Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL034015 | A. BUILDING: _____ B. WING _____ | 03/04/2026 |

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| PARKVIEW FAMILY CARE HOME | 2778 REYNOLDS PARK ROAD WINSTON-SALEM, NC 27107 |

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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual survey from 03/03/26 to 03/04/26. | C 000 | | |
| C 230 | 10A NCAC 13G .0801 (a) (b) Resident Assessment<br><br>10A NCAC 13G .0801 Resident Assessment<br><br>(a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter.<br>(b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following:<br>(1) resident identification and demographic information;<br>(2) current diagnoses;<br>(3) current medications;<br>(4) the resident's ability to self-administer medications;<br>(5) the resident's ability to perform activities of daily living, including bathing, dressing, personal | C 230 | | |



Reviewed and Acknowledged K.M. 04/13/26

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| C 230 | Continued From page 1<br>hygiene, ambulation or locomotion, transferring, toileting, and eating;<br>(6) mental health history;<br>(7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background;<br>(8) mood and behaviors;<br>(9) nutritional status, including specialized diet or dietary needs;<br>(10)skin integrity;<br>(11)memory, orientation and cognition;<br>(12)vision and hearing;<br>(13)speech and communication;<br>(14)assistive devices needed; and<br>(15)a list of and contact information for health care providers or services used by the resident. The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf. at no cost.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews and record reviews, the facility failed to ensure that 1 of 3 sampled residents (#1) had a care plan completed within 30 days of admission and at least annually thereafter.<br><br>The findings are:<br><br>Review of Resident #1's FL2 dated 05/30/25 revealed:<br>-Diagnoses included depression and adjustment disorder. | C 230 | | |

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| C 230 | Continued From page 2<br>-He was ambulatory.<br><br>Review of Resident #1's care plan dated 10/28/24 revealed there was no subsequent care plan available for review.<br><br>Interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:55am revealed:<br>-She knew Resident #1's care plan was outdated.<br>-Resident #1's care plan was due to be updated but it was not completed.<br><br>Interview with the Manager on 03/04/26 at 12:30pm revealed:<br>-She did not know Resident #1's care plan was not completed annually.<br>-The Administrator updated the residents' care plans.<br><br>Interview with the Administrator on 03/04/26 at 1:00pm revealed:<br>-She discovered Resident #1's care plan was outdated in January 2026 but Resident #1's doctor appointment to update the care plan was delayed until 03/04/26.<br>-She knew resident care plans were required to be completed annually.<br>-She and the Manager were responsible to ensure that resident care plans were completed annually.<br><br>Telephone interview with the Owner on 03/04/26 at 3:45pm revealed:<br>-She did not know Resident #1's care plan was outdated since September 2025.<br>-She knew resident care plans were required to be completed annually.<br>-The Administrator was responsible to ensure that resident care plans were completed annually. | C 230 | | |

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| C 254 | Continued From page 3 | C 254 | | |
| C 254 | 10A NCAC 13G .0903(c) Licensed Health Professional Support<br><br>10A NCAC 13G .0903 Licensed Health Professional Support<br>(c) The facility shall assure that participation by a registered nurse, occupational therapist, respiratory care practitioner, or physical therapist in the on-site review and evaluation of the residents' health status, care plan, and care provided, as required in Paragraph (a) of this Rule, is completed within 30 days after admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:<br>(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;<br>(2) evaluating the resident's progress to care being provided;<br>(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and<br>(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed at least quarterly for 2 of 3 sampled residents (#1 and #2) with LHPS tasks of compression stockings (#1) and collecting and testing of finger stick blood samples (FSBS) [#2].<br><br>The findings are: | C 254 | | |

