STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 completed an annual survey on 4/3/18 and 4/4/18 with a telephone exit on 4/10/18.	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: TYPE B VIOLATION Based on observations, record reviews and interviews, the facility failed to assure medications were administered as ordered by a prescribing practitioner for 2 of 3 sampled residents related to Zofran (Resident #1), Buspar, Flonase, Inderal, Levemir, Neurontin, Symbicort, Topamax, and Victoza (Resident #2) . The findings are: Review of Resident #1's current FL-2 dated 2/12/18 revealed: -Diagnoses included Type 2 diabetes, pancreatitis, depression, seizure disorder and personality disorder. -There was no physician order for Zofran on the FL2. Review of Resident #1's record revealed:	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 1 -A physician's order dated 8/14/17 for Zofran under the tongue (ODT) 8mg tablet one tablet three times daily. -The physician had written the order as scheduled. Review of a subsequent physicians order dated 9/5/17 from the local hospital revealed scheduled Zofran ODT 4mg every 6 hours. Review of Resident #1's medication administration record (MAR) for February, March and April 2018 revealed: -There was a computer generated entry for Zofran ODT 8mg tablet, dissolve 1 tablet under tongue three times daily. -The Zofran had been documented as administered three times daily from 2/1/18 through 2/28/18. -The Zofran had been documented as administered three times daily from 3/1/18 through 3/31/18. -The Zofran had been documented as administered three times daily from 4/1/18 through 4/3/18. -The order dated 9/5/17 from the local hospital for scheduled Zofran ODT 4mg every 6 hours was not transcribed to the MAR. Observation on 4/4/18 at 8:40am of the medication on hand revealed a bubble pack of Zofran 8mg one tablet three times daily sublingual (SL). Interview on 4/3/18 at 10:29am with Resident #1 revealed: -He was not experiencing any nausea. -As far as he knew he was receiving his medications as his physician had order them.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 2 Interview on 4/4/18 at 10:50am and 4/4/18 at 12:18pm with the Supervisor in Charge (SIC) revealed: -When a resident was seen by the physician, any order changes were sent to the pharmacy to be filled and then sent to the facility usually on the same day. -It was his responsibility to make sure any new prescriptions were sent to the pharmacy, placed on the MAR and ensure the facility had received the correct medication. -He was not aware of the hospital order on 9/5/17 for Zofran every 6 hours. -He was not aware the order for Zofran was to be administered as needed because the order was written as scheduled. -The pharmacy generated MAR had the Zofran as scheduled for three times daily. -He was not sure why the FL2 did not have the order for Zofran on it. -He was responsible for checking the MAR's monthly for accuracy. -"I have not been on top of it like I should have been." -"I just missed it." Interview on 4/6/18 at 8:59am with the Pharmacist from the contracted pharmacy revealed: -The current order for Zofran was written 8/14/17 and they had not received any order changes since that time. -The current order for Zofran was 8mg one under the tongue three times daily every day. -The pharmacy had not received an order from the local hospital or facility for scheduled Zofran 4 mg every 6 hours. -The pharmacy did not have an order for Zofran as needed.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 3	C 330		

Interview on 4/9/18 at 10:30am with Resident #1's primary care physician revealed:
-He had last seen Resident #1 on 3/28/18.
-He had written the order for Zofran 8mg three times daily, as needed for nausea.
-He was unaware the order for Zofran 8mg three times daily did not include as needed.
-He was unaware Resident #1 had received an order from the local hospital on 9/5/17 for Zofran 4mg every 6 hours.
-He was unaware the facility was giving the Zofran three times daily as scheduled.
-The scheduled dose three times daily "would not hurt him" but Resident #1 did not need it except if he was having nausea.

2. Review of Resident #2's current FL-2 dated 2/24/18 revealed:
-Diagnoses included schizoaffective disorder, depressive type and type 2 diabetes.
-Medication orders included Buspar 10mg one tablet three times daily (used to treat anxiety), Flonase 50mcg two sprays nasal daily (used to treat allergy symptoms), Inderal 10mg one tablet twice daily (used to treat high blood pressure and chest pain), Neurontin 600mg one tablet three times daily(used to treat seizures), Symbicort inhaler 160-4.5mcg inhaler two inhalations two times daily (used to treat asthma and Chronic Obstructive Pulmonary disease [COPD]), Topamax 75mg every night at bedtime and Topamax 50 mg every morning(used to treat seizures), Victoza 0.6mg subcutaneous daily (used to treat diabetes), and Levemir 35 units SQ daily in the morning (used to treat diabetes).

