

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/30/2023
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
(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 Follow Up survey on 06/29/23 to 06/30/23.	C 000		
C 131	10A NCAC 13G .0403(a) Qualifications of Medication Staff 10A NCAC 13G .0403 QUALIFICATIONS OF MEDICATION STAFF (a) Family care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure 1 of 2 medication aides (Staff G) completed the clinical skills validation training prior to the administration of medications to residents. The findings are: Review of Staff G's personnel records revealed: -Staff G was re-hired on 06/15/23 as a Supervisor in Charge (SIC). -There was no documentation Staff G completed the clinical skills validation training. -She was last validated for medication clinical skills on 01/01/19 when she worked at the facility. Review of a resident's June 2023 electronic medication administration record (eMAR) revealed Staff G administered medications on 06/29/23 at 8:00am and 8:00pm.	C 131		

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

TITLE

(X6) DATE

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C 131	Continued From page 1 Interview with Staff G on 06/29/23 at 6:33pm revealed: -She was re-hired as a SIC on 06/15/23. -She had not completed the medication clinical skills checklist -She had passed medications to the residents only on 06/29/23. Interview with the Administrator on 06/30/23 at 4:00pm revealed: -Staff G was employed at the facility about 2 years ago. -Staff G was re-hired on 06/15/23 as the SIC. -It was her responsibility to ensure medication aides completed the clinical skills validation for the safety of the residents. -She would ensure Staff G received the clinical skills validation training.	C 131		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure 1 of 5 staff (Staff B) had no substantial findings listed on the North Carolina Health Care Personnel Registry (HCPR). The findings are:	C 145		

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C 145	Continued From page 2 Review of Staff B's personnel record revealed: -Staff B was hired on 10/01/21 as a personal care aide. -There was no documentation of Health Care Personnel Registry (HCPR) status. Interview with the Administrator on 06/30/23 at 4:00pm revealed: -Staff B provided personal care to the residents at the facility. -She was aware the facility was required to conduct a HCPR search for staff upon hire. -Staff B had a Individual Taxpayer Identification Number (ITIN) because she was a non-citizen of the United States (U.S.). (ITIN is issued by the Internal Revenue Service (IRS) to individuals who are required to have a U.S. taxpayer identification number but who do not have, and are not eligible to obtain a social security number). -She could not conduct an on-line HCPR search because you were required to enter the last 4-digits of the social security number and Staff B did not have a social security number, only a ITIN. -The surveyor used Staff B's first and last name and the last four digits of the ITIN to search the HCPR and determined there were no substantial findings on Staff B. -The Administrator would ensure the search results would be placed in Staff B's personnel record.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall:	C 147		

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C 147	Continued From page 3 (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure criminal background checks were completed for 5 of 5 staff (Staff B, Staff C, Staff D, Staff E, and Staff F) upon hire. The findings are: Review of Staff B's personnel record revealed: -Staff B was hired on 10/01/21 as a personal care aide. -There was no documentation of a criminal background check for Staff B. Review of Staff C's personnel record revealed: -Staff C was hired on 04/28/22 as a personal care aide. -There was no documentation of a criminal background check for Staff C. Review of Staff D's personnel record revealed: -Staff D was hired as a personal care aide on 06/12/22. -There was no documentation of a criminal background check for Staff D. Review of Staff E's personnel record revealed: -Staff E was hired on 08/02/22 as a personal care aide. -There was no documentation of a criminal background check for Staff E. Review of Staff F's personnel record revealed: -Staff F was hired on 11/11/21 as a personal care aide.	C 147		

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C 147	Continued From page 4 -There was no documentation of a criminal background check for Staff F. Observation on 06/29/23 intermittently from 9:00am through 5:00pm revealed Staff D, Staff E, and Staff F were working at the facility and provided personal care to the residents. Interview with the Administrator on 06/30/23 at 4:00pm revealed: -She was aware criminal background checks needed to be completed on staff upon hire. -She had completed the paperwork on each staff and had them signed by staff giving her authorization to do a background check. -She sent the paperwork by mail to the company, but did not hear back from them. -She did not follow-up with the company to inquire as to why she did not receive a response or results. -It was her responsibility to ensure criminal background checks were completed on staff. -She would ensure criminal background checks were completed on staff.	C 147			
C 153	10A NCAC 13G .0501 (a and b)) Personal Care Training And Competency 10A NCAC 13G .0501 Personal Care Training And Competency (a) The facility shall assure that staff who provide or directly supervise staff who provide personal care to residents complete an 80-hour personal care training and competency evaluation program established by the Department. For the purpose of this Rule, "directly supervise" means being on duty in the facility to oversee or direct the performance of staff duties. A copy of the 80-hour	C 153			

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C 153	Continued From page 5 training and competency evaluation program is available online at https://info.ncdhhs.gov/dhsr/acls/training/index.html#80hr, at no cost. The 80-hour personal care training and competency evaluation program curriculum shall include: (1) observation and documentation skills; (2) basic nursing skills, including special health-related tasks; (3) activities of daily living and personal care skills; (4) cognitive, behavioral, and social care; (5) basic restorative services; and (6) residents' rights as established by G.S. 131D-21. (b) The facility shall assure that training specified in Paragraph (a) of this Rule is completed within six months after hiring for staff hired after September 30, 2022. Documentation of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the facility and available for review by the Division of Health Service Regulation and the county department of social services. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 3 of 5 sampled staff (Staff B, Staff E, Staff F) who provide personal care to residents completed an 80-hour personal care training and competency evaluation program. The findings are: Review of the facility's license effective 01/01/23 revealed:	C 153		

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C 153	Continued From page 6 -The facility was licensed for a capacity of 5. -The facility was licensed for non-ambulatory residents. -The facility served only elderly persons. Observation of the facility on 06/29/23 at 9:15am revealed there was a census of 5 residents. Review of Staff B's personnel record revealed: -Staff B was hired on 10/01/21 as a personal care aide. -There was no documentation Staff B completed an 80-hour personal care training program. Review of Staff E's personnel records revealed: -Staff E was hired on 08/02/22 as a personal care aide. -There was no documentation Staff E completed an 80-hour personal care training program. Review of Staff F's personnel records revealed: -Staff F was hired on 11/11/21 as a personal care aide. -There was no documentation Staff F completed an 80-hour personal care training program. Observation of Staff F intermittently between 9:15am and 5:00pm on 06/29/23 revealed she prepared resident's meals, assisted residents with ambulation, and provided personal care to the residents. Interview with Staff F on 06/30/23 at 2:30pm revealed: -She was a personal care aide. -She provided personal care to the residents. Interview with the Administrator on 06/30/23 at 4:00pm revealed: -Staff B, Staff E, and Staff F provided personal	C 153			