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| C 254 | Continued From page 4<br><br>1. Review of Resident #1's current FL2 dated 05/30/2025 revealed diagnoses included depression and adjustment disorder.<br><br>Review of Resident #1's record revealed:<br>-There were two LHPS evaluations available for review dated 06/24/25 and 12/19/25.<br>-There was no LHPS evaluation available for review completed between 06/24/25 and 12/19/25.<br><br>Observation and interview with Resident #1 on 03/04/26 at 1:27pm revealed he was wearing compression stockings.<br><br>Interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:55am revealed Resident #1 wore compression stockings and she helped Resident #1 put them on.<br><br>Interview with the Manager on 03/04/26 at 12:30pm revealed she did not know Resident #1 should have had an LHPS evaluation completed in September 2025.<br><br>Telephone interview with the Owner on 03/04/26 at 3:46pm revealed she did not know Resident #1's LHPS evaluation was not completed quarterly.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:56am.<br><br>Refer to the interview with the Manager on 03/04/26 at 12:31pm.<br><br>Refer to the interview with the Administrator on 03/04/26 at 1:00pm. | C 254 | | |

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| C 254 | Continued From page 5<br><br>Refer to the telephone interview with the Owner on 03/04/26 at 3:45pm.<br><br>Attempted telephone interview with the LHPS nurse on 03/04/26 at 11:15am was unsuccessful.<br><br>2. Review of Resident #2's current FL2 dated 06/30/2025 revealed:<br>-Diagnoses included type 2 diabetes and hypertension.<br>-There was an order to check FSBS daily.<br><br>Review of Resident #2's record revealed:<br>-There were two LHPS evaluations available for review dated 06/24/25 and 12/19/25.<br>-There was no LHPS evaluation available for review completed between 06/24/25 and 12/19/25.<br><br>Interview with Resident #2 on 03/03/26 at 4:10pm revealed staff checked his FSBS daily.<br><br>Interview with the Supervisor-in-Charge (SIC) on 03/03/26 at 9:12am revealed Resident #2 had his FSBS checked daily.<br><br>Interview with the Manager on 03/04/26 at 12:30pm revealed she did not know Resident #2 should have had an LHPS evaluation completed in September 2025.<br><br>Telephone interview with the Owner on 03/04/26 at 3:46pm revealed she did not know Resident #2's LHPS evaluation was not completed quarterly.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:56am. | C 254 | | |

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| C 254 | Continued From page 6<br><br>Refer to the interview with the Manager on 03/04/26 at 12:31pm.<br><br>Refer to the interview with the Administrator on 03/04/26 at 1:00pm.<br><br>Refer to the telephone interview with the Owner on 03/04/26 at 3:45pm.<br><br>Attempted telephone interview with the LHPS nurse on 03/04/26 at 11:15am was unsuccessful.<br><br>Interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:56am revealed:<br>-She knew LHPS evaluations must be completed quarterly.<br>-She knew LHPS evaluations were due in September 2025 but they were not completed.<br><br>Interview with the Manager on 03/04/26 at 12:31pm revealed:<br>-She did not know an LHPS evaluation was required to be completed quarterly for residents with LHPS tasks until 03/03/26.<br>-She and the Administrator were responsible to ensure LHPS evaluations were completed quarterly for residents with LHPS tasks.<br><br>Interview with the Administrator on 03/04/26 at 1:00pm revealed:<br>-She knew an LHPS evaluation was required to be completed quarterly for residents with LHPS tasks.<br>-There was a gap between June 2025 and December 2025 in which LHPS evaluations were not completed.<br>-She and the Manager were responsible to ensure LHPS evaluations were completed quarterly for residents with LHPS tasks. | C 254 | | |

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| C 254 | Continued From page 7<br><br>Telephone interview with the Owner on 03/04/26 at 3:45pm revealed:<br>-She knew an LHPS evaluation was required to be completed quarterly for residents with LHPS tasks.<br>-The Administrator was responsible to ensure LHPS evaluations were completed quarterly for residents with LHPS tasks. | C 254 | | |
| C 342 | 10A NCAC 13G .1004(j) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(j) The resident's medication administration record (MAR) shall be accurate and include the following:<br>(1) resident's name;<br>(2) name of the medication or treatment order;<br>(3) strength and dosage or quantity of medication administered;<br>(4) instructions for administering the medication or treatment;<br>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;<br>(6) date and time of administration;<br>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and<br>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record | C 342 | | |