Review of Resident #2's record revealed:
-She returned to the facility on 2/27/18 from a local hospital.
-An FL2 dated 10/30/17 revealed additional

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 4	C 330		

diagnoses not included on the 2/24/18 FL2 of borderline personality disorder, hypertension, hyperlipidemia, COPD, peripheral neuropathy, hypothyroidism.

a. Review of physician orders in Resident #2's record written 2/27/18 revealed there was an order for Buspar 10mg one tablet three times daily.

Review of Resident #2's medication administration record (MAR) for February 2018 revealed the order to decrease Buspar 10mg one tablet three times daily had not been transcribed on the MAR.

Review of Resident #2's MAR for March 2018 revealed the order to decrease Buspar 10mg one tablet three times daily had not been transcribed on the MAR.

Observation on 4/4/18 at 8:40am of the medication on hand revealed a bubble pack for Resident #2 revealed Buspar 10mg one tablet three times daily was available for administration.

Interview on 4/4/18 at 10:50am with the Supervisor in Charge (SIC) revealed:
-When the facility received a new prescription from a provider the facility would send it to the pharmacy and wait on them to fill it.
-The SIC would compare the medication to the order received from the physician and hand write the new order for the Buspar on the MAR.
-The SIC could not explain why the Buspar was not transcribed to the MAR.
-He was responsible for checking the MAR's each month for accuracy.
-"I've not been on top of it lately."
-"It was my responsibility to make sure this was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 5 done". Interview on 4/3/18 at 8:59am with the Pharmacist from the contract pharmacy revealed: -The FL2 for Resident #2 was received by the pharmacy on 3/2/18. -The new order for Buspar on the FL2 from the hospital dated 2/24/18 for Resident #2 was considered a one-time fill and then new orders were requested by the pharmacy from the primary provider. -The order for Buspar for Resident #2 was received, filled and delivered to the facility on 3/2/18. Refer to interview on 4/6/18 at 1:54pm with Resident #2's physician. b. Review of physician orders in Resident #2's record written 2/27/18 revealed there was an order for Flonase 50mcg two sprays nasal daily. Review of Resident #2's medication administration record (MAR) for February 2018 revealed the order for Flonase 50mcg two sprays nasal daily had not been transcribed on the MAR. Review of Resident #2's MAR for March 2018 revealed: -A handwritten entry for Flonase 50mcg two sprays nasal daily. -The Flonase was documented as administered 3/3/18 through 3/31/18. -There was no documentation the Flonase was administered on 3/1/18 and 3/2/18. Observation on 4/4/18 at 8:45am of the medication on hand for Resident #2 revealed Flonase 50mcg two sprays nasal daily was available for administration.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 6 Interview on 4/4/18 at 10:50am with the SIC revealed: -When the facility received a new prescription from a provider the facility would send it to the pharmacy and wait on them to fill it. -The SIC would compare the medication to the order received from the physician and hand write the new order for the Flonase on the MAR. -The SIC could not explain why the Flonase was not transcribed to the February 2018 MAR. -He was responsible for checking the MAR's each month for accuracy. -"I've not been on top of it lately." -"It was my responsibility to make sure this was done". Interview on 