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C 153	Continued From page 7 care to the residents at the facility. -She thought the training had been done but could not locate the documentation. -It was her responsibility to ensure personal care training was provided to staff that provided personal care to the residents. -She had contacted someone on 06/29/23 to provide the personal care training for staff.	C 153			
C 171	10A NCAC 13G .0504(a) Competency Validation For Licensed Health 10A NCAC 13G .0504 Competency Evaluation and Validation For Licensed Health Professional Support Tasks (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a) (1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task. This Rule is not met as evidenced by: Based on observations, records reviews, and interviews, the facility failed to ensure 5 of 5 staff (Staff B, Staff C, Staff D, Staff E, and Staff F) were competency validated by a licensed health professional to provide the identified task of urinary catheter positioning and care to a resident. The findings are: Review of Resident #1's current FL-2 dated 01/19/23 revealed: -Diagnoses included acute renal failure,	C 171			

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C 171	Continued From page 8 hypertension, heart failure, mild cognitive impairment, complete heart block, diabetes mellitus type 2 and major neurocognitive disorder -The requested and recommended level of care was assisted living. -The resident was intermittently disoriented. -The resident was incontinent to bladder with an indwelling chronic Foley. Observation of Resident #1 at 9:15am on 06/29/23 revealed he had a urinary catheter bag attached to his rollator. Review of Staff B's personnel record revealed: -She was hired as a personal care aide on 10/01/21. -There was a skills competency evaluation (Licensed Health Professional Support) completed on 03/30/22. -There was a notation not applicable (N/A) in the box beside the task positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter. Review of Staff C's personnel record revealed: -She was hired as a personal care aide on 04/28/22. -There was a skills competency evaluation (Licensed Health Professional Support) completed on 03/30/22. -There was a notation N/A in the box beside the task positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter. Review of Staff D's personnel record revealed: -She was hired as a personal care aide on 06/12/22. -There was a skills competency evaluation (Licensed Health Professional Support)	C 171		

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C 171	Continued From page 9 completed on 07/31/22. -There was a notation N/A in the box beside the task positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter. Review of Staff E's personnel record revealed: -She was hired as a personal care aide on 08/02/22. -There was a skills competency evaluation (Licensed Health Professional Support) completed on 08/30/22 -There was a notation N/A in the box beside the task positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter. Review of Staff F's personnel record revealed: -She was hired as a personal care aide on 11/11/21. -There was a skills competency evaluation (Licensed Health Professional Support) completed on 01/28/22. -There was a notation N/A in the box beside the task positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter. Interview with Staff F on 06/30/23 at 2:30pm revealed she provided personal care to Resident #1 including catheter care, which included emptying the bag, making sure the catheter was attached to the bag, and cleaning around the catheter. Interview with the Administrator on 06/30/23 at 4:00pm. revealed: -Resident #1 was on hospice care since around 04/10/23. -The hospice nurse made routine visits to the	C 171			

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C 171	Continued From page 10 facility once a week to assess the resident and provide catheter care. -The hospice nurse made routine visits to the facility once a month to replace Resident #1's catheter. -Resident #1 was prone to pulling the catheter out and had several visits to the emergency room (ER) for replacement. -The personal care aides provided catheter care for the resident, which included positioning and emptying the bag and cleaning around the catheter site. -The facility did not have a resident with a urinary catheter the last time the Licensed Health Professional Support (LHPS) task training was done. -She had challenges finding a nurse to provide LHPS task training for the facility. -She contacted a nurse on yesterday (06/29/23) who had agreed to provide the LHPS training. -The LHPS should have been done and she would ensure that it would be done. Based on observations, record reviews, and interviews, it was determined Resident #1 was not interviewable.	C 171		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.	C 249		

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C 249	Continued From page 11 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure implementation of physician orders for 3 of 3 sampled residents (#1, #2, and #3) as evidenced by not implementing finger stick blood sugars (FSBS) (#1) and blood pressure (BP) checks (#2 and #3). The finding are: 1. Review of Resident #1's current FL-2 dated 01/19/23 revealed: -Diagnoses included acute renal failure, hypertension, heart failure, mild cognitive impairment, complete heart block, diabetes mellitus type 2 and major neurocognitive disorder -The requested and recommended level of care was assisted living. -There was an order to implement glucose monitoring. -There was an order for blood diagnostic test strip, 1 each three times daily. Review of Resident #1's previous FL-2 dated 10/26/22 revealed an order for FSBS two times a day. Observation of Resident #1 on 06/29/23 at 9:00am revealed a FSBS was obtained by staff during the breakfast meal, which was 106. Review of Resident #1's April 2023 electronic medication administration record (eMAR) revealed: -There was an entry for True Matrix TEST Glucose to be used to check blood sugar twice a day (no times noted) -There was no initials beside the True Matrix	C 249		

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C 249	Continued From page 12 TEST Glucose entry to check blood sugar twice a day (no times noted) from 04/01/23 through 04/30/23 to verify the FSBS was obtained. Review of Resident #1's April 2023 FSBS log revealed: -There were entries for FSBS at 8:00am from 04/12/23 through 04/30/23. -There were entries for FSBS at 7:00pm from 04/12/23 through 04/29/23 except 04/17/23, 04/25/23, and 04/30/23 which were blank. Review of Resident #1's May 2023 eMAR revealed: -There was an entry for True Matrix TEST Glucose to be used to check blood sugar twice a day at 8:00am and 8:00pm. -There were no initials beside the True Matrix TEST Glucose entry to check blood sugar twice a day at 8:00am and 8:00pm from 05/01/23 through 05/31/23 to verify the FSBS was obtained. Review of Resident #1's May 2023 FSBS log revealed: -There were entries for FSBS at 8:00am from 05/01/23 through 05/31/23 except 05/16/23 which was blank. -There were entries for FSBS at 7:00pm from 05/01/23 through 05/31/23 except 05/01/23 through 05/04/23, 05/08/23 through 05/09/23, 05/12/23 through 05/14/23, 05/16/23, 05/21/23, 05/23/23, 05/25/23, and 05/30/23 through 05/31/23, which were blank. Review of Resident #1's June 2023 eMAR revealed: -There was an entry for True Matrix TEST Glucose to be used to check blood sugar twice a day at 8:00am and 8:00pm. -There were initials beside the True Matrix TETS	C 249			