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| C 342 | Continued From page 8<br>reviews, the facility failed to ensure the medication administration records (MARs) were accurate for 3 of 3 sampled residents.<br><br>The findings are:<br>1. Review of Resident #1's FL2 dated 05/30/25 revealed diagnoses included depression and adjustment disorder.<br><br>a. Review of Resident #1's FL2 dated 05/30/25 revealed there was an order for dapagliflozin 10mg take 1 tablet daily.<br><br>Review of Resident #1's January 2026 medication administration record (MAR) revealed:<br>-There was not an entry for dapagliflozin 10mg take 1 tablet daily.<br>-There was no documentation dapagliflozin 10mg was administered daily.<br><br>Review of Resident #1's February 2026 MAR revealed:<br>-There was an entry for dapagliflozin 10mg take 1 tablet daily.<br>-There was documentation dapagliflozin 10mg was administered daily.<br><br>Review of Resident #1's March 2026 MAR from 03/01/26 to 03/04/26 revealed:<br>-There was an entry for dapagliflozin 10mg take 1 tablet daily.<br>-There was documentation dapagliflozin 10mg was administered daily from 03/01/26 to 03/04/26.<br><br>Observation of Resident #1's medications on hand on 03/04/26 at 9:10am revealed there were dapagliflozin 10mg tablets available for administration. | C 342 | | |

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| C 342 | Continued From page 9<br>Interview with Resident #1 on 03/03/26 at 9:20am revealed staff administered all his medications as far as he knew.<br><br>Interview with the Supervisor-in-Charge on 03/04/26 at 11:55am revealed she administered dapagliflozin to Resident #1 in January 2026 but she was not sure why it was not documented on the January 2026 MAR.<br><br>Interview with the Manager on 03/04/26 at 12:30pm revealed she did not know why dapagliflozin was not documented on Resident #1's January 2026 MAR.<br><br>Interview with the Administrator on 03/04/26 at 1:00pm revealed she did not know why dapagliflozin was not documented on Resident #1's January 2026 MAR.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:56am.<br><br>Refer to the interview with the Manager on 03/04/26 at 12:31pm.<br><br>Refer to the interview with the Administrator on 03/04/26 at 1:01pm.<br><br>Refer to the telephone interview with the Owner on 03/04/26 at 3:45pm.<br><br>Attempted telephone interview with a representative from the facility's previous contracted pharmacy on 03/04/26 at 11:30am was unsuccessful.<br><br>b. Review of Resident #1's FL2 dated 05/30/25 revealed there was an order for furosemide 20mg | C 342 | | |

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| C 342 | Continued From page 10<br>take 1 tablet daily.<br><br>Review of Resident #1's January 2026 medication administration record (MAR) revealed:<br>-There was not an entry for furosemide 20mg take 1 tablet daily.<br>-There was no documentation furosemide 20mg was administered daily.<br><br>Review of Resident #1's February 2026 MAR revealed:<br>-There was an entry for furosemide 20mg take 1 tablet daily.<br>-There was documentation furosemide 20mg was administered daily.<br><br>Review of Resident #1's March 2026 MAR from 03/01/26 to 03/04/26 revealed:<br>-There was an entry for furosemide 20mg take 1 tablet daily.<br>-There was documentation furosemide 20mg was administered daily from 03/01/26 to 03/04/26.<br><br>Observation of Resident #1's medications on hand on 03/04/26 at 9:10am revealed there were furosemide 20mg tablets available for administration.<br><br>Interview with Resident #1 on 03/03/26 at 9:20am revealed staff administered all his medications as far as he knew.<br><br>Interview with the Supervisor-in-Charge on 03/03/26 at 11:55am revealed she administered furosemide to Resident #1 in January 2026 but she was not sure why it was not documented on the January 2026 MAR.<br><br>Interview with the Manager on 03/04/26 at 12:30pm revealed she did not know why | C 342 | | |