4/3/18 at 8:59am with the Pharmacist from the contract pharmacy revealed: -The FL2 for Resident #2 was received by the pharmacy on 3/2/18. -The new order for Flonase on the FL2 from the hospital dated 2/24/18 for Resident #2 was considered a one-time fill and then new orders were requested by the pharmacy from the primary provider. -The order for Flonase for Resident #2 was filled and delivered to the facility on 3/2/18. Refer to interview on 4/6/18 at 1:54pm with Resident #2's physician. c. Review of physician orders in Resident #2's record written 2/27/18 revealed there was an order for Inderal 10mg one tablet twice daily. Review of Resident #2's medication administration record (MAR) for February 2018 revealed the order for Inderal 10mg one tablet twice daily had not been transcribed on the MAR.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 7 Review of Resident #2's MAR for March 2018 revealed: -A handwritten entry for Inderal 10mg one tablet twice daily. -There was documentation Inderal was administered 3/3/18 through 3/31/18. -There was no documentation Indeeral was administered 3/1/18 and 3/2/18. Observation on 4/4/18 at 8:45am of the medication on hand for Resident #2 revealed Inderal 10mg one tablet twice daily was available for administration. Interview on 4/4/18 at 10:50am with the SIC revealed: -When the facility received a new prescription from a provider the facility would send it to the pharmacy and wait on them to fill it. -The SIC would compare the medication to the order received from the physician and hand write the new order for the Inderal on the MAR. -The SIC could not explain why the Inderal was not transcribed to the MAR. -He was responsible for checking the MAR's each month for accuracy. -"I've not been on top of it lately." -"It was my responsibility to make sure this was done". Interview on 4/3/18 at 8:59am with the Pharmacist from the contract pharmacy revealed: -The FL2 for Resident #2 was received by the pharmacy on 3/2/18. -The new order for Inderal on the FL2 from the hospital dated 2/24/18 for Resident #2 was considered a one-time fill and then new orders were requested by the pharmacy from the primary provider.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 8 -The order for Inderal for Resident #2 was received, filled and delivered to the facility on 3/2/18. Refer to interview on 4/6/18 at 1:54pm with Resident #2's physician. d. Review of physician orders in Resident #2's record written 2/27/18 revealed there was an order for Neurontin 600mg one tablet three times daily. Review of Resident #2's medication administration record (MAR) for February 2018 revealed the order for Neurontin 600mg one tablet three times daily had not been transcribed on the MAR. Review of Resident #2's MAR for March 2018 revealed: -A handwritten entry for Neurontin 600mg one tablet three times daily. -There was documentation Neurontin was administered 3/3/18 through 3/31/18. -There was no documentation Neurontin was administered 3/1/18 and 3/2/18. Observation on 4/4/18 at 8:45am of the medication on hand for Resident #2 revealed Neurontin 600mg one tablet three times daily was available for administration. Interview on 4/4/18 at 10:50am with the SIC revealed: -When the facility received a new prescription from a provider the facility would send it to the pharmacy and wait on them to fill it. -The SIC would compare the medication to the order received from the physician and hand write the new order for the Neurontin on the MAR.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 9	C 330		