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C 249	Continued From page 13 Glucose entry to check blood sugar twice a day at 8:00am and 8:00pm from 06/01/23 through 06/29/23 to verify the FSBS was obtained. Review of Resident #1's June 2023 FSBS log revealed: -There were entries for FSBS at 8:00am from 06/01/23 through 06/29/23. -There were entries for FSBS at 7:00pm from 06/01/23 through 06/28/23 except 06/06/23, 06/10/23, 06/12/23, 06/24/23, 06/17/23, 06/19/23, and 06/24/23 through 06/26/23 which were blank Interview with the hospice nurse on 06/30/23 at 4:30pm revealed: -Resident #1 came into hospice care around 04/10/23. -The hospice nurse visited Resident #1 once a week. -Resident #1's FSBSs should be recorded and kept up-to-date to be reviewed by the hospice nurse for trends. Interview with the Administrator on 06/30/23 at 4:00pm revealed: -Resident #1 was hospitalized in January 2023 and received a new FL-2 dated 01/19/23. -She had not noticed the instructions for FSBS on Resident #1's current FL-2 dated 01/19/23 was to check FSBS three times a day. -It was her responsibility to review Resident #1's hospital discharge summary and ensure orders were sent to the pharmacy to be placed on the eMAR. -Resident #1 was on insulin while in the hospital on 01/19/23 and his FSBS was obtained three times a day. -Resident #1 was no longer on insulin. -The facility obtained FSBS twice a day based on the FL-2 dated 10/26/22.	C 249			

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NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
(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 249	Continued From page 14 -She would get with hospice to clarify the frequency. -Resident #1's FSBSs were supposed to be checked off on the eMAR that it was obtained, but the results were supposed to be recorded on a monthly log. -Resident #1's FSBSs should be recorded on his monthly log and checked off on the eMAR that they were obtained. 2. Review of Resident #2's current FL2 dated 02/08/23 revealed: -Diagnosis included vascular dementia, apraxia lowing unspecified, cerebral infraction and atypical atrial flutter. -There was an order to complete blood pressure checks twice daily. Review of Resident #2's April 2023 electronic medication administration record (eMAR) revealed: -There was no entry for the resident's blood pressure to be checked twice daily in April 2023. -There were no blood pressures documented on Resident #2's eMAR for April. Review of Resident #2's record on 06/09/23 revealed there was not a facility blood pressure (BP) log for April 2023. Review of Resident #2's May 2023 eMAR revealed: -There was no entry for the resident's blood pressure to be checked twice daily in May 2023. -There were no blood pressures documented on Resident #2's eMAR for May. Review of Resident #2's blood pressure log for May 2023 revealed: -There was no documentation of BP checks	C 249		

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C 249	Continued From page 15 completed twice daily on 05/01/23, 05/02/23, 05/03/23, 05/04/23, 05/09/23, 05/10/23, 05/11/23, 05/17/23. -There was no documentation of a second BP check completed on 05/30/23 and 05/31/23. Review of Resident #2's June 2023 MAR revealed: -There was no entry for the resident's blood pressure to be checked twice daily in June 2023. -There were no blood pressures documented on Resident #2's eMAR for June. Review of Review's #2's blood pressure log for June 2023 revealed: -There was no documentation of BP checks completed twice daily on 06/27/23 and 06/28/23. -There was no documentation of a second BP check completed from 06/01/23 to 06/26/23. Telephone interview with Resident #2's Primary Care Physician's (PCP) Nurse on 06/29/23 at 3:34pm revealed Resident #2's BP was to be checked twice daily. Based on observations, record reviews, and interviews, it was determined Resident #2 was not interviewable. Interview with a medication aide (MA) on 06/30/23 at 10:08am revealed: -She completed BP checks twice daily before morning medication and breakfast and around 10:00am and 11:00am before lunch. -Resident #2 had refused to get her BP checked on some days. -She had not contacted Resident #2's Primary Care Physician (PCP) to report the refusal to complete BP checks.	C 249			

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C 249	Continued From page 16 Interview with the Administrator on 06/30/23 at 4:22pm revealed she had not informed Resident #2's PCP about her refusal to complete BP checks. Refer to the interview with a second MA on 06/30/23 at 10:10am. Refer to the interview with the Administrator on 06/29/23 at 4:22pm. 3. Review of Resident #3's current FL2 dated 06/21/23 revealed -Diagnoses included primary osteoarthritis of both knees, acquired valgus deformity knee, chronic atrial fibrillation, late onsite Alzheimer's, disease without behavioral disturbance, recurrent major depression disorder in full remission, closed displaced fracture of shaft of left femur and age-related osteosis without pathological fracture. -There was an order to complete blood pressure checks twice daily. Review of Resident #3's April 2023 electronic medication administration record (eMAR) revealed: -There was no entry for the resident's blood pressure to be checked twice daily in April 2023. -There were no blood pressures documented on Resident #2's eMAR for April. Review of Resident #3's record on 06/09/23 revealed there was not a facility blood pressure log for April 2023. Review of Resident #3's May 2023 eMAR revealed: -There was no entry for the resident's blood pressure to be checked daily in May 2023. -There were no blood pressures documented on	C 249		

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C 249	Continued From page 17 Resident #3's eMAR for May. Review of Resident #3's blood pressure log for May 2023 revealed: -There was no documentation of BP checks completed twice daily on 05/17/23 and 05/31/23. -There was no documentation of a second BP check completed on 05/01/23, 05/02/23, 05/03/23, 05/04/23 05/08/23, 05/10/23, 05/11/23, 05/12/23, 05/22/23 and 05/23/23. Review of Resident #3's June 2023 eMAR revealed: -There was no entry for the resident's blood pressure to be checked twice daily in June 2023. -There were no blood pressures documented on Resident #3's eMAR for June. Review of Resident #3's blood pressure log for June 2023 revealed there was no documentation of a second BP check completed on 06/03/23 to 06/29/23. Based on observations, record reviews, and interviews, it was determined Resident #3 was not interviewable. Interview with the Administrator on 06/30/23 at 4:22pm revealed she had not informed Resident #3's Primary Care Physician (PCP) about her refusal to complete BP checks. Refer to the interview with a second MA on 06/30/23 at 10:10am. Refer to the interview with the Administrator on 06/29/23 at 4:22pm. Interview with a second MA on 06/30/23 at 10:10am revealed:	C 249			

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C 249	Continued From page 18 -BP checks were completed on the residents in the mornings before breakfast and after lunch. -The BP checks were documented on the resident's BP log. -She had not contacted the resident's PCP when the residents had refused to complete BP checks. Interview with the Administrator on 06/29/23 at 4:22pm revealed: -Residents had their BP checked at least once daily. -Some residents had physician orders to have their BP checked twice daily. -The MAs checked the BP and were to document the findings on the individual resident's BP check log. -She did not why some of the BP checks had not been completed by the MAs.	C 249			
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (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: (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; (2) evaluating the resident's progress to care	C 254			

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C 254	Continued From page 19 being provided; (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 (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed for 2 of 3 sampled residents (#1, #3) to include the identified task of finger stick blood sugar (FSBS), positioning and maintenance of the urinary catheter bag, ambulation using assistive devices, and transferring semi-ambulatory or non-ambulatory residents. The findings are: 1. Review of Resident #1's current FL-2 dated 01/19/23 revealed: -Diagnoses included acute renal failure, hypertension, heart failure, mild cognitive impairment, complete heart block, diabetes mellitus type 2 and major neurocognitive disorder -The requested and recommended level of care was assisted living. -The resident was intermittently disoriented. -The resident was incontinent to bladder with an indwelling chronic foley. -The resident was incontinent to bowel. -The resident's ambulation limitations required extensive assistance -The resident's transfer limitations required limited assistance. -The resident's dressing limitations required extensive assistance.	C 254			