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| C 342 | Continued From page 11<br>furosemide was not documented on Resident #1's January 2026 MAR.<br><br>Interview with the Administrator on 03/04/26 at 1:00pm revealed she did not know why furosemide was not documented on Resident #1's January 2026 MAR.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:56am.<br><br>Refer to the interview with the Manager on 03/04/26 at 12:31pm.<br><br>Refer to the interview with the Administrator on 03/04/26 at 1:01pm.<br><br>Refer to the telephone interview with the Owner on 03/04/26 at 3:45pm.<br><br>Attempted telephone interview with a representative from the facility's previous contracted pharmacy on 03/04/26 at 11:30am was unsuccessful.<br><br>c. Review of Resident #1's FL2 dated 05/30/25 revealed there was an order for diclofenac gel 1% to affected area as needed (PRN).<br><br>Review of Resident #1's January 2026 medication administration record (MAR) revealed there was not an entry for diclofenac gel 1% PRN and no space to document if it was administered.<br><br>Review of Resident #1's February 2026 MAR revealed there was not an entry for diclofenac gel 1% PRN and no space to document if it was administered. | C 342 | | |

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| C 342 | Continued From page 12<br>Review of Resident #1's March 2026 MAR from 03/01/26 to 03/04/26 revealed there was not an entry for diclofenac gel 1% PRN and no space to document if it was administered.<br><br>Observation of Resident #1's medications on hand on 03/04/26 at 9:10am revealed there was no diclofenac gel 1% available for administration.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:56am.<br><br>Refer to the interview with the Manager on 03/04/26 at 12:31pm.<br><br>Refer to the interview with the Administrator on 03/04/26 at 1:01pm.<br><br>Refer to the telephone interview with the Owner on 03/04/26 at 3:45pm.<br><br>Attempted telephone interview with a representative from the facility's previous contracted pharmacy on 03/04/26 at 11:30am was unsuccessful.<br><br>d. Review of Resident #1's FL2 dated 05/30/25 revealed there was an order for acetaminophen 500mg every 6 hours as needed (PRN).<br><br>Review of Resident #1's January 2026 medication administration record (MAR) revealed there was not an entry for acetaminophen 500mg PRN and no space to document if it was administered.<br><br>Review of Resident #1's February 2026 MAR revealed there was not an entry for acetaminophen 500mg PRN and no space to | C 342 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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|---|---|---|---|---|
| C 342 | Continued From page 13<br>document if it was administered.<br><br>Review of Resident #1's March 2026 MAR from 03/01/26 to 03/04/26 revealed there was not an entry for acetaminophen 500mg PRN and no space to document if it was administered.<br><br>Observation of Resident #1's medications on hand on 03/04/26 at 9:10am revealed there was no acetaminophen 500mg available for administration.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:56am.<br><br>Refer to the interview with the Manager on 03/04/26 at 12:31pm.<br><br>Refer to the interview with the Administrator on 03/04/26 at 1:01pm.<br><br>Refer to the telephone interview with the Owner on 03/04/26 at 3:45pm.<br><br>Attempted telephone interview with a representative from the facility's previous contracted pharmacy on 03/04/26 at 11:30am was unsuccessful.<br><br>2. Review of Resident #2's FL2 dated 06/30/25 revealed:<br>-Diagnoses included type 2 diabetes and hypertension.<br>-There was an order for naproxen 500mg take 1 tablet twice daily as needed (PRN) for mild pain.