

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2026
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NAME OF PROVIDER OR SUPPLIER ELIZUR FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 711 ASKEW STREET BURLINGTON, NC 27217
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(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 and a follow-up survey on 04/09/26.	C 000		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family 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 the medication administration records were accurate for 2 of 3 sampled residents (#1 and #2) including an order for finger stick blood sugar (FSBS) and administration of insulin using sliding scale (SSI) parameters (#1); and a medication used to treat dementia (#2). The findings are: 1. Review of Resident #1's current FL2 dated 01/08/25 revealed diagnoses included type two diabetes, suicidal ideation, prostate abscess, acute prostatitis with complicated urinary tract infections, mood disorder and major depression disorder. Review of Resident #1 signed Primary Care Provider (PCP) ordered dated 02/29/26 revealed: -There was an order to check FSBS four times a	C 330		

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

TITLE

(X6) DATE

STATE FORM

6899

LMIE11

If continuation sheet 1 of 7

" Reviewed and Acknowledged " 05/07/2026 CPP

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ELIZUR FAMILY CARE HOME

**711 ASKEW STREET
BURLINGTON, NC 27217**

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C 330	Continued From page 1 day. -There was an order for Humulin (a medication used to treat high blood sugar levels) 100 units/ml inject per sliding scale insulin (SSI) parameters: FSBS 200-250 = 2 units, 251-300 = 4 units, 301-350 = 6 units, 351-400 = 8 units and call PCP if over 400. Review of Resident #1's March 2026 electronic medication administration record (eMAR) from 03/01/26 through 03/31/26 revealed: -There was an entry to check FSBS four times a day before each meal scheduled at 7:00am, 12:00pm, 4:00pm and 7:00pm. -There was an entry for Humulin 100 units/ml inject per sliding scale insulin (SSI) parameters: FSBS 200-250 = 2 units, 251-300 = 4 units, 301-350 = 6 units, 351-400 = 8 units and call PCP if over 400. -There was a space to document units administered. -There was no documentation of FSBS from 03/01/26 through 03/31/26. -There was no documentation of Humulin units administered from 03/01/26 through 03/31/26 with examples as follows; -On 03/01/26 there was an entry for administration at 7:00am, 12:00pm, 4:00pm and 7:00pm. -On 03/02/26 there was an entry for administration at 7:00am and 7:00pm. -On 03/03/26 there was an entry for administration at 7:00am. -On 03/04/26 there was an entry for administration at 7:00am and 12:00pm -On 03/05/26 there was an entry for administration at 7:00am. -On 03/06/26 there was an entry for administration at 7:00am. -On 03/07/26 there was an entry for	C 330	MEDICATION DOCUMENTATION PROCEDURES HAVE BEEN RENEWED & REGISTERED 4/15/26 TRAINING PROVIDED FOR STAFF IN THE LOCATION Insulin Administration & Documentation HAS BEEN RENEWED AND DOCUMENTATION IS NOW COMPLIANT. SIC TO DO SPOT CHECKS WEEKLY. TO ensure continuous	

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STATE FORM

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If continuation sheet 2 of 7

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C 330	Continued From page 2 administration at 7:00am. -On 03/08/26 there was an entry for administration at 7:00am. -On 03/15/26 there was an entry for administration at 7:00am -On 03/18/26 there was an entry for administration at 4:00pm. -On 03/20/26 there was an entry for administration at 12:00pm. -On 03/23/26 there was an entry for administration at 12:00pm. -On 03/26/26 there was an entry for administration at 7:00am. -On 03/27/26 there was an entry for administration at 7:00am. -On 03/28/26 there was an entry for administration at 7:00am. -On 03/30/26 there was an entry for administration at 7:00am. -On 03/31/26 there was an entry for administration at 7:00am. Review of Resident #1's April 2026 from 04/01/26 through 04/09/26 revealed: -There was an entry to check FSBS four times a day before each meal scheduled at 7:00am, 12:00pm, 4:00pm and 7:00pm. -There was no documentation FSBS was taken from 04/01/26 through 04/09/26. -There was an entry for Humulin 100 units/ml inject per sliding scale insulin (SSI) parameters: FSBS 200-250 = 2 units, 251-300 = 4 units, 301-350 = 6 units, 351-400 = 8 units and call PCP if over 400. -There was no documentation Humulin administration from 04/01/26 through 04/09/26. -There was no documentation of Humulin units administered from 04/01/26 through 04/09/26.	C 330	COMPLIANT TO THE RULES ON MED DOCUMENTATION.	4/13/26

