STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092203	A. BUILDING: _____ B. WING _____	R 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLAIR MEMORY CARE CENTER OF CARY	809 WEST CHATHAM STREET CARY, NC 27512

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 09/24/25 and 09/25/25.	D 000		
D 358	10A NCAC 13F .1004 (a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 3 residents (#1) sampled for record review including errors with antipsychotic medications used to treat behaviors and agitation and a probiotic supplement for digestive health. The findings are: Review of Resident #1's FL-2 dated 06/05/25 revealed diagnoses included dementia and knee pain. a. Review of Resident #1's primary care provider (PCP) orders dated 09/11/25 revealed: -There was an order for Seroquel 25mg take ½ tablet (12.5mg) twice a day at 8:00am and 4:00pm. (Seroquel is an antipsychotic.) -There was an order for Seroquel 50mg take 1 tablet at bedtime.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092203	A. BUILDING: _____ B. WING _____	R 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLAIR MEMORY CARE CENTER OF CARY	809 WEST CHATHAM STREET CARY, NC 27512

(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
D 358	Continued From page 1 Review of Resident #1's September 2025 electronic medication administration record (eMAR) dated 09/01/25 - 09/24/25 revealed: -There was an entry for Seroquel 25mg ½ tablet (12.5mg) twice daily scheduled at 8:00am and 4:00pm. -The start date was listed as 09/15/25 and the first dose of Seroquel 25mg ½ tablet (12.5mg) was documented as administered on 09/16/25 at 8:00am. -Seroquel 25mg ½ tablet (12.5mg) was documented as administered from 09/16/25 through 8:00am on 09/24/25. -There was an entry for Seroquel 50mg 1 tablet at bedtime scheduled at 7:00pm. -The start date was listed as 09/15/25 and the first dose of Seroquel 50mg was documented as administered on 09/16/25 at 7:00pm. -Seroquel 50mg was documented as administered from 09/16/25 through 09/23/25, except on 09/18/25 when the resident was documented as being on a leave of absence. -There was no documentation to indicate why there was a delay in starting both Seroquel orders written on 09/11/25. Observation of Resident #1's medications on hand on 09/25/25 at 11:55am revealed: -Some of the resident's medications were packaged in multi-dose packs (MDPs) as a weekly supply with a print date of 09/19/25 for medications due the week of 09/23/25 - 09/29/25. -The weekly MDP printed on 09/19/25 included ½ tablet of Seroquel 25mg packaged in the morning MDP and the afternoon MDP. -Instructions on the MDP were to take Seroquel 25mg ½ tablet (12.5mg) twice daily. -The weekly MDP printed on 09/19/25 included one Seroquel 50mg tablet packaged in the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092203	A. BUILDING: _____ B. WING _____	R 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLAIR MEMORY CARE CENTER OF CARY	809 WEST CHATHAM STREET CARY, NC 27512

(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
D 358	Continued From page 2	D 358		

bedtime MDP.
-Instructions on the MDP were to take Seroquel 50mg 1 tablet at bedtime.
-There were no other supplies of Seroquel 25mg ½ tablets or Seroquel 50mg tablets available for administration.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/25/25 at 3:12pm revealed:
-The pharmacy staff usually entered orders into the eMAR system and the facility staff usually had to accept orders in the eMAR system for them to be active in the facility's eMAR system.
-They received Resident #1's order for Seroquel 25mg ½ tablet twice a day on 09/11/25.
-The pharmacy dispensed 11 Seroquel 25mg tablets (22 half tablets) for Resident #1 on 09/12/25 in a bubble card and it was delivered to the facility on the evening of 09/12/25 or the early morning hours of 09/13/25.
-They dispensed a one-week supply (14 half tablets) of Seroquel 25mg tablets in the weekly MDP printed on 09/19/25 and it was delivered to the facility about 3 days prior to administration time for starting that weekly MDP.
-They received Resident #1's order for Seroquel 50mg 1 tablet at bedtime on 09/11/25.
-The pharmacy dispensed 11 Seroquel 50mg tablets for Resident #1 on 09/12/25 in a bubble card and it was delivered to the facility on the evening of 09/12/25 or the early morning hours of 09/13/25.
-They dispensed a one-week supply (7 tablets) of Seroquel 50mg tablets in the weekly MDP printed on 09/19/25 and it was delivered to the facility about 3 days prior to administration time for starting that weekly MDP.

