

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-012-046 FCL012046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/07/2025
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NAME OF PROVIDER OR SUPPLIER

PERKINS FAMILY CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

2015 SUNNYSIDE DRIVE
MORGANTON, NC 28655

(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 07, 2025.	C 000		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure readily retrievable records that accurately reconciled the receipt and administration of controlled substances for 1 of 3 sampled residents with orders for a controlled substance to treat pain (#1). The findings are: Review of Resident #1's current FL2 dated 05/27/25 revealed: -Diagnoses included fibromyalgia, osteoarthritis and multiple sclerosis. -There was an order for oxycodone (a medication to treat pain) 5mg, one tablet three times daily. Observation of Resident #1's medications on hand on 10/07/25 at 3:40pm revealed: -There was a bubble pack containing oxycodone 5mg with five tablets remaining. -The printed label indicated oxycodone 5mg one tablet three times daily was prescribed for Resident #1.	C 367	Perkins Care Home will insure All medication are given correctly and counted correctly. A control drug count will be Done between med tech Every time between their shifts. Perkins Care Home will do a inservice for all staff on Medication Documentation and Control Drug Counts. this Training will be Done by a RN. A MAR and Drug count Audit will be Done Monthly by the Administrator to Ensure Compliance And Determine if More Training is Necessary. Don Pratt	11-15-25

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

Donnie Pratt

TITLE

Administrator

(X6) DATE

11-6-25

STATE FORM

6V4C11

If continuation sheet 1 of 4

LIC # for Perkins Care Home LLC is FCL-012-046

Reviewed & Acknowledged by
Susan McLean 12/01/25.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/07/2025
NAME OF PROVIDER OR SUPPLIER PERKINS FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2015 SUNNYSIDE DRIVE MORGANTON, NC 28655			
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C 367	Continued From page 1 -The label indicated 90 tablets were dispensed for Resident #1 on 07/29/25. -The oxycodone 5mg label indicated there was an order change and Resident #1's oxycodone 5mg was decreased from three tablets daily to one tablet daily. Review of Resident #1's August 2025 Medication Administration Record (MAR) revealed: -There was an entry for oxycodone 5mg one tablet three times daily scheduled at 7:00am, 3:00pm and 7:00pm. -There was a handwritten note on the entry indicating the order was changed on 07/23/25 to oxycodone 5mg one tablet daily. -Oxycodone 5mg, one tablet daily was documented administered to Resident #1 at 7:00pm from 08/01/25 to 08/31/25. Review of Resident #1's September 2025 MAR revealed: -There was an entry for oxycodone 5mg one tablet daily. -Oxycodone 5mg, one tablet daily was documented administered to Resident #1 at 7:00pm from 09/01/25 to 09/30/25. Review of Resident #1's October 2025 MAR revealed: -There was an entry for oxycodone 5mg one tablet daily. -Oxycodone 5mg, one tablet daily was documented administered to Resident #1 at 7:00pm from 10/01/25 to 10/05/25. Review of the controlled substance count sheet (CSCS) dated 07/29/25 for Resident #1's oxycodone 5mg revealed there were six tablets of oxycodone 5mg remaining.	C 367			

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C 367	Continued From page 2 Review of the facility's Control Drug Count Shift Sheet revealed two staff verified the controlled substances counts were correct on 10/05/25 at 7:00pm. Interview with the Supervisor-in-Charge (SIC) on 10/07/25 at 3:43pm revealed: -There were two SICs that staffed the facility. -He usually counted the controlled substances with the other SIC who lived at the facility, but he did not that morning (10/07/25) because he was busy. -He and the other SIC did not count controlled substances every day. -He thought the date of 10/05/25 was incorrect on the Control Drug Count Shift Sheet because he did not work on 10/05/25. -He could not explain why the oxycodone 5mg CSCS was incorrect for Resident #1. Interview with a second SIC on 10/07/25 at 3:52pm revealed: -There were two main controlled substance counts each week. -She counted the controlled substances by herself on Sundays at 7:00pm because the other SIC took over the medication cart on Monday mornings. -The second main controlled substance count was on Thursdays at 1:00pm when she and the other SIC did the count together. -The count was correct on 10/02/25 at 1:00pm. -She was unsure why Resident #1's oxycodone 5mg count was not accurate. Interview with Resident #1 on 10/07/25 at 4:13pm revealed: -She knew most of her medications. -She did not recall a time that she did not receive her medication.	C 367			

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C 367	Continued From page 3 Interview with a Pharmacist with the facility's contracted pharmacy on 10/07/25 at 4:27pm revealed: -Resident #1 had an electronic order dated 07/23/25 for oxycodone 5mg, one tablet three times daily. -Oxycodone 5mg, 90 tablets were dispensed for Resident #1 on 07/29/25. -There was an order on 08/20/25 to decrease Resident #1's oxycodone 5mg from three tablets daily to one tablet daily. -On 09/12/25 oxycodone 5mg 30 tablets were dispensed for Resident #1. Interview with the Administrator on 10/07/25 at 4:02pm revealed: -He expected staff to ensure the CSCSs were accurate. -He expected two staff to count controlled substances together on Monday mornings and on Thursdays at 1:00pm during shift change.	C 367			

MAR / CONTROL COUNT AUDIT

DATE _____

MAR _____

CONTROL DRUG COUNT

ACTION TAKEN

ADMINISTRATOR _____

DATE _____

FOLLOW UP