-The SIC could not explain why the Neurontin was not transcribed to the MAR.
-He was responsible for checking the MAR's each month for accuracy.
-"I've not been on top of it lately."
-"It was my responsibility to make sure this was done".

Interview on 4/3/18 at 8:59am with the Pharmacist from the contract pharmacy revealed:
-The FL2 for Resident #2 was received by the pharmacy on 3/2/18.
-The new order for Neurontin on the FL2 from the hospital dated 2/24/18 for Resident #2 was considered a one-time fill and then new orders were requested by the pharmacy from the primary provider.
-The order for Neurontin for Resident #2 was filled and delivered to the facility on 3/2/18.

Refer to interview on 4/6/18 at 1:54pm with Resident #2's physician.

e. Review of physician orders in Resident #2's record written 2/27/18 revealed:
-There was an order for Symbicort 160-4.5mcg inhaler two inhalations two times daily.
-There was no discontinue order for Symbicort.

Review of Resident #2's medication administration record (MAR) for February 2018 revealed:
-A computer generated entry for Symbicort 160-4.5mcg inhaler two inhalations two times daily.
-The entry for Symbicort 160-4.5mcg inhaler two inhalations two times daily had a line drawn through it and a handwritten D-C written on the MAR.
-There and no documentation of administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 10 on 2/27/18 and 2/28/18. Review of Resident #2's MAR for March 2018 revealed: -A computer generated entry for Symbicort 160-4.5mcg inhaler two inhalations two times daily. -The entry for Symbicort 160-4.5mcg inhaler two inhalations two times daily had a line drawn through it and a handwritten D-C written on the MAR. -There and no documentation of administration on 3/1/18 and 3/2/18. Observation on 4/4/18 at 8:45am of the medication for Resident #2 revealed Symbicort 160-4.5mcg inhaler two inhalations two times daily was available for administration. Interview on 4/4/18 at 10:50am with the SIC revealed: -When the facility received a new prescription from a provider the facility would send it to the pharmacy and wait on them to fill it. -The SIC would compare the medication to the order received from the physician and hand write the new order for the Symbicort on the MAR. -The SIC could not explain why the Symbicort was not transcribed to the MAR. -He was responsible for checking the MAR's each month for accuracy. -"I've not been on top of it lately." -"It was my responsibility to make sure this was done". Interview on 4/3/18 at 8:59am with the Pharmacist from the contract pharmacy revealed: -The FL2 for Resident #2 was received by the pharmacy on 3/2/18. -The order for Symbicort on the FL2 from the	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 11	C 330		

hospital dated 2/24/18 for Resident #2 was considered a one-time fill and then new orders were requested by the pharmacy from the primary provider.
-The order for Symbicort for Resident #2 was filled and delivered to the facility on 3/2/18.

Refer to interview on 4/6/18 at 1:54pm with Resident #2's physician.

f. Review of physician orders in Resident #2's record written 2/27/18 revealed there was an order to decrease Topamax 75mg every night at bedtime.

Review of Resident #2's medication administration record (MAR) for February 2018 revealed:
-The order to Topamax 75mg every night from 100mg every night at bedtime had not been transcribed on the MAR.
-The discontinued order for 100mg at bedtime was documented as administered on 2/27/18 and 2/28/18.

Review of Resident #2's MAR for March 2018 revealed:
-A handwritten entry to decrease Topamax 75mg every night at bedtime.
- Topamax 75mg every night at bedtime was documented as administered 3/2/18 through 3/31/18 .
-There was no documentation of Topamax on 3/1/18.

Observation on 4/4/18 at 8:45am of the medication on hand for Resident #2 revealed Topamax 75mg every night at bedtime was available for administration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 12 Interview on 4/4/18 at 10:50am with the SIC revealed: -When the facility received a new prescription from a provider the facility would send it to the pharmacy and wait on them to fill it. -The SIC would compare the medication to the order received from the physician and hand write the new order to decrease the Topamax on the MAR. -The SIC could not explain why the change to decrease the Topamax was not transcribed to the MAR. -He was responsible for checking the MAR's each month for accuracy. -"I've not been on top of it lately." -"It was my responsibility to make sure this was done". Interview on 4/3/18 at 8:59am with the Pharmacist from the contract pharmacy revealed: -The FL2 for Resident #2 was received by the pharmacy on 3/2/18. -The new order for Topamax at night on the FL2 from the hospital dated 2/24/18 for Resident #2 was considered a one-time fill and then new orders were requested by the pharmacy from the primary provider. -The order for Topamax at night for Resident #2 was filled with a 30 day supply and delivered to the facility on 3/2/18. Refer to interview on 4/6/18 at 1:54pm with Resident #2's physician. g. Review of physician orders in Resident #2's record written 2/27/18 revealed there was an order to decrease Topamax 50 mg every morning. Review of Resident #2's medication	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 13	C 330		

administration record (MAR) for February 2018 revealed:
-The order to decrease Topamax 50 mg every morning from Topamax 100mg every morning had not been transcribed on the MAR.
-The Topamax 50 mg every morning was not documented as administered on 2/27/18 and 2/28/18.
-The discontinued order for 100mg dose in the morning was documented as administered on 2/27/18 and 2/28/18.

Review of Resident #2's MAR for March 2018 revealed:
-A handwritten entry for Topamax 50 mg every morning.
-There was documentation of administration of Topamax on 3/3/18 through 3/31/18.
-There was no documentation of administration for 3/1/18 and 3/2/18.

Observation on 4/4/18 at 8:45am of the medication on hand for Resident #2 revealed Topamax 50 mg every morning was available for administration.