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C 254	Continued From page 20 -The resident's eating limitations required limited assistance. -The resident's bathing limitations required extensive assistance. Review of Resident #1 Resident Register revealed an admission dated of 10/06/22. Review of Resident #1's records revealed there was no documentation LHPS evaluations were completed since admission. Observation of Resident #1 on 06/29/23 from 9:00am to 5:00pm revealed: -He had a urinary catheter bag attached to the rollator. -A finger stick blood sugar (FSBS) was obtained during the breakfast meal at 9:30am. -He required assistance with ambulation with the rollator. -He required assistance with getting out of bed. Refer to the interview with the Administrator on 06/30/23 a 4:00pm. 2. Review of Resident #3's current FL2 dated 06/21/23 revealed -Diagnoses included primary osteoarthritis of both knees, acquired valgus deformity knee, chronic atrial fibrillation, late onsite Alzheimer's, disease without behavioral disturbance, recurrent major depression disorder in full remission, closed displaced fracture of shaft of left femur and age-related osteosis without pathological fracture. -Resident #3 was semi-ambulatory with the use of an assistive device. -Resident #3 was incontinent of bladder and bowel. -Resident #3 was constantly disoriented.	C 254			

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C 254	Continued From page 21 Review of Resident #3's Resident Register revealed an admission date of 06/21/23. Review of Resident #3's LHPS dated 01/07/22 revealed: -Resident #3 was semi-ambulatory. -Resident #3 transferred using assistive devices that required physical assistance. -Resident #3 was to have range of motion exercises with bath. Review of Resident #3's record revealed there was no documentation of an LHPS evaluation completed after 01/07/22. Attempted telephone interview with Resident #3's Primary Care Physician (PCP) on 06/29/23 at 4:53pm and on 06/30/23 at 9:48am was unsuccessful. Refer to interview with the Administrator on 06/30/23 at 4:00pm. Interview with the Administrator on 06/30/23 at 4:00pm revealed: -She was aware LHPS evaluations were supposed to be conducted quarterly. -She had challenges finding a nurse to conduct the LHPS evaluations -She had contacted a nurse on 06/29/23 who would be coming on-site to conduct the evaluations. -It was her responsibility to ensure the LHPS evaluations are done quarterly.	C 254			
C 257	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service	C 257			

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C 257	Continued From page 22 (a) Food Procurement and Safety in Family Care Homes: (1) Food services shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food under sanitary conditions. This Rule is not met as evidenced by: Based on observations, and interviews the facility failed to ensure food items being stored and served to residents were protected from contamination as evidenced by food items observed to be uncovered, undated, and unlabeled. The findings are: Observation of the refrigerator on 06/29/23 at 9:30am revealed: -There were five items in the refrigerator that had no date and no information regarding what it was. -There was a slice of pizza covered with saran wrap with no date and identification. -There was an uncovered bowl of 4 hard-boiled peeled eggs with no date and no identification. -There was a bowl of what looked like 5 half peaches or pears that came out of a can covered with saran wrap with no date and identification. -There was a plastic container of what looked like cranberry sauce covered with saran wrap with no	C 257		

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C 257	Continued From page 23 date and identification. -There was an item covered with aluminum foil that looked like a pie that had no date and identification. Observation of the free standing chest freezer on 06/29/23 at 9:40am revealed there were 13 items in quart size plastic freezer bags that looked like chicken or pork chops labeled with dates ranging from 04/28 through 6/26 (no year) with no identification as to what the food items were. Interview with a personal care aide on 06/29/23 at 9:50am revealed -She prepared and served the meals to the residents. -She would store left over food items in the refrigerator. -Sometimes she would assist with putting food items in storage bags and placing them in the freezer. -She was aware she was supposed to date the food items that were taken out of their original container, but she did not recall being told to label what the the item was. Interview with the Administrator on 06/29/23 at 4:00pm revealed: -She usually was the one to take food items out of its original container and separate in smaller portions and placed the food items in the storage bags in the freezer. -She was aware items taken out of its original container and placed in another container should be dated and labeled with what the food item was. -She was responsible for instructing staff that food items stored in the refrigerator or the freezer that were not in their original container needed to be dated and labeled with what the item was.	C 257			

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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 administer medications as ordered for 2 of 3 sampled residents (#1, #3,) including medications used to treat high blood pressure and heart failure; a vitamin supplement that helps the body to absorb calcium and phosphorus; a medication for urinary retention; a medication used to treat acid reflux; a medication used to treat high cholesterol and triglycerides in the blood; a medication used to treat depression, obsessive-compulsive disorder, anxiety and panic attacks; a medication used to treat high blood sugar, a medication used to treat vitamin B-12 deficiency, and a medication used to treat bladder spasms (#1) and a vitamin supplement (#3). The findings are: 1. Review of Resident #1's current FL-2 dated 01/19/23 revealed: -Diagnoses included acute renal failure, hypertension, heart failure, mild cognitive impairment, complete heart block, diabetes	C 330			

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C 330	Continued From page 25 mellitus type 2 and major neurocognitive disorder Review of Resident #1's Resident Register revealed an admission date of 10/06/22. a. Review of Resident #1's medication order dated 01/19/23 revealed there was an order for Carvedilol 6.25mg, 1 tablet two times daily with meals. (Carvedilol, also called Coreg, is a medication used to treat high blood pressure and heart failure). Review of Resident #1's May 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 6.25mg, 1 tablet two times daily to be administered at 8:00am and 8:00pm. -There was no documentation Carvedilol 6.25mg, 1 tablet was administered at 8:00am and 8:00pm from 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Carvedilol 6.25mg was dispensed on 04/14/23 for a quantity of 60 tablets -Carvedilol 6.25mg was dispensed on 05/18/23 for a quantity of 30 tablets. -Carvedilol 6.25mg was dispensed on 05/31/23 for a quantity of 30 tablets. -Carvedilol 6.25mg was dispensed on 06/29/23 for a quantity of 60 tablets (not delivered yet). Observation of Resident #1's medications on hand on 06/30/23 at 10:00am revealed there were 10 tablets in the bubble card with a dispensed date of 05/31/23 for a quantity of 30 tablets. Based on observations, record reviews, and	C 330		