<br><br>Review of Resident #2's January 2026 medication administration record (MAR) revealed:<br>-There was an entry for naproxen 500mg take 1 | C 342 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| C 342 | Continued From page 14<br>tablet twice daily PRN.<br>-There was no documentation naproxen was administered in January 2026.<br><br>Review of Resident #2's February 2026 MAR revealed there was not an entry for naproxen 500mg take 1 tablet twice daily PRN and no space to document if it was administered.<br><br>Review of Resident #2's March 2026 MAR from 03/01/26 to 03/04/26 revealed there was not an entry for naproxen 500mg take 1 tablet twice daily PRN and no space to document if it was administered.<br><br>Observation of Resident #2's medications on hand on 03/03/26 at 4:40pm revealed there were 4 of 20 naproxen 500mg tablets dated 09/15/25 available for administration.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:56am.<br><br>Refer to the interview with the Manager on 03/04/26 at 12:31pm.<br><br>Refer to the interview with the Administrator on 03/04/26 at 1:01pm.<br><br>Refer to the telephone interview with the Owner on 03/04/26 at 3:45pm.<br><br>Attempted telephone interview with a representative from the facility's previous contracted pharmacy on 03/04/26 at 11:30am was unsuccessful.<br><br>3. Review of Resident #3's FL2 dated 06/30/25 revealed diagnoses included seizure disorder and | C 342 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| C 342 | Continued From page 15<br>lupus.<br><br>a. Review of Resident #3's FL2 dated 06/30/25 revealed there was an order for acetaminophen 500mg take 2 tablets every six hours as needed (PRN).<br><br>Review of Resident #3's January 2026 medication administration record (MAR) revealed there was not an entry for acetaminophen 500mg take 2 tablets every six hours PRN and no space to document if it was administered.<br><br>Review of Resident #3's February 2026 MAR revealed there was not an entry for acetaminophen 500mg take 2 tablets every six hours PRN and no space to document if it was administered.<br><br>Review of Resident #3's March 2026 MAR from 03/01/26 to 03/04/26 revealed there was not an entry for acetaminophen 500mg take 2 tablets every six hours PRN and no space to document if it was administered.<br><br>Observation of Resident #3's medications on hand on 03/03/26 at 4:36pm revealed there were no acetaminophen 500mg tablets available for administration.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:56am.<br><br>Refer to the interview with the Manager on 03/04/26 at 12:31pm.<br><br>Refer to the interview with the Administrator on 03/04/26 at 1:01pm. | C 342 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| C 342 | Continued From page 16<br>Refer to the telephone interview with the Owner on 03/04/26 at 3:45pm.<br><br>Attempted telephone interview with a representative from the facility's previous contracted pharmacy on 03/04/26 at 11:30am was unsuccessful.<br><br>b. Review of Resident #3's FL2 dated 06/30/25 revealed there was an order for diphenhydramine 25mg daily as needed (PRN).<br><br>Review of Resident #3's January 2026 medication administration record (MAR) revealed there was not an entry for diphenhydramine 25mg daily PRN and no space to document if it was administered.<br><br>Review of Resident #3's February 2026 MAR revealed there was not an entry for diphenhydramine 25mg daily PRN and no space to document if it was administered.<br><br>Review of Resident #3's March 2026 MAR from 03/01/26 to 03/04/26 revealed there was not an entry for diphenhydramine 25mg daily PRN and no space to document if it was administered.<br><br>Observation of Resident #3's medications on hand on 03/03/26 at 4:36pm revealed there were no diphenhydramine 25mg tablets available for administration.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:56am.<br><br>Refer to the interview with the Manager on 03/04/26 at 12:31pm. | C 342 | | |

