STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL029014	A. BUILDING: _____ B. WING _____	12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GINNIE MAE RESIDENCE CARE	514 DUKE STREET THOMASVILLE, NC 27360

(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 12/23/25.	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 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a pharmaceutical review was completed at least quarterly for 1 of 2 sampled residents (Resident #2). The findings are: Review of Resident #2's current FL2 dated 08/27/25 revealed diagnoses included neurocognitive deficits and hypertension. Review of Resident #2's Resident Register revealed she was admitted to the facility on 08/09/24. Review of Resident #2's pharmaceutical reviews revealed: -There were pharmaceutical reviews dated 08/27/25 and 05/30/25 with no recommendations. -There was not a more recent pharmaceutical review available for review. Interview with the Administrator on 12/23/25 at 3:22pm revealed: -She knew pharmaceutical reviews were required to be completed quarterly for all residents. -She did not realize a pharmaceutical review was not completed quarterly for Resident #2 since 08/27/25. -She and Supervisor-in-Charge (SIC) were responsible to ensure pharmaceutical reviews were completed quarterly.	C 375		