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C 330	Continued From page 26 interviews, it was determined Resident #1 was not interviewable. b. Review of Resident #1's medication order dated 01/19/23 revealed there was an order for Cholecalciferol 1000 units daily. (Cholecalciferol, also called Vitamin D3, is a fat-soluble vitamin that helps the body to absorb calcium and phosphorus). Review of Resident #1 May 2023 eMAR revealed: -There was an entry for Cholecalciferol 1000 units daily to be administered at 8:00am. -There was no documentation Cholecalciferol 1000units was administered at 8:00am from 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Cholecalciferol 1000units was dispensed on 04/14/23 for a quantity of 30 tablets. -Cholecalciferol 1000units was dispensed on 05/18/23 for a quantity of 11 tablets. -Cholecalciferol 1000units was dispensed on 05/31/23 for a quantity of 30 tablets. -Cholecalciferol 1000units was dispensed on 06/29/23 for a quantity of 30 tablets. Observation of Resident #1's medications on hand on 06/30/23 at 10:00am revealed there were 2 tablets in the bubble card with a dispensed date of 05/31/23 for a quantity of 30 tablets. Based on observations, record reviews, and interviews, it was determined Resident #1 was not interviewable. c. Review of Resident #1's medication orders dated 01/19/23 revealed there was an order for	C 330			