Interviews with a medication aide (MA) on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092203	A. BUILDING: _____ B. WING _____	R 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLAIR MEMORY CARE CENTER OF CARY	809 WEST CHATHAM STREET CARY, NC 27512

(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
D 358	Continued From page 3	D 358		

09/25/25 at 11:55am and 3:35pm revealed:
-The MAs or the MA Supervisor / Office Coordinator usually faxed orders to the pharmacy or the provider sent electronic orders to the pharmacy.
-She did not know why there was a delay in starting Resident #1's Seroquel orders.

Interview with the MA Supervisor / Office Coordinator on 09/25/25 at 4:08pm revealed she thought someone had reported Resident #1's Seroquel was not showing on the eMAR system so she went into the eMAR system and approved it, but she could not recall when.

Telephone interview with Resident #1's PCP on 09/25/25 at 4:27pm revealed:
-Seroquel should be administered consistently because it took time for the medication to build up in the resident's system.
-Not receiving the Seroquel dosages as ordered could cause the resident to have behaviors associated with dementia, including crying, screaming, shouting, or acting out.

Based on observations, interviews, and record reviews, it was determined that Resident #1 was not interviewable.

Refer to interview with the MA Supervisor / Office Coordinator on 09/25/25 at 4:08pm.

Refer to interview with the Interim Administrator on 09/25/25 at 4:10pm.

b. Review of Resident #1's primary care provider (PCP) orders dated 09/11/25 revealed:
-There was an order for Abilify 5mg 1 tablet daily. (Abilify is an antipsychotic.)
-There was an order for Probiotic 1 capsule once

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092203	A. BUILDING: _____ B. WING _____	R 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLAIR MEMORY CARE CENTER OF CARY	809 WEST CHATHAM STREET CARY, NC 27512

(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
D 358	Continued From page 4 daily. (Probiotic is a supplement used to support digestive health.) Review of Resident #1's September 2025 electronic medication administration record (eMAR) dated 09/01/25 - 09/24/25 revealed: -There was no entry for Abilify 5mg once daily and none was documented as administered. -There was no entry for Probiotic 1 tablet daily and none was documented as being administered. Observation of Resident #1's medications on hand on 09/25/25 at 11:55am revealed: -Some of the resident's medications were packaged in multi-dose packs (MDPs) as a weekly supply with a print date of 09/19/25 for medications due the week of 09/23/25 - 09/29/25. -The weekly MDP printed on 09/19/25 included one Abilify 5mg tablet packaged in the morning MDP. -Instructions on the MDP were to take Abilify 5mg once daily. -The weekly MDP printed on 09/19/25 included one Probiotic capsule packaged in the morning MDP. -The morning MDPs dated 09/23/25 - 09/25/25 had been used from the weekly MDP supply. -There was a bubble card with 11 Abilify 5mg tablets dispensed on 09/12/25 with instructions to take 1 tablet daily. -There were 11 of 11 Abilify 5mg tablets remaining. -The resident's supply of Abilify for 09/12/25 - 09/22/25 had not been administered. -There was a bubble card with 12 Probiotic capsules dispensed on 09/12/25 with instructions to take 1 capsule daily. -There were 12 of 12 Probiotic capsules remaining.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092203	A. BUILDING: _____ B. WING _____	R 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLAIR MEMORY CARE CENTER OF CARY	809 WEST CHATHAM STREET CARY, NC 27512

