STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL059019	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY PASS FAMILY CARE HOME	5349 NC 226 SOUTH MARION, NC 28752

(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 October 8, 2025.	C 000		
C 291	10A NCAC 13G .0905 (c) Activities Program 10A NCAC 13G .0905 Activities Program (c) The activity director shall: (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities, and possible cultural differences of the residents; (2) prepare a monthly calendar of planned group activities in a format that is legible and shall be posted in a location accessible to residents by the first day of each month, and updated when there are any changes; (3) involve community resources, such as recreational, volunteer, and religious organizations, to enhance the activities available to residents; (4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program; (5) encourage residents to participate in activities; and (6) assure there are supplies necessary for planned activities, supervision, and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities.	C 291		

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C 291	Continued From page 1 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a monthly activity calendar was posted by the first day of the month to promote the residents' active involvement with each other, their families, and the community. The findings are: Observation of the facility throughout the survey on 10/08/25 revealed there was not a monthly activity calendar posted. Interviews with residents during initial tour on 10/08/25 between 9:05am and 9:32am revealed: -Activities in the facility were "okay". -They liked to play bingo. -Some residents liked to paint and color. -One resident only watched television. Observation of available activity resources at the facility on 10/08/25 revealed there were several board games, colored pencils, and coloring books available to the residents. Interview with the Resident Care Coordinator (RCC) on 10/08/25 at 1:07pm revealed: -There was not a posted monthly activity calendar for the residents. -The Administrator was the Activity Director. -The Administrator was responsible for completing and posting the monthly activity calendar. -The residents enjoyed playing bingo, completing puzzles, going out to eat and shopping. -She was unsure if there was 14 hours of activities offered to the residents weekly.	C 291		

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C 375	Continued From page 2	C 375		
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; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a pharmaceutical review	C 375		

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C 375	Continued From page 3	C 375		

was completed at least quarterly for 2 of 2 sampled residents (#1 and #3).

The findings are:

1. Review of Resident #1's current FL2 dated 03/17/25 revealed diagnoses included schizophrenia and small bowel obstruction.

Review of Resident #1's history and physical dated 03/14/25 revealed additional diagnoses included diabetes and obesity.

Review of Resident #1's Resident Register revealed an admission date of 07/17/24.

Review of Resident #1's pharmaceutical reviews revealed:
-There was a pharmaceutical review dated 06/30/25 signed by a registered pharmacist.
-Recommendations from the pharmacist included consideration to increase Resident #1's Trulicity (used to treat diabetes) and Lantus (used to treat diabetes) due to recurrent high morning blood sugar levels.
-There was no other pharmaceutical review available to review.

Refer to the interview with the facility contracted Pharmacist on 10/08/25 at 10:41am.

Refer to the interview with the Resident Care Coordinator on 10/08/25 at 10:50am.

2. Review of Resident #3's current FL2 dated 10/31/24 revealed diagnoses included diabetes, oppositional defiance disorder, adjustment disorder, depression and anxiety.

Review of Resident #3's Resident Register

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C 375	Continued From page 4 revealed an admission date of 03/01/12. Review of Resident #3's pharmaceutical reviews revealed: -There was a pharmaceutical review dated 06/30/25 signed by a registered pharmacist with no recommendations. -There was no other pharmaceutical review available to review. Refer to the interview with the facility contracted Pharmacist on 10/08/25 at 10:41am. Refer to the interview with the RCC on 10/08/25 at 10:50am. _____ Interview with the facility contracted Pharmacist on 10/08/25 revealed: -She usually completed the pharmacy reviews quarterly. -She had been running behind and was late completing the most recent pharmacy reviews. -She planned to come to the facility to complete the pharmacy reviews the following week or sometime later in the month. Interview with the RCC on 10/08/25 at 10:50am revealed: -She thought the pharmacy reviews had been completed by the contracted Pharmacist in September 2025. -She reviewed the residents files and was unable to locate any pharmacy reviews for September 2025, which was when they were due. -The facility contracted Pharmacist was very good about coming quarterly to complete the pharmacy reviews and she was unsure why the Pharmacist had not made the quarterly pharmacy reviews when they were due.	C 375		