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C 330	Continued From page 3 Interview with the medication aide (MA) on 04/09/26 at 2:00pm revealed: -She floats between several of the family care homes. -She had not administered SSI to Resident #1 since his new order for SSI. -She knew how to administer insulin using the sliding scale. -She had not taken Resident #1's FSBS. -She did not know why the FSBS values and units of insulin given were not documented on the eMAR. -She did not record FSBS and insulin units given anywhere else other than the eMAR. Telephone interview with a representative from the facility's contracted pharmacy on 04/09/26 at 2:30pm revealed: -Resident #1 had a current order to check FSBS four times a day before each meal scheduled at 7:00am, 12:00pm, 4:00pm and 7:00pm. -Resident #1 had a current order for Humulin 100 units/ml inject per sliding scale insulin (SSI) parameters: FSBS 200-250 = 2 units, 251-300 = 4 units, 301-350 = 6 units, 351-400 = 8 units and call PCP if over 400. -The humulin order was dated 02/29/26 and was last dispensed on 02/29/26. Interview with Resident #1 on 04/09/26 at 3:10pm revealed. -The staff checked his FSBS daily. -He was unsure of how often and the time of day. -He had not had any symptoms related to his blood sugar being too high or low. Attempted telephone interview with Resident #1's PCP on 04/09/26 at 3:00pm was unsuccessful. Interview with the Administrator on 04/09/26 at	C 330		

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C 330	Continued From page 4 4:10pm revealed: -He was not aware Resident #1's FSBS was not being recorded on the eMAR. -He was not aware Resident #1's units of administered Humulin were not being recorded on the eMAR. -He was not pleased about the MA's not recording the units given and the FSBS. -The MAs were aware of how to use the SSI and document the units on the eMAR. -He was responsible for completing the chart and eMAR audits. -He did not know the last time an audit was completed. -He expected the units of Humulin given and FSBS values to be documented on the eMAR. 2. Review of Resident #2's current FL2 dated 01/08/25 revealed: - Diagnoses included dementia with behavioral disturbances, hypertension, moderate intellectual developmental disorder, visual impairment and polyps. -There was as order for donepezil (used to treat dementia) 5mg I tab at bedtime. Review of Resident #2's February 2026 electronic medication administration record (eMAR) from 02/01/26 through 02/28/26 revealed: -There was an entry for donepezil 5mg I tab at bedtime. -There was no documentation of donepezil administration from 02/01/26 through 02/28/26. Review of Resident #2's March 2026 eMAR from 03/01/26 through 03/31/26 revealed: -There was an entry for donepezil 5mg I tab at bedtime. -There was no documentation of donepezil administration from 03/01/26 through 03/31/26	C 330		

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C 330	Continued From page 5 revealed. Review of Resident #2's April 2026 eMAR from 04/01/26 through 04/09/26 revealed: -There was an entry for donepezil 5mg I tab at bedtime. -There was no documentation of donepezil administration from 04/01/26 through 04/09/26. Observation of the medication cart on 04/09/26 at 1:45pm revealed there were no donepezil on the cart for administration. Interview with the MA on 04/09/26 at 2:00pm revealed: -She does not know the last date she administered donepezil to Resident #2. -She was not sure if donepezil had been discontinued by the PCP. -The MAs and the Administrator were responsible for calling in medication refills when needed. Observations and record review revealed Resident #2 was not interviewable. Telephone interview with a representative from the facility's contracted pharmacy on 04/09/26 at 2:20pm revealed: -Resident #2 had a current order for donepezil 5mg I tab at bedtime dated 08/25/25. -There had been no request for a refill from the facility since that date. Interview with the Primary Care Provider (PCP) on 04/09/26 at 3:45pm revealed: -She was not aware Resident #2 was not getting donepezil 5mg. -She did not write the original order. -The medication was prescribed to slow down the progression of dementia.	C 330	<i>DONEPEZIL IS AVAILABLE FOR THE RESIDENT. THIS ISSUE WAS A RESULT OF PROVIDER CHANGE OVER. PROCEDURE HAS BEEN REVIEWED TO ENSURE CHANGE OVER OF PROVIDER IS EXPEDITED AT ALL TIMES. ADMINISTRATOR TO REVIEW THIS EVERY MONTH.</i>	4/23/26

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C 330	Continued From page 6 -If there was a current order for the medication and it is on the eMAR she would expect the medication to be administered as ordered. Interview with the Administrator on 04/09/26 at 4:15pm revealed: -He was unaware Resident #2 had no donepezil available for administration for the past three months. -He was not aware the last dispense date for Resident #2's donepezil was on 11/04/25. -The MAs were responsible for calling the pharmacy for refills. -He was responsible for auditing the charts and eMAR audits. -His expectation would be for medication refills to be called in when needed and medications be administered as ordered.	C 330			