(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
D 358	Continued From page 5 -The resident's supply of Probiotic capsules for 09/11/25 - 09/22/25 had not been administered. Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/25/25 at 3:12pm revealed: -The pharmacy staff usually entered orders into the eMAR system and the facility staff usually had to accept orders in the eMAR system for them to be active in the facility's eMAR system. -They received Resident #1's order for Abilify 5mg daily on 09/11/25. -The pharmacy dispensed 11 Abilify 5mg tablets for Resident #1 on 09/12/25 in a bubble card and it was delivered to the facility on 09/13/25. -They dispensed a one-week supply (7 tablets) of Abilify 5mg tablets in the weekly MDP printed on 09/19/25 and it was delivered to the facility about 3 days prior to administration time for starting that weekly MDP. -They received Resident #1's order for Probiotic 1 capsule daily on 09/11/25. -The pharmacy dispensed 12 Probiotic capsules for Resident #1 on 09/11/25 in a bubble card and it was delivered to the facility on 09/12/25. -They dispensed a one-week supply (7 capsules) of the Probiotic capsules in the weekly MDP printed on 09/19/25 and it was delivered to the facility about 3 days prior to administration time for starting that weekly MDP. Interviews with a medication aide (MA) on 09/25/25 at 11:55am and 3:35pm revealed: -The MAs or the MA Supervisor / Office Coordinator usually faxed orders to the pharmacy or the provider sent electronic orders to the pharmacy. -She had not noticed the Abilify and Probiotic were packaged in Resident #1's MDPs but were not included on the eMAR.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092203	A. BUILDING: _____ B. WING _____	R 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLAIR MEMORY CARE CENTER OF CARY	809 WEST CHATHAM STREET CARY, NC 27512

(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
D 358	Continued From page 6 -If a medication was not listed on the eMAR, the MAs should take the medication out of the MDP and not administer it. -She had not notified anyone of the discrepancy because she had not noticed it Interview with the MA Supervisor / Office Coordinator on 09/25/25 at 4:08pm revealed she had not been noticed or been notified of any issues with Resident #1's orders for Abilify and the Probiotic capsule. Telephone interview with Resident #1's PCP on 09/25/25 at 4:27pm revealed: -Resident #1 was prescribed Abilify because the resident had behaviors. -Not receiving Abilify as ordered could cause the resident to act out and have unnecessary, unintended behaviors. -Resident #1 should have received the Probiotic capsule as ordered. -She saw the resident for a visit today, 09/25/25, and the resident did not have any gastrointestinal issues today. Based on observations, interviews, and record reviews, it was determined that Resident #1 was not interviewable. Refer to interview with the MA Supervisor / Office Coordinator on 09/25/25 at 4:08pm. Refer to interview with the Interim Administrator on 09/25/25 at 4:10pm. _____ Interview with the MA Supervisor / Office Coordinator on 09/25/25 at 4:08pm revealed: -The Special Care Coordinator (SCC) position had been vacant for about two weeks, so she was helping with medications.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092203	A. BUILDING: _____ B. WING _____	R 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLAIR MEMORY CARE CENTER OF CARY	809 WEST CHATHAM STREET CARY, NC 27512

(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
D 358	Continued From page 7 -The facility's contracted pharmacy usually entered orders into the eMAR system. -She approved orders in the eMAR system to make them active. -The facility changed eMAR systems in August 2025. -She had been trying to do medication audits because she thought there had been some issues with some medications that may have occurred during the switching of eMAR systems. -The MAs were responsible for notifying her of any medication discrepancies on the eMAR and with the medications on hand. -Moving forward, she was planning to implement a "bucket system" to help track medication orders. Interview with the Interim Administrator on 09/25/25 at 4:10pm revealed: -She had just started as the Interim Administrator last week. -She was not aware of any issues with Resident #1's medications. -The facility had changed eMAR systems in August 2025. -The MAs were supposed to let the pharmacy or the SCC know if there were any discrepancies with medications. -The SCC position was currently vacant, but the MA Supervisor / Office Coordinator was working with the medications in the absence of an SCC.	D 358		