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NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
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C 330	Continued From page 27 Pantoprazole 40mg DR, 1 tablet daily. (Pantoprazole is a medication used to treat acid reflux). Review of Resident #1's April 2023 eMAR revealed: -There was an entry for Pantoprazole 40mg, 1 tablet daily (no time entered). -There was no documentation Pantoprazole 40mg, 1 tablet was administered from 04/01/23 through 04/29/23. Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Pantoprazole 40mg, 1 tablet to be administered at 8:00am. -There was no documentation Pantoprazole 40mg, 1 tablet was administered from 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Pantoprazole 40mg was dispensed on 04/14/23 for a quantity of 30 tablets. -Pantoprazole 40mg was dispensed on 05/10/23 for a quantity of 30 tablets. -Pantoprazole 40mg was dispensed on 05/31/23 for a quantity of 30 tablets. -Pantoprazole 40mg was dispensed on 06/29/23 for a quantity of 30 tablets (not delivered yet). Observation of Resident #1's medications on hand on 06/30/23 at 10:00am revealed there were 3 Pantoprazole tablets remaining in the bubble card dispensed on 05/31/23 for a quantity of 30 tablets. Based on observations, record reviews, and interviews, it was determined Resident#1 was not interviewable.	C 330		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/30/2023
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
(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 28 d. Review of Resident #1's medication orders dated 01/19/23 revealed there was an order for Pravastatin 80mg, 1 tablet at bedtime. (Pravastatin is a medication used to treat high cholesterol and triglyceride levels in the blood. Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Pravastatin 80mg, 1 tablet to be administered at night at bedtime at 8:00pm. -There was no documentation Pravastatin 80mg, 1 tablet was administered at 8:00pm on 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Pravastatin 80mg was dispensed on 04/28/23 for a quantity of 22 tablets. -Pravastatin 80mg was dispensed on 05/18/23 for a quantity of 22 tablets. -Pravastatin 80mg was dispensed on 05/31/23 for a quantity of 30 tablets. -Pravastatin 80mg was dispensed on 06/29/23 for a quantity of 30 tablets (not delivered yet). Observation of Resident #1's medications on hand on 06/30/23 at 10:00am revealed there were 3 tablets remaining in the bubble card dispensed on 05/31/23 for a quantity of 30 tablets. Based on observations, record reviews, and interviews, it was determined Resident #1 was not interviewable. e. Review of Resident #1's previous FL-2 dated 10/26/22 revealed there was an order for Sertraline 50mg, 1 tablet daily. (Sertraline is a	C 330		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/30/2023
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
(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 29 medication used to treat depression, obsessive compulsive disorder, social anxiety, and panic disorder). Review of Resident #1's current FL-2 dated 01/19/23 revealed there was an order for Sertraline 25mg, 1 tablet daily. Review of Resident #1's April 2023 eMAR revealed: -There was an entry for Sertraline 50mg, 1 tablet daily to be administered at 8:30am. -There was documentation Sertraline 50mg, 1 tablet was administered at 8:30am from 04/01/23 through 04/28/23. Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Sertraline 50mg, 1 tablet daily to be administered at 8:30am. -There was no documentation Sertraline 50mg, 1 tablet was administered at 8:30am on 05/01/23 through 05/31/23. Review of Resident #1's June 2023 eMAR revealed: -There was an entry for Sertraline 50mg, 1 tablet daily to be administered at 8:30am. -There was documentation Sertraline 50mg, 1 tablet was administered at 8:30am from 06/01/23 through 06/29/23. Telephone interview with Resident #1's pharmacist on 06/20/23 at 9:20am revealed: -The pharmacy did not receive an order for Sertraline 25mg, 1 tablet daily dated 01/19/23. -The last order received by the pharmacy was on 09/28/22 for Sertraline HCL 50mg, 1 tablet daily. -Sertraline 50mg was dispensed on 04/14/23 for a quantity of 30 tablets.	C 330			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/30/2023
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
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C 330	Continued From page 30 -Sertraline 50mg was dispensed on 05/15/23 for a quantity of 30 tablets. -Sertraline 50mg was dispensed on 05/31/23 for a quantity of 30 tablets. -Sertraline 50mg was dispensed on 06/29/23 for a quantity of 30 tablets (not delivered yet). Observation of Resident #1's medications on hand on 06/30/23 at 10:00am revealed there were 2 Sertraline tablets remaining in the bubble card dispensed on 05/31/23 for a quantity of 30 tablets. Based on observations, record reviews, and interviews, it was determined Resident#1 was not interviewable. f. Review of Resident #1's medication order dated 01/19/23 revealed Cyanocobalamin 1,000mcg, 1 tablet daily. (Cyanocobalamin, also known as Vitamin B12, is a vitamin used to treat B-12 deficiency). Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Cyanocobalamin 1,000mcg, 1 tablet daily at 8:00am. -There was no documentation Cyanocobalamin 1,000mcg, 1 tablet was administered at 8:00am on 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Cyanocobalamin 1,000mcg was dispensed on 04/14/23 for a quantity of 30 tablets. -Cyanocobalamin 1,000mcg was dispensed on 05/18/23 for a quantity 30 tablets. -Cyanocobalamin 1,000mcg was dispensed on 05/31/23 for a quantity of 30 tablets. -Cyanocobalamin 1,000mcg was dispensed on	C 330		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/30/2023
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
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C 330	Continued From page 31 06/29/23 for a quantity of 30 tablets. Observation of Resident #1's medication on hand on 06/30/23 at 10:00am revealed -There was a bubble card containing 3 Cyanocobalamin tablets with a dispensed date of 05/31/23 for a quantity of 30 tablets. -There was an opened over-the-counter (OTC) bottle of Cyanocobalamin 1000mcg, original count of 400 tablets. g. Review of Resident #1's medication order dated 05/26/23 revealed there was an order for Oxybutynin Chloride 5mg, 1 tablet two times a day. (Oxybutynin Chloride is a medication used to treat bladder spasms). Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Oxybutynin Chloride 5mg, 1 tablet two times a day to be administered at 8:00am and 8:00pm. -There was no documentation Oxybutynin Chloride 5mg, 1 tablet was administered at 8:00am and 8:00pm from 05/27/23 through 05/31/23. Review of Resident #1's June 2023 eMAR revealed: -There was an entry for Oxybutynin Chloride 5mg, 1 tablet two times a day to be administered at 8:00am and 8:00pm. -There was documentation Oxybutynin Chloride 5mg, 1 tablet was administered at 8:00am and 8:00pm from 06/01/23 through 06/29/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Oxybutynin Chloride 5mg was dispensed on 05/27/23 for a quantity of 30 tablets.	C 330		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/30/2023
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
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C 330	Continued From page 32 -Oxybutynin Chloride 5mg was dispensed on 06/09/23 for a quantity of 46 tablets. -Oxybutynin Chloride 5mg was dispensed on 06/29/23 for a quantity of 60 tablets (not delivered yet). Observation of Resident #1's medications on hand on 06/30/23 at 10:00am revealed there were 10 Oxybutynin Chloride 5mg tablets remaining in the bubble card with a dispensed date of 06/09/23 for a quantity of 46 tablets. Second telephone interview with Resident #1's pharmacist on 06/30/23 at 2:56pm revealed: -All medications for Resident #1 were not on an autofill cycle, the facility had to request the refill. -The facility requested Resident #1's medications be placed on autofill beginning 06/29/23. -There were some of Resident #1's medications that should not be missed for a long period of time including medications for blood pressure, blood sugar, cholesterol and depression. Interview with the Administrator on 06/30/23 at 4:00pm revealed: -She was the only one at the facility that was certified to administer medications. -Resident #1's medications were administered as ordered, although there was no documentation on the eMAR. -She understood documentation was important to verify medications were administered but she had been under major time constraints. -Medication orders on the hospital discharge summary were usually sent from the hospital to the pharmacy for processing. -She was responsible for reviewing the hospital discharge summary. -She did not noticed the Sertraline was for 25mg, 1 tablet daily.	C 330		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/30/2023
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
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C 330	Continued From page 33 -She thought the Sertraline was for 50mg, 1 tablet daily. Based on observations, record reviews, and interviews, it was determined Resident #1 was not interviewable. 2. Review of Resident #3's current FL2 dated 06/21/23 revealed -Diagnoses included primary osteoarthritis of both knees, acquired valgus deformity knee, chronic atrial fibrillation, late onsite Alzheimer's disease without behavioral disturbance, recurrent major depression disorder in full remission, closed displaced fracture of shaft of left femur and age-related osteosis without pathological fracture. -There was an order Cholecalciferol-Vitamin D3 (2000unit) 50mcg 2 tablets daily. Review of Resident #3's June 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Cholecalciferol-Vitamin D3 (2000 unit) 1 tablet at 8:00am. -There was documentation Cholecalciferol-Vitamin D3 (2000 unit) at 8:00 and at 8:00pm on 06/01/23 to 06/29/23. Observation of Resident #3's medication on hand on 06/29/23 at 3:24pm revealed the Cholecalciferol-Vitamin D3 (2000 unit) was not on site. Telephone interview with Resident #3's Pharmacist on 06/30/23 at 9:22am revealed: -Vitamin D was last filled on 03/13/23 with 56 pills. -The medication was to be taken 2 tablets once daily. -The old prescription expired in March 2023.	C 330			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/30/2023
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C 330	Continued From page 34 -The Primary Care Physician (PCP) was contacted about refilling the order but had not responded. -The pharmacy had not received a discontinue order for the Vitamin D3. -The facility had not contacted the pharmacy to request a refill. Interview with the Supervisor in Charge on 06/29/23 at 4:14pm revealed: -She had not noticed the Vitamin D3 not on site. -She had not administered the Vitamin D3 to Resident #3 on 06/29/23. -She had made a mistake in documenting on the June 2023 MAR of the Vitamin D being administered. Interview with the Administrator on 06/29/23 at 4:00pm revealed: -She had documented that she had administered Vitamin D3 to Resident #3 on 06/01/23 to 06/28/23. -She had overlooked the medication not being on site. -She was responsible for ensuring the residents' medication were on site. _____ The facility failed to administer medications as ordered for Resident #1 including medications used to treat high blood pressure, high blood sugar levels, depression and compulsive-obsessive disorder, anxiety and panic attacks whose diagnoses included heart failure, acute renal failure, hypertension, and high cholesterol. This failure was detrimental to the health, safety and welfare of the residents in the facility and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/30/23.	C 330			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/30/2023
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C 330	Continued From page 35	C 330		
	THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 14, 2023.			
C 341	10A NCAC 13G .1004 (i) Medication Administration 10A NCAC 13G .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure the recording of the administration of medications on the medication administration record (eMAR) for 1 of 3 sampled residents (#1) following administration of medications to the residents. The findings are: Review of Resident #1's current FL-2 dated 01/19/23 revealed diagnosis included acute renal failure, hypertension, heart failure, mild cognitive impairment, complete heart block, diabetes mellitus type 2 and major neurocognitive disorder.	C 341		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/30/2023
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C 341	Continued From page 36 Review of Resident #1's Resident Register revealed an admission date of 10/06/22. a. Review of Resident #1's medication order dated 01/19/23 revealed there was an order for Carvedilol 6.25mg, 1 tablet two times daily with meals. (Carvedilol, also called Coreg, is a medication used to treat high blood pressure and heart failure). Review of Resident #1's May 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Carvedilol 6.25mg, 1 tablet two times daily to be administered at 8:00am and 8:00pm. -There was no documentation Carvedilol 6.25mg, 1 tablet was administered at 8:00am and 8:00pm from 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Carvedilol 6.25mg was dispensed on 04/14/23 for a quantity of 60 tablets -Carvedilol 6.25mg was dispensed on 05/18/23 for a quantity of 30 tablets. -Carvedilol 6.25mg was dispensed on 05/31/23 for a quantity of 30 tablets. -Carvedilol 6.25mg was dispensed on 06/29/23 for a quantity of 60 tablets. b. Review of Resident #1's medication order dated 01/19/23 revealed there was an order for Cholecalciferol 1000 units daily. (Cholecalciferol, also called Vitamin D3, is a fat-soluble vitamin that helps the body to absorb calcium and phosphorus). Review of Resident #1 May 2023 eMAR revealed: -There was an entry for Cholecalciferol 1000 units	C 341		

