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
	FCL081053	A. BUILDING: _____ B. WING _____	R 04/04/2023

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 and annual and a follow up survey on 04/04/2023.	C 000		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (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). This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure the electronic medication administration record (eMAR) was accurate for 2 of 3 sampled resident (Residents #1 and #3) related to documentation of blood sugar levels and sliding scale insulin (#1) and the application of a cream to treat dermatitis (#3). The findings are:	C 342	C 342 After receiving the report of correction action management of the facility had a meeting to resolve outstanding issues. All deficiencies pointed in the Statement of Deficiency will be As a part of the resolution of issues of this meeting was agreed. 1. All management and staff have to report to the Administrator about all outstanding issues. 2. Manager of the facility will monitor on a monthly basis if any potential problem may occur and report to the administrator in order to resolve any current or potential problem. 3. At the following management meeting all issues will be discussed and summarized if everything was resolved and sufficient or any other stuff need to be improved.	April, 16, 2023

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	4/16/2023

received via email 04-16-2023

LSB Reviewed and acknowledged 04-17-2023

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C 342	Continued From page 1 1. Review of Resident #1's current FL2 dated 03/02/23 revealed: -Diagnoses included type 2 diabetes, personality disorder and seizure disorder. -There was an order for Resident #1 to self-administer insulin lispro, inject 3-13 units three times a day per sliding scale. Interview with Resident #1 on 04/04/23 at 8:35am and 11:10am revealed: -He checked his blood sugar level before each meal. -He showed the reading on his monitor to the Medication Aide (MA), who in turn handed him his insulin pen so he could administer the appropriate dose needed according to his sliding scale. -He never forgot to check his blood sugar level or take his insulin. Review of Resident #1's February 2023 to April 2023 electronic medication administration records (eMARs) revealed: -There was an entry for insulin lispro 3-13 units, three times per day per sliding scale. -There was a space to document the blood sugar reading and the amount of insulin administered. -There was documentation insulin lispro was administered on 02/25/23 at 4:00pm but there was no documentation of the blood sugar reading or the amount of insulin administered. -There was documentation insulin lispro was administered on 03/10/23 at 4:00pm but there was no documentation of the blood sugar reading or the amount of insulin administered. -There was documentation insulin lispro was administered on 03/11/23 at 8:00am and 12:00pm but there was no documentation of the blood sugar reading or the amount of insulin administered.	C 342	C 342 **4. As a part of improvement management provided training on how properly record blood sugar data on electronically in MAR after residents come back.** **or after the facility was not able to record data in scheduling time.** **This was not addressed before.**	**April, 16 2023**

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C 342	Continued From page 2 -There was documentation insulin lispro was administered on 03/18/23 at 4:00pm but there was no documentation of the blood sugar reading or the amount of insulin administered. -There was documentation insulin lispro was administered on 03/24/23 at 4:00pm but there was no documentation of the blood sugar reading or the amount of insulin administered. -There was documentation insulin lispro was administered on 03/25/23 at 8:00am, 12:00pm and 4:00pm but there was no documentation of the blood sugar reading or the amount of insulin administered. -There was documentation insulin lispro was administered on 04/01/23 at 4:00pm but there was no documentation of the blood sugar reading or the amount of insulin administered. Observation of Resident #1's medications on hand on 04/04/23 at 10:20am revealed insulin lispro was available. Interview with the Administrator on 04/04/23 at 8:30am and 10:40am revealed: -When Resident #1 left with friends or family and took his meter and insulin with him the MA sometimes forgot to document Resident #1's blood sugar reading and amount of insulin administered. -He did not know if he could document later if the power was out during scheduled medication administration time, which happened on 04/01/23 which was why there was no documentation on 04/01/23 at 4:00pm. -He knew he should document on the eMAR accurately. 2. Review of Resident #3's current FL2 dated 11/01/22 revealed diagnoses included type 2 diabetes, left eye blindness, cognitive delay, and	C 342		

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C 342	Continued From page 3 neurodevelopment disorder. Review of Resident #3's dermatologist order dated 12/15/22 revealed mometasone furoate (used to treat skin conditions) 0.1% cream apply topically to face and neck twice daily. Review of Resident #3's dermatologist order dated 01/18/23 revealed: -There was an order to discontinue mometasone furoate 0.1% cream. -There was an order to start ketoconazole cream 2% twice daily for seborrheic dermatitis. Review of Resident #3's February to April 2023 electronic medication administration records (eMARs) revealed: -There were entries for mometasone furoate 0.1% cream apply topically to face and neck twice daily scheduled at 8:00am and 8:00pm. -The mometasone furoate 0.1% cream was documented as administered from 02/01/23 to 04/04/23. -There were entries for ketoconazole 2% cream apply topically daily to rash on face and neck scheduled twice daily at 8:00am and 8:00pm. -The ketoconazole 2% cream was documented as administered as ordered from 02/01/23 to 04/04/23. Observation of Resident #3's medications on hand on 04/04/23 at 11:00am revealed: -There was one tube of ketoconazole cream 2%. -There was no mometasone furoate 0.1% cream available. Interview with the Administrator on 04/04/23 at 11:10am revealed: -There was no mometasone furoate 0.1% cream available for Resident #3.	C 342	C 342 Management of the facility had a meeting about timely handling discontinued medication and reflecting it on MAR properly.	April, 16 2023

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C 342	Continued From page 4 -He did not know why the order was still on the eMAR. -He would contact the pharmacy and have the order for the mometasone furoate cream removed from the eMAR.	C 342		