From page 3 -A Registered Nurse (RN) filled out care plans yearly. -She did not know care plans required a signature of the assessor.	C 236		
C 320	10A NCAC 13G .1002 (f) Medication Orders 10A NCAC 13G .1002 Medication Orders (f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner at least every six months This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure all current orders for medications or treatments were reviewed and signed by the residents' prescribing practitioner for 3 of 3 sampled residents (Residents #1, #2, and #3). The findings are: 1. Review of Resident #1's current FL2 dated 01/02/25 revealed: -Diagnoses included chronic obstructive pulmonary disease, late effects of inferential trauma (occurring when individuals experience emotional distress and psychological symptoms as a result of learning about or witnessing the traumatic experience of others), leg pain, hypertension, neuropathy, gastroesophageal reflux disease, hyperlipidemia, major depression, vitamin d deficiency, vitamin B12 deficiency, and substance use. -There was an order for lisinopril (used to treat	C 320		

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C 320	Continued From page 4	C 320		

cardiovascular conditions by relaxing and widening the blood vessels) 40mg one tablet daily.
-There was an order for sodium chloride (used to treat low sodium in the body) 1000mg 1 three times daily.
-There was an order for trazadone (used to treat depressive mood) 150mg 1 tablet daily.
-There was an order for carbamazepine (used to treat nerve pain) 100mg 1 tablet daily.
-There was an order for Vitamin D3 (used to treat vitamin deficiency) 5000 mcg 1 tablet daily.
-There was an order for Crestor (used to treat high cholesterol and reduce the risk of cardiovascular events) 20mg 1 tablet daily.
-There was an order for hydroxyzine (used to treat allergies and anxiety) 25mg 1 tablet twice daily.
-There was an order for fenofibrate (used to treat abnormal blood lipid levels) 145mg I tablet daily.
-There was an order for fluticasone (used to treat allergies) 40mg 1 spray in each nostril twice daily.
-There was an order for gabapentin (used to treat nerve pain) 300mg 2 tablets twice daily.
-There was an order for olanzapine (used to treat mental health conditions) 15mg 1 tablet daily.
-There was an order for Protonix (used to treat stomach and esophageal problems) 40mg 1 tablet daily.
-There was an order for albuterol (used to treat breathing problems like asthma and chronic obstructive pulmonary disease) 90 mcg 2 puffs as needed.
-There was an order for Symbicort (used to treat asthma and chronic obstructive pulmonary disease) 160/4.5mcg 2 puffs twice daily.

Review of Resident #1's orders revealed there was no signed six-month review of all medications and treatments by a prescribing

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C 320	Continued From page 5 practitioner. Refer to the telephone interview with the Pharmacist on 08/07/25 at 12:35pm. Refer to the interview with the Administrator on 08/07/25 at 2:53pm. 2. Review of Resident #2's current FL2 dated 01/02/25 revealed: -Diagnoses included diabetes type 2, hyperlipidemia, essential hypertension, anxiety, depression. -There was an order for metformin (used to treat diabetes) 1000mg 1 tablet twice daily. -There was an order for atorvastatin (used to manage diabetes and cholesterol) 20 mg 1 tablet daily. -There was an order for amlodipine (used to treat high blood pressure) 5 mg 1 tablet daily. -There was an order for lisinopril (used to treat cardiovascular conditions) 20mg 125mg 1 tablet daily. -There was an order for Ozempic (used to treat diabetes type 2) 2mg/3ml inject once weekly. Review of a physician order dated 02/11/25 revealed there was an order for meloxicam (used to treat arthritis and pain) 7.5mg 1 tablet daily. Review of Resident #2's orders revealed there was no signed six-month review of all medications and treatments by a prescribing practitioner. Refer to the telephone interview with the Pharmacist on 08/07/25 at 12:35pm. Refer to the interview with the Administrator on 08/07/25 at 2:53pm.	C 320		

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C 320	Continued From page 6 3. Review of Resident #3's FL2 dated 01/02/25 revealed: -Diagnoses included paranoid psychosis, mental retardation, type 2 diabetes, hypertension, obesity and hyperlipidemia. -There was an order for zyrtec (used to treat allergies) 10mg 1 tablet daily. -There was an order for Prilosec (used to treat heartburn and acid reflux) 40mg 1 tablet daily. -There was an order for clonidine (used to treat high blood pressure) .0.2mg 1 tablet twice daily. -There was an order for fluoxetine (used to treat depression and obsessive-compulsive disorder) 40mg 1 tablet daily. -There was an order for Invega (used to treat schizoaffective disorder) 3mg 1 tablet at night. -There was an order for docusate (used to treat constipation) 100mg 1 tablet daily. -There was an order for atorvastatin (used to treat high cholesterol) 40mg 1 tablet daily. -There was an order for Ozempic (used to treat type 2 diabetes) .25 mg 1 injection weekly. Review of Resident #3's orders revealed there was no signed six-month review of all medications and treatments by a prescribing practitioner. Refer to the telephone interview with the Pharmacist on 08/07/25 at 12:35pm. Refer to the interview with the Administrator on 08/07/25 at 2:53pm. _____ Interview with the Pharmacist on 08/07/25 at 12:35pm revealed: -They got orders individually electronically signed from the primary care physician (PCP). -They did not get orders signed with all physician	C 320		

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C 320	Continued From page 7 orders listed for each resident. Interview with the Administrator on 08/07/25 at 2:53pm revealed: -She was not aware that she needed to have 6-month review of all medications and treatments by a prescribing practitioner. -She did not recall ever keeping 6-month reviews in the records.	C 320		