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C 341	Continued From page 37 daily to be administered at 8:00am. -There was no documentation Cholecalciferol 1000units was administered at 8:00am from 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Cholecalciferol 1000units was dispensed on 04/14/23 for a quantity of 30 tablets. -Cholecalciferol 1000units was dispensed on 05/18/23 for a quantity of 11 tablets. -Cholecalciferol 1000units was dispensed on 05/31/23 for a quantity of 30 tablets. -Cholecalciferol 1000units was dispensed on 05/29/23 for a quantity of 30 tablets. c. Review of Resident #1's medication orders dated 01/19/23 revealed there was an order for Dutasteride 0.5mg, 1 capsule daily. (Dutasteride, also called Avodart, is a medication used to treat urinary retention). Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Dutasteride 0.5mg, 1 capsule daily to be administered at 8:00am. -There was no documentation that Dutasteride 0.5mg, 1 capsule was administered at 8:00am from 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Dutasteride 0.5mg was dispensed on 03/30/23 for a quantity of 30 tablets. -Dutasteride 0.5mg was dispensed on 04/28/23 for a quantity of 30 tablets. -Dutasteride 0.5mg was dispensed on 06/09/23 for a quantity of 24 tablets. -Dutasteride 0.5mg was dispensed on 06/29/23 for a quantity of 30 tablets.	C 341			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/30/2023
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C 341	Continued From page 38 d. Review of Resident #1's medication orders dated 01/19/23 revealed there was an order for Melatonin 3mg, 1 tablet at bedtime. (Melatonin is a medication used as a sleep aide). Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Melatonin every night at bedtime to be administered at 8:00pm. -There was no documentation that Melatonin 3mg, 1 tablet was administered at 8:00pm from 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Melatonin 3mg was dispensed on 03/30/23 for a quantity of 30 tablets. -Melatonin 3mg was dispensed on 05/01/23 for a quantity of 30 tablets. -Melatonin 3mg was dispensed on 05/31/23 for a quantity of 30 tablets. -Melatonin 3mg was dispensed on 06/29/23 for a quantity of 30 tablets. e. Review of Resident #1's medication orders dated 01/19/23 revealed there was an order for Pantoprazole 40mg DR, 1 tablet daily. (Pantoprazole is a medication used to treat acid reflux). Review of Resident #1's April 2023 eMAR revealed: -There was an entry for Pantoprazole 40mg, 1 tablet daily (no time entered). -There was no documentation Pantoprazole 40mg, 1 tablet was administered from 04/01/23 through 04/30/23. Review of Resident #1's May 2023 eMAR	C 341		

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C 341	Continued From page 39 revealed: -There was an entry for Pantoprazole 40mg, 1 tablet to be administered at 8:00am. -There was no documentation Pantoprazole 40mg, 1 tablet was administered from 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Pantoprazole 40mg was dispensed on 04/14/23 for a quantity of 30 tablets. -Pantoprazole 40mg was dispensed on 05/10/23 for a quantity of 30 tablets. -Pantoprazole 40mg was dispensed on 05/31/23 for a quantity of 30 tablets. -Pantoprazole 40mg was dispensed on 06/29/23 for a quantity of 30 tablets. f. Review of Resident #1's medication orders dated 01/19/23 revealed there was an order for Pravastatin 80mg, 1 tablet at bedtime. (Pravastatin is a medication used to treat high cholesterol and triglyceride levels in the blood. Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Pravastatin 80mg, 1 tablet to be administered at night at bedtime at 8:00pm. -There was no documentation Pravastatin 80mg, 1 tablet was administered at 8:00pm on 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Pravastatin 80mg was dispensed on 04/28/23 for a quantity of 22 tablets. -Pravastatin 80mg was dispensed on 05/18/23 for a quantity of 22 tablets. -Pravastatin 80mg was dispensed on 05/31/23 for	C 341			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/30/2023
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
(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 341	Continued From page 40 a quantity of 30 tablets. -Pravastatin 80mg was dispensed on 06/29/23 for a quantity of 30 tablets. g. Review of Resident #1's previous FL-2 dated 10/26/22 revealed there was an order for Sertraline 50mg, 1 tablet daily. (Sertraline, also called Zoloft, is a medication used to treat depression, obsessive compulsive disorder, social anxiety, and panic disorder). Review of Resident #1's current FL-2 dated 01/19/23 revealed there was an order for Sertraline 25mg, 1 tablet daily. Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Sertraline 50mg, 1 tablet daily to be administered at 8:30am. -There was no documentation Sertraline 50mg, 1 tablet was administered at 8:30am on 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/20/23 at 9:20am revealed: -The pharmacy did not receive an order for Sertraline 25mg, 1 tablet daily dated 01/19/23. -The last order received by the pharmacy was on 09/28/22 for Sertraline HCL 50mg, 1 tablet daily. -Sertraline 50mg was dispensed on 04/14/23 for a quantity of 30 tablets. -Sertraline 50mg was dispensed on 05/15/23 for a quantity of 30 tablets. -Sertraline 50mg was dispensed on 05/31/23 for a quantity of 30 tablets. -Sertraline 50mg was dispensed on 06/29/23 for a quantity of 30 tablets. h. Review of Resident #1's medication order dated 01/19/23 revealed there was an order for	C 341			

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C 341	Continued From page 41 Janumet 50-500mg, 1 tablet two times daily with meals. (Janumet is a medication used to treat high blood sugar). Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Janumet 50-500mg, 1 tablet two times daily with meals. -There was no documentation Janumet 50-500mg , 1 tablet was administered from 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Janumet 50-500mg was dispensed on 04/14/23 for a quantity of 60 tablets. -Janumet 50-500mg was dispensed on 05/10/23 for a quantity of 60 tablets. -Janumet 50-500mg was dispensed on 05/31/23 for a quantity of 60 tablets. -Janumet 50-500mg was dispensed on 06/29/23 for a quantity of 60 tablets. i. Review of Resident #1's medication order dated 01/19/23 revealed Cyanocobalamin 1,000mcg, 1 tablet daily. (Cyanocobalamin, also known as Vitamin B12, is a vitamin used to treat B-12 deficiency). Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Cyanocobalamin 1,000mcg, 1 tablet daily at 8:00am. -There was no documentation Cyanocobalamin 1,000mcg, 1 tablet was administered at 8:00am on 05/01/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Cyanocobalamin 1,000mcg was dispensed on	C 341			

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C 341	Continued From page 42 04/14/23 for a quantity of 30 tablets. -Cyanocobalamin 1,000mcg was dispensed on 05/18/23 for a quantity of 30 tablets. -Cyanocobalamin 1,000mcg was dispensed on 05/31/23 for a quantity of 30 tablets. -Cyanocobalamin 1,000mcg was dispensed on 06/29/23 for a quantity of 30 tablets. j. Review of Resident #1's medication order dated 05/26/23 revealed there was an order for Oxybutynin Chloride 5mg, 1 tablet two times a day. (Oxybutynin Chloride is a medication used to treat bladder spasms). Review of Resident #1's May 2023 eMAR revealed: -There was an entry for Oxybutynin Chloride 5mg, 1 tablet two times a day to be administered at 8:00am and 8:00pm. -There was no documentation Oxybutynin Chloride 5mg, 1 tablet was administered at 8:00am and 8:00pm from 05/27/23 through 05/31/23. Telephone interview with Resident #1's pharmacist on 06/30/23 at 9:20am revealed: -Oxybutynin Chloride 5mg was dispensed on 05/27/23 for a quantity of 30 tablets. -Oxybutynin Chloride 5mg was dispensed on 06/09/23 for a quantity of 46 tablets. -Oxybutynin Chloride 5mg was dispensed on 06/29/23 for a quantity of 60 tablets. Interview with the Administrator on 06/30/23 at 4:00pm revealed: -She was the only one at the facility that was certified to administer medications. -She administered all residents their medications. -Resident #1's medications were administered as ordered, although there was no documentation on	C 341		