Interview on 4/4/18 at 10:50am with the SIC revealed:
-When the facility received a new prescription from a provider the facility would send it to the pharmacy and wait on them to fill it.
-The SIC would compare the medication to the order received from the physician and hand write the new order to decrease the Topamax every morning on the MAR.
-The SIC could not explain why the Topamax was not transcribed to the MAR.
-He was responsible for checking the MAR's each month for accuracy.
-"I've not been on top of it lately."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 14 -"It was my responsibility to make sure this was done". Interview on 4/3/18 at 8:59am with the Pharmacist from the contract pharmacy revealed: -The FL2 for Resident #2 was received by the pharmacy on 3/2/18. -The new order for Topamax in the morning on the FL2 from the hospital dated 2/24/18 for Resident #2 was considered a one-time fill and then new orders were requested by the pharmacy from the primary provider. -The order for Topamax in the morning for Resident #2 was filled with a 30 day supply and delivered to the facility on 3/2/18. Refer to interview on 4/6/18 at 1:54pm with Resident #2's physician. h. Review of physician orders in Resident #2's record written 2/27/18 revealed: -There was an order for Victoza 0.6mg SQ daily. -There was no discontinue order for Victoza. Review of Resident #2's medication administration record (MAR) for February 2018 revealed: -A computer generated entry for Victoza 0.6mg subcutaneous daily. -There was a handwritten "D-C" written on the MAR. -There was no documentation of administration for Victoza for 2/27/18 and 2/28/18. Review of Resident #2's MAR for March 2018 revealed: -A computer generated entry for Victoza 0.6mg subcutaneous daily. -There was a handwritten "D-C" written on the MAR.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 15 -There was no documentation of administration for Victoza for 3/1/18 through 3/31/18. Review of Resident #2's MAR for April 2018 revealed: -A computer generated entry for Victoza 0.6mg subcutaneous daily. -There was a handwritten "D-C" written on the MAR. -There was no documentation of administration for Victoza for 4/1/18 through 4/4/18. Observation on 4/4/18 at 8:45am of the medication on hand for Resident #2 revealed there was no Victoza available for administration. Interview on 4/4/18 at 10:50am with the SIC revealed: -When the facility received a new prescription they send it to the pharmacy, wait on them to fill it. -The SIC would compare the medication to the order received from the physician and handwrite the new order for the Victoza on the MAR. -When he did not have the Victoza he drew a line on the MAR and handwrote D-C. -When the Victoza did not come in the SIC should have called the pharmacy. -If the insurance would not cover the Victoza the SIC should have called the physician and requested another medication the insurance company would cover. -The SIC could not explain why the Victoza had not come from the pharmacy. -The SIC could not explain why the Victoza was not followed up on with the pharmacy and the provider. -He had not followed up with the pharmacy to see why the Victoza was not filled. -He was responsible for checking the MAR's each	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 16	C 330		

month for accuracy.
-"I've not been on top of it lately."
-"It was my responsibility to make sure this was done".

Interview on 4/3/18 at 8:59am with the Pharmacist from the contract pharmacy revealed:
-The FL2 was considered a one-time fill and then new orders were requested by the pharmacy.
-The FL2 for Resident #2 was received by the pharmacy on 3/2/18 with a request sent to the physician for a prior approval request on 3/2/18.
-The Victoza was put on file and never filled as it was still waiting on prior approval.
-The pharmacy did not know of the facility calling about the status of the Victoza.