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|---|---|---|---|---|
| C 342 | Continued From page 17<br>Refer to the interview with the Administrator on 03/04/26 at 1:01pm.<br><br>Refer to the telephone interview with the Owner on 03/04/26 at 3:45pm.<br><br>Attempted telephone interview with a representative from the facility's previous contracted pharmacy on 03/04/26 at 11:30am was unsuccessful.<br><br>Interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:56am revealed:<br>-She did not know how some of the residents' medications dropped off the medication administration records (MAR).<br>-She administered medications to the residents but she did not order medications.<br>-The Administrator audited the MARs on 03/02/06 but she did not know how often audits were completed.<br><br>Interview with the Manager on 03/04/26 at 12:31pm revealed:<br>-She did not know some of the residents' medications were not on the MARs.<br>-She thought some of the residents' medications were not on the MARs because the facility had changed pharmacies.<br>-She audited the residents' MARs on 02/25/26 and 02/26/26.<br>-She was responsible to ensure the residents' active medications were on the MARs.<br><br>Interview with the Administrator on 03/04/26 at 1:01pm revealed:<br>-She did not know some of the residents' medications were not on the MARs or why some medications dropped off the MARs.<br>-The Manager was responsible to ensure the | C 342 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| C 342 | Continued From page 18<br>residents' active medications were on the MARs.<br><br>Telephone interview with the Owner on 03/04/26 at 3:45pm revealed:<br>-She did not know some of the residents' medications were not on the MARs or why some medications dropped off the MARs.<br>-The Manager audited the MARs.<br>-The Manager was responsible to ensure the residents' active medications were on the MARs. | C 342 | | |
| C 375 | 10A NCAC 13G .1009(a)(1) Pharmaceutical Care<br><br>10A NCAC 13G .1009 Pharmaceutical Care<br>(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:<br>(1) an on-site medication review for each resident which includes at least the following:<br>(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 | C 375 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| C 375 | Continued From page 19<br>prescribing practitioner; and,<br>(B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and,<br>(C) documenting the results of the medication review in the resident's record;<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to ensure a pharmaceutical review was completed at least quarterly for 3 of 3 sampled residents.<br><br>The findings are:<br><br>1. Review of Resident #1's current FL2 dated 05/30/25 revealed diagnoses included depression and adjustment disorder.<br><br>Review of Resident #1's pharmaceutical reviews revealed:<br>-There were pharmaceutical reviews dated 03/13/25 and 06/17/25 with no recommendations.<br>-There was not a more recent pharmaceutical review available for review.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:55am.<br><br>Refer to the interview with the Manager on 03/04/26 at 12:30pm.<br><br>Refer to the interview with the Administrator on 03/04/26 at 1:00pm.<br><br>Refer to the telephone interview with the Owner | C 375 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| C 375 | Continued From page 20<br>on 03/04/26 at 3:45pm.<br><br>2. Review of Resident #2's current FL2 dated 06/30/25 revealed diagnoses included type 2 diabetes and hypertension.<br><br>Review of Resident #2's pharmaceutical reviews revealed:<br>-There were pharmaceutical reviews dated 03/13/25 and 06/17/25 with no recommendations.<br>-There was not a more recent pharmaceutical review available for review.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:55am.<br><br>Refer to the interview with the Manager on 03/04/26 at 12:30pm.<br><br>Refer to the interview with the Administrator on 03/04/26 at 1:00pm.<br><br>Refer to the telephone interview with the Owner on 03/04/26 at 3:45pm.<br><br>3. Review of Resident #3's current FL2 dated 05/22/25 revealed:<br>-Diagnoses included seizure disorder and lupus.<br>-She was admitted to the facility on 05/12/25.<br><br>Review of Resident #3's pharmaceutical reviews revealed:<br>-There was a pharmaceutical review dated 06/17/25 with no recommendations.<br>-There was not a more recent pharmaceutical review available for review.<br><br>Refer to the interview with the Supervisor-in-Charge (SIC) on 03/04/26 at | C 375 | | |

