STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040006	A. BUILDING: _____ B. WING _____	R 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIE'S FAMILY CARE HOME	1025 POPE FARM ROAD STANTONSBURG, NC 27883

(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 and Greene County Department of Social Services conducted a follow-up survey on 09/04/25.	C 000		
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 1	C 375		

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure a licensed pharmacist, provider, or registered nurse completed a quarterly onsite review for 3 of 3 sampled residents (#1, #2, #3) which included the reconciliation of current orders, medication administration records (MARS) and medications in the facility.

The findings are:

1. Review of Resident #1's current FL-2 dated 12/02/24 revealed:
-Diagnosis included schizophrenia paranoid type.
-There were six medication orders listed on Resident #1's FL-2.

Review of Resident #1's Resident Register revealed the resident was admitted on 04/01/19.

Review of Resident #1's record revealed:
-There was a pharmacy review dated 12/08/24 with no recommendations.
-There was not a pharmacy review for March 2025.
-There was a pharmacy review dated 05/02/25 with no recommendations.

Refer to telephone interview with the facility's contracted Registered Nurse (RN) on 09/04/25 at 10:11am.

Refer to interview with the Supervisor in Charge (SIC) on 09/04/25 at 10:36am.

2. Review of Resident #2's current FL-2 dated

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C 375	Continued From page 2 01/03/25 revealed: -Diagnoses included schizoaffective disorder. -There were 2 mediation orders listed on Resident #2's FL-2. Review of Resident ##2's Resident Register revealed he was admitted on 01/03/25. Review of Resident #1's record revealed: -There was a pharmacy review dated 12/30/24 with no recommendations. -There was a pharmacy review dated 05/02/25 with no recommendations. Refer to telephone interview with the facility's contracted Registered Nurse (RN) on 09/04/25 at 10:11am. Refer to interview with the Supervisor in Charge (SIC) on 09/04/25 at 10:36am. 3. Review of Resident #3's current FL-2 dated 07/30/24 revealed: -Diagnoses included intermittent explosive disorder and mild intellectual disability. -There were five medication orders listed on Resident #2's FL-2. Review of Resident #2's Resident Register revealed the resident was admitted on 05/24/15. Review of Resident #2's record revealed: -There was a pharmacy review dated 10/26/24 with no recommendations. -There was not a pharmacy review for January 2025. -There was a pharmacy review dated 05/02/25 with no recommendations. Refer to telephone interview with the facility's	C 375		

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C 375	Continued From page 3 contracted Registered Nurse (RN) on 09/04/25 at 10:11am. Refer to interview with the Supervisor in Charge (SIC) on 09/04/25 at 10:36am. _____ Telephone interview with the facility's contracted Registered Nurse (RN) on 09/04/25 at 10:11am revealed: -She was responsible for completing the quarterly pharmaceutical reviews for the residents at the facility. -She should have completed them the previous month. -She did not recall the facility reaching out to her to complete the pharmaceutical reviews. Interview with the Supervisor in Charge (SIC) on 09/04/25 at 10:36am revealed: -The RN that conducted the quarterly pharmaceutical reviews kept track of when the reviews were due and would contact the facility to set up a time to get them completed. -She did not call the RN when the August 2025 reviews were due to be completed. -She conducted chart audits quarterly with the contracted RN. Attempted telephone interview with the Administrator on 09/04/25 at 1:55pm was unsuccessful.	C 375		