Interview on 4/6/18 at 1:54pm with Resident # 2's physician revealed:
-The first time she had examined Resident #2 was in December of 2017.
-She had not received any records from Resident #2's previous providers.
-Resident #2 has had many medication changes.
-Resident #2's diabetes was not under control and her labs confirmed this.
-Resident #2 was in the hospital in February and was discharged with medication changes.
-She ordered a new sliding scale insulin (SSI) range after Resident #2 was discharged from the local hospital in February.
-She had not been notified Resident #2 had missed any of her medications nor if any of her blood sugars were over 400 and she would have wanted to have known.
-She had not received any request for prior approval assistance with the Victoza.
-Since Resident #2 had not received the Victoza as ordered and it would be "detrimental to her health" as the "insulin would need to be adjusted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 17 accordingly". i. Review of physician orders in Resident #2's record written 2/27/18 revealed there was an order to increase Levemir (insulin) 35 units SQ daily in the morning. Review of Resident #2's medication administration record (MAR) for February 2018 revealed the order to increased Levemir (insulin) 35 units SQ daily in the morning had not been transcribed on the MAR. Review of Resident #2's MAR for March 2018 revealed: -The Levemir 35 units SQ daily had not been transcribed on the MAR. -There was no documentation of administration for the Levemir 35 units on 3/1/18 and 3/2/18. -The order to increase Levemir (insulin) 35 units SQ daily from 25 units in the morning revealed a handwritten entry on 3/3/18. -The order for Levemir 35 units SQ daily was documented as administered 3/3/18 through 3/31/18. Observation on 4/4/18 at 8:45am of the medication for Resident #2 revealed Levemir (insulin) 35 units SQ daily in the morning was available for administration. Interview on 4/4/18 at 10:50am with the SIC revealed: -When the facility received a new prescription from a provider the facility would send it to the pharmacy and wait on them to fill it. -The SIC would compare the medication to the order received from the physician and hand write the new order for the Levemir on the MAR. -The SIC could not explain why the Levemir was	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 18 not transcribed to the MAR. -He was responsible for checking the MAR's each month for accuracy. -"I've not been on top of it lately." -"It was my responsibility to make sure this was done". Refer to interview on 4/6/18 at 1:54pm with Resident #2's physician. Interview on 4/6/18 at 1:54pm with Resident # 2's physician revealed: -The first time she had examined Resident #2 was in December of 2017. -She had not received any records from Resident #2's previous providers. -Resident #2 has had many medication changes. -Resident #2's diabetes was not under control and her labs confirmed this. -The facility was difficult to get in touch with when she called as "they don't answer the phone". -Resident #2 was in the hospital in February and was discharged with medication changes. -She ordered a new sliding scale insulin (SSI) range after Resident #2 was discharged from the local hospital in February. -She had not been notified Resident #2 had missed any of her medications and she would have wanted to have known. The facility's failure to assure medications were administered as ordered by a licensed prescribing practitioner resulted in Resident #1 received a medication three times daily that should have been given every 4 hours, Resident #2 had medications with order changes that had not been initiated resulting in missed doses of medications, medications not being administered, was ordered but not available in the facility to be administered to assist in the controlling of the	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 330	Continued From page 19 residents diabetes. The facility's failure to meet this requirement placed the residents at increased risk and was detrimental to the health, welfare and safety of all the residents and constitutes a Type B Violation. _____ A Plan of Protection was provided by the facility on 4/4/18 and included the following: -The facility will make sure all physician orders are complete and when medications are running low the proper persons are contacted first. -The facility will call the pharmacy to make sure they received the fax for the new physician order. -If a medication is not covered by the residents insurance the facility will contact the physician to notify and see if there is an alternative the residents insurance would cover. -The facility will make sure the proper person, receives the correct medication with the right dosage and then document the medication was administered. -The facility will do a complete audit of all resident MARs to make sure each resident MAR is correct. -The SIC or assigned designee will be responsible to conduct the audit. -The facility will put a system in place to make sure physician orders get to the pharmacy and back to the facility in a timely manner. -Facility will conduct ongoing audit every 3 months to make sure all orders for medications are correct and being administered as ordered. -The facility's registered nurse (RN) will provide a medication refresher class on the basics of medication administration and medication errors.	C 330		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights	C 912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081053	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 2	141 FOX RUN FOREST CITY, NC 28043

(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 912	Continued From page 20 Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure all residents received care and services with were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to medication administration. The findings are: Based on observations, record reviews and interviews, the facility failed to assure medications were administered as ordered by a prescribing practitioner for 2 of 3 sampled residents related to Zofran (Resident #1), Buspar, Flonase, Inderal, Levemir, Neurontin, Symbicort, Topamax, and Victoza (Resident #2). [Refer to tag 0330, 10A NCAC 13G .1004(a)(Type B Violation)].	C 912		