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|---|---|---|---|---|
| C 375 | Continued From page 21<br>11:55am.<br><br>Refer to the interview with the Manager on 03/04/26 at 12:30pm.<br><br>Refer to the interview with the Administrator on 03/04/26 at 1:00pm.<br><br>Refer to the telephone interview with the Owner on 03/04/26 at 3:45pm.<br><br>Interview with the Supervisor-in-Charge (SIC) on 03/04/26 at 11:55am revealed:<br>-She knew pharmaceutical reviews were required to be completed quarterly for the residents.<br>-She did not know pharmaceutical reviews were not completed quarterly for the residents.<br><br>Interview with the Manager on 03/04/26 at 12:30pm revealed:<br>-She did not know pharmaceutical reviews were required to be completed quarterly for the residents.<br>-She was responsible to ensure pharmaceutical reviews were completed quarterly for the residents.<br><br>Interview with the Administrator on 03/04/26 at 1:00pm revealed:<br>-She knew pharmaceutical reviews were required to be completed quarterly for all residents.<br>-She and the Manager were responsible to ensure pharmaceutical reviews were completed quarterly.<br><br>Telephone interview with the Owner on 03/04/26 at 3:45pm revealed:<br>-She knew pharmaceutical reviews were required to be completed quarterly for all residents.<br>-She did not know pharmaceutical reviews were | C 375 | | |

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| C 375 | Continued From page 22<br>not completed quarterly for the residents.<br>-The Administrator was responsible to ensure pharmaceutical reviews were completed quarterly. | C 375 | | |

**Deficiency #1 – Care Plan**
Corrective action, audits, tracking logs, staff training, and monitoring implemented.

**Rule Cited:** Care Planning Requirements

**Deficiency Statement:**

The facility failed to ensure that 1 of 3 sampled residents (#1) had a care plan completed within 30 days of admission and at least annually thereafter.

---

**Plan of Correction:**

**1. Corrective Action for Affected Resident:**

- Resident #1's care plan was completed on **03** /25/2026
- The care plan reflects current needs, services, and interventions and was reviewed with staff.

---

**2. Identification of Other Residents Affected:**

- A 100% audit of all resident records was completed
- All care plans were reviewed for compliance with 30-day and annual requirements.
- Any deficiencies were corrected immediately.

---

**3. Systemic Changes:**

- A **Care Plan Tracking Log** has been implemented to monitor due dates.
- The Administrator/designee will review the log weekly.
- Staff have been re-educated on care plan timelines and requirements.

---

**4. Monitoring:**

- Monthly audits will be conducted for 3 months, then quarterly thereafter.
- Any issues identified will be corrected immediately with additional training provided.

**Deficiency #2 – LHPS (C 254)**
Evaluations completed, audits conducted, tracking system implemented, staff re-educated.

---

**Rule Cited:** 10A NCAC 13G .0903 (c) – Licensed Health Professional Support (LHPS)
**Tag:** C 254

**Deficiency Statement:**

The facility failed to ensure LHPS evaluations were completed at least quarterly for 2 of 3 sampled residents (#1 and #2).

---

**Plan of Correction:**

**1. Corrective Action for Affected Residents:**

- Resident #1 and Resident #2 received LHPS evaluations and corrected on 03/09/2026 .
- Evaluations included physical assessment, progress review, recommendations, and proper documentation.
- Care plans and physician orders were updated as needed.

---

**2. Identification of Other Residents Affected:**

- A 100% audit of all residents receiving LHPS services was completed
- Any missing or overdue evaluations were completed immediately.

---

**3. Systemic Changes:**

- An **LHPS Tracking Log** has been implemented.
- Weekly review by Administrator/designee to ensure compliance.
- Contracted licensed health professional secured for timely evaluations.
- Policies updated and staff re-educated on LHPS requirements.

---

**4. Monitoring:**

- Monthly audits for 3 months, then quarterly thereafter.
- Documentation will be maintained for survey review.
- Immediate corrective action taken for any discrepancies.

**Deficiency #3 – MAR (C 342)**
MAR audits completed, staff trained, documentation systems improved and monitored.

**Rule Cited:** 10A NCAC 13G .1004 (j) – Medication Administration
**Tag:** C 342

---

**Deficiency Statement:**

The facility failed to ensure the Medication Administration Record (MAR) was accurate and complete, including required elements such as documentation of administration, omissions, PRN effectiveness, and staff signatures/initials.