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C 341	Continued From page 43 the eMAR -She understood documentation was important to verify medications were administered. -Medication orders on the hospital discharge summary were usually sent from the hospital to the pharmacy for processing. -She was responsible for reviewing the hospital discharge summary for residents at the facility.	C 341			
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, record reviews, and interviews, the facility facility failed to ensure the accuracy of the medication administration record	C 342			

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C 342	Continued From page 44 (eMAR) for 1 of 3 sampled residents (#3). The findings are: Review of Resident #3's current FL2 dated 06/21/23 revealed -Diagnoses included primary osteoarthritis of both knees, acquired valgus deformity knee, chronic atrial fibrillation, late onsite Alzheimer's, disease without behavioral disturbance, recurrent major depression disorder in full remission, closed displaced fracture of shaft of left femur and age-related osteosis without pathological fracture. -There was an order for Cholecalciferol-Vitamin D3 (2000 unit) 1 tablet daily (used to treat vitamin deficiency). Review of Resident #3's Resident Register revealed an admission date of 02/08/23. Review of Resident #3's June 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Cholecalciferol-Vitamin D3 (2000 unit) 1 tablet at 8:00am. -There was documentation Cholecalciferol-Vitamin D3 (2000 unit) was administered at 8:00 and at 8:00pm on 06/01/23 to 06/29/23. Observation of Resident #3's medication on hand on 06/29/23 at 3:24pm revealed the Cholecalciferol-Vitamin D3 (2000 unit) was not on site and available for administration. Telephone interview with Resident #3's Pharmacist on 06/30/23 at 9:22am revealed: -Vitamin D was last filled on 03/13/23 with 56 pills. -The medication was to be taken 2 tablets once	C 342			

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C 342	Continued From page 45 daily. -The old prescription expired in March 2023. -The Primary Care Physician (PCP) was contacted about refilling the order but had not responded. -The pharmacy has not received a discontinued order for the Vitamin D3. -The facility had not contacted the pharmacy to request a refill. Interview with the Supervisor in Charge on 06/29/23 at 4:14pm revealed: -She had not noticed the Vitamin D3 was not on site. -She had not administered the Vitamin D3 to Resident #3 on 06/29/23. -She had made a mistake in documenting on the June 2023 eMAR of the Vitamin D being administered. Interview with the Administrator on 06/29/23 at 4:00pm revealed: -She had documented that she had administered Vitamin D3 to Resident #3 on 06/01/23 through 06/28/23. -She had overlooked the medication not being on site. -She was responsible for ensuring the residents' medication were on site. Interview with the Administrator on 06/30/23 at 10:15am revealed: -She completed medications audits on each resident every 28 days. -She was the only staff who administered medication documented on the eMARS.	C 342		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care	C 375		

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C 375	Continued From page 46 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure on-site quarterly medication reviews for 1 of 3 sampled resident (#1) which resulted in medication issues for the	C 375		

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C 375	Continued From page 47 residents. The findings are: Review of Resident #1's current FL-2 dated 01/19/23 revealed: -Diagnoses included acute renal failure, hypertension, heart failure, mild cognitive impairment, complete heart block, diabetes mellitus type 2 and major neurocognitive disorder. -The level of care was assisted living. Review of Resident #1's Resident Register revealed an admission date of 10/06/22. Review of Resident #1's record revealed no pharmaceutical reviews were conducted since the resident's admission on 10/06/22. Interview with the Administrator on 06/30/23 at 4:00pm revealed: -She was aware on-site quarterly medication reviews were to be completed. -It was her responsibility to ensure medication reviews were conducted quarterly. -She had not contacted the pharmacy's nurse to conduct a medication review for Resident #1. Refer to TAG 330 10A NCAC 13G .1004a Medication Administration.	C 375		
C 444	10A NCAC 13G .1213 Reporting Of Accidents And Incidents 10A NCAC 13G .1213 Reporting of Accidents and Incidents (a) A family care home shall notify the county department of social services of any accident or	C 444		

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C 444	Continued From page 48 incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to notify the county department of social services (DSS) of incidents resulting in injury requiring medical treatment and referral to a local hospital for emergency medical evaluation for 2 of 3 residents sampled (#1, #3). The findings are: 1. Review of Resident #1's current FL-2 dated 01/19/23 revealed diagnoses included acute renal failure, hypension, heart failure, mild cognitive impairment, complete heart block, diabetes mellitus type 2 and major neurocognitive disorder. Review of Resident #1's discharge summary report dated 03/14/23 revealed: -Resident #1 had a fall. -The resident had a closed fracture of multiple ribs on the right side. Review of Resident #1's record revealed there was no documentation the local department of social services was contacted regarding the fall that resulted in injury. Refer to the interview with the Administrator on 06/29/23 at 12:18pm. 2. Review of Resident #3's current FL-2 dated 06/21/23 revealed diagnoses included primary	C 444		

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C 444	Continued From page 49 osteoarthritis of both knees, acquired valgus deformity of the knee, chronic atrial fibrillation, late onsite Alzheimer's, disease without behavioral disturbance, recurrent major depression disorder in full remission, closed displaced fracture of shaft of left femur and age related osteosis IOU pathological fracture. Review of Resident #3's emergency room (ER) discharge summary dated 06/11/23 revealed: -Resident #3 was treated for injuries related to a fall. -Resident #3 had fallen while standing. -Resident #3 had a left knee injury. Review of Resident #3's record revealed there was not a accident/incident report completed for the 06/11/23 fall with emergency room visit. Interview with a medication aide (MA) on 06/29/23 at 12:16pm revealed: -There was not an accident/incident report completed on Resident #3's 06/11/23 fall. -DSS was not notified of the 06/11/23 fall. Interview with the Administrator on 06/29/23 at 12:18pm revealed: -She had not considered the 06/11/23 fall incident as a "fall" because Resident #3 had been standing along side staff and fell backwards into a chair. -Resident #3 did not have a history of falls. -Resident #3 had been sent to the ER per the power of Attorney's recommendation. -An accident/incident report was no completed and DSS had not been notified of the resident's fall on 06/11/23 Interview with the Administrator on 06/29/23 at 12:18pm revealed:	C 444		

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C 444	Continued From page 50 -She was aware DSS was to be notified when a resident has an accident/incident that resulted in an injury and required a visit to the emergency room for treatment. -It was her responsibility to ensure DSS was notified.	C 444			