---

**Plan of Correction:**

**1. Corrective Action for Affected Residents:**

- All identified MARs with missing or incomplete documentation were immediately reviewed and corrected on 03 /25/2026
- Staff involved were counseled and re-educated on proper medication documentation requirements.
- Any omitted documentation (including PRN effectiveness, refusals, or missed doses) was addressed per facility policy, and physician notification was completed as applicable.

---

**2. Identification of Other Residents Affected:**

- A 100% audit of all current MARs was completed on 03 /25/206to ensure compliance with all documentation requirements under this rule.
- Any discrepancies identified were corrected immediately.

---

**3. Systemic Changes to Prevent Recurrence:**

- A **Medication Administration Audit Tool** has been implemented to ensure MAR accuracy and completeness.
- A **MAR Signature/Initial Log** has been established and maintained to verify all staff initials.
- Medication administration policies and procedures have been reviewed and reinforced to include:
  - Accurate documentation of medication administration
  - Documentation of omissions and refusals
  - PRN medication documentation including reason and effectiveness
- All medication staff have been re-trained on proper MAR documentation requirements and the importance of real-time charting.

---

**4. Monitoring and Quality Assurance:**

- The Administrator or designee will conduct:
  - **Weekly MAR audits for 4 weeks**
  - Then **monthly audits for 3 months**, followed by quarterly audits
- Audits will include review of:
  - Completeness of MAR entries
  - PRN documentation and effectiveness
  - Omission documentation
  - Staff signatures/initials compliance

**Deficiency #4 – Pharmaceutical Care**
Quarterly reviews completed, pharmacist contracted, tracking and audits implemented.

**Rule Cited:** 10A NCAC 13G .1009 (a)(1) – Pharmaceutical Care

---

**Deficiency Statement:**

The facility failed to ensure that pharmaceutical care services, including quarterly medication reviews by a licensed pharmacist, prescribing practitioner, or registered nurse, were completed and properly documented for residents as required.

---

Plan of Correction:

**1. Corrective Action for Affected Residents:**

- All residents received a comprehensive **medication regimen review** conducted by a licensed pharmacist/registered nurse on 03 /25/2026
- Reviews included:
  - Evaluation of diagnoses, physician orders, lab values, vital signs, and MARs
  - Identification of potential medication errors, interactions, or adverse effects
  - Recommendations for changes as appropriate
- All recommendations were communicated to the prescribing practitioner, and any necessary changes were implemented.
- Documentation of the medication reviews was completed and placed in each resident's record.

---

**2. Identification of Other Residents Affected:**

- A 100% audit of all resident records was completed on 03/09/2026to verify that quarterly pharmaceutical care reviews were conducted and documented.
- Any missing or incomplete reviews were immediately completed and documented.

---

**3. Systemic Changes to Prevent Recurrence:**

- The facility has established a **Pharmaceutical Care Schedule/Tracking Log** to ensure quarterly medication reviews are completed timely for all residents.
- A contract/agreement has been secured with a **licensed pharmacist and/or registered nurse** to provide ongoing pharmaceutical care services.
- Policies and procedures have been reviewed and updated to reflect requirements under 10A NCAC 13G .1009.
- Staff have been re-educated on the importance of medication monitoring, documentation, and timely follow-up on recommendations.

---

**4. Monitoring and Quality Assurance:**

- The Administrator or designee will:
  - Verify completion of pharmaceutical reviews **quarterly**

    - Conduct **monthly audits for 3 months** to ensure compliance, then quarterly thereafter
- Audits will confirm:
    - Reviews are completed on time
    - Recommendations are documented and communicated
    - Follow-up actions are implemented
- Any identified issues will be addressed immediately with corrective action and additional staff training.