

Received via electronic mail 11/30/23

PRINTED: 11/17/2023
FORM APPROVED

Division of Health Service Regulation		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:		(X3) DATE SURVEY COMPLETED R 11/09/2023
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		FCL017052		STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE						
(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 00 }	Initial Comments	{ C 000 }				
	The Adult Care Licensure Section conducted a follow-up survey on 11/09/23.					
{ C 315 }	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure clarification of medication orders for 1 of 3 sampled residents (#1) who had an order for long-acting insulin injections, an anti-anxiety medication, a diabetic medication, and a stool softener. The findings are: Review of Resident #1's current FL2 dated 10/15/23 revealed diagnoses included mild intellectual disability, depression, and coronary artery disease. a. Review of Resident #1's current FL2 dated 10/15/23 or FL2 dated 09/13/23 revealed there was no order for Levemir (a long-acting insulin	{ C 315 }	Effective 11/15/23 Administrator will ensure that all Medications Orders for residents from the prescribing practitioner shall be accurate per the current FL-2. Staff shall fax all hospital discharge notes requiring medication order changes to the facilities pharmacy and to the SIC who will fax a copy of medication change to the Administrator. Administrator will maintain a digital copy of all hospital discharges in resident book. Prescribing practitioner shall send all medication orders electronically directly to the facilities pharmacy and document on the residents Health Service sheet during monthly examination which will be maintained in the resident's book which will be kept at the facility. Prescribing practitioner held class on Documentation in November 2023 for current staff and Administrator will ensure that all future staff will take course on Documentation as part of the on-boarding employment process. SIC to monitor this policy weekly and report to the Administrator immediately if this policy is not being met.	11/15/23		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

6899 M93812

(X5) DATE 11-30-23

If continuation sheet 1 of 3

Reviewed and acknowledged 12/1/23 SG

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/09/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
(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 315}	Continued From page 1 used to control blood sugar levels) 20 units daily. Review of Resident #1's signed physician's order sheet dated 01/24/23 revealed an order for Levemir 20 units once daily. Review of Resident #1's September 2023 MAR revealed: -There was an entry for Levemir 20 units daily scheduled at 8:00am. -There was documentation Levemir was administered daily from 09/01/23 through 09/30/23. Review of Resident #1's October 2023 MAR revealed: -There was an entry for Levemir 20 units daily scheduled at 8:00am. -There was documentation Levemir was administered daily from 10/01/23 through 10/31/23. Review of Resident #1's November 2023 MAR from 11/01/23 through 11/08/23 revealed: -There was an entry for Levemir 20 units daily scheduled at 8:00am. -There was documentation Levemir was administered daily from 11/01/23 through 11/08/23. Observation of medication on hand for Resident #1 on 11/09/23 at 11:27am revealed: -There was one box of Levemir insulin pens with a dispensed date of 09/21/23 and a dispensed quantity of 5 insulin pens. -There were three unused insulin pens and one insulin pen with an opened date of 10/31/23 and 100 units of insulin remaining in the pen. Telephone interview with a representative from	{C 315}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/09/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
(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 315}	Continued From page 2 the facility's contracted pharmacy on 11/09/23 at 12:15pm revealed: -Resident #1 had a current order dated 09/15/23 for Levemir insulin, inject 20 units daily. -Resident #1's prescription for Levemir 20 units daily started in January 2023 when the pharmacy took over prescribing medications for the facility, but the primary care provider (PCP) recently renewed the prescription on 09/15/23. -The pharmacy dispensed one box containing 5 Levemir insulin pens to the facility for Resident #1 on 09/21/23, and prior to that was on 07/17/23. -The pharmacy did not have any FL2s on file for Resident #1. Telephone interview with Resident #1's PCP on 11/09/23 at 12:46pm revealed: -Resident #1 had an order for Levemir 20 units daily. -She was unable to review Resident #1's Levemir order at the time of the call so was unable to give an initial start date for Resident #1's Levemir order. -She prepared FL2s for the facility, but the facility had not contacted her to clarify why Levemir was not on the FL2s dated 09/13/23 or 10/15/23. -She expected the facility to clarify any medication order discrepancies on the FL2 with her to prevent medication errors. Interview with a medication aide (MA) on 11/09/23 revealed: -Resident #1 received Levemir 20 units daily. -Levemir was on the MAR as a medication to be administered to Resident #1, so she did. -She did not review FL2s for accuracy when the PCP delivered them to the facility; the Assistant Administrator was responsible for reviewing new FL2s.	{C 315}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/09/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
(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 315}	Continued From page 3 Interview with the Supervisor on 11/09/23 at 1:30pm revealed: -She was not responsible for reviewing the FL2s for accuracy, so she was not aware that Resident #1's Levemir order was missed on her FL2. -She did not audit the MARs compared to the FL2s. -The Assistant Administrator reviewed the FL2s for accuracy prior to filing them in the residents' records. Interview with the Assistant Administrator on 11/09/23 at 1:45pm revealed she was not aware that Resident #1's Levemir was not listed on the FL2. Interview with Resident #1 on 11/09/23 at 2:25pm revealed: -She was familiar with all her medications. -She received Levemir 20 units every morning for treatment of her diabetes. -She discussed her medications with her PCP each time she saw her, and the PCP never discontinued her Levemir insulin order. -She had taken Levemir 20 units daily since she was admitted to the facility. Attempted telephone interview with the Administrator on 11/09/23 at 2:20pm was unsuccessful. Refer to interview with the Assistant Administrator on 11/09/23 at 1:45pm. b. Review of Resident #1's current FL2 dated 10/15/23 and FL2 dated 09/13/23 revealed there was an order for hydroxyzine (an antihistamine medication used to treat anxiety) 50mg every 8 hours.	{C 315}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/09/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
(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 315}	Continued From page 4 Review of Resident #1's signed physician's order sheet dated 01/24/23 revealed an order for hydroxyzine 25mg once daily. Review of Resident #1's September 2023 MAR revealed: -There was an entry for hydroxyzine 25mg daily scheduled at 8:00pm. -There was documentation hydroxyzine 25mg was administered daily from 09/01/23 through 09/30/23. Review of Resident #1's October 2023 MAR revealed: -There was an entry for hydroxyzine 25mg daily scheduled at 8:00pm. -There was documentation hydroxyzine 25mg was administered daily from 10/01/23 through 10/31/23. Review of Resident #1's November 2023 MAR from 11/01/23 through 11/08/23 revealed: -There was an entry for hydroxyzine 25mg daily scheduled at 8:00pm. -There was documentation hydroxyzine 25mg was administered daily from 11/01/23 through 11/08/23. Observation of medication on hand for Resident #1 on 11/09/23 at 11:27am revealed there was one medication bubble packet from the pharmacy with a filled date of 11/02/23 containing 7 hydroxyzine 25mg tablets to take one capsule every night at bedtime. Telephone interview with a representative from the facility's contracted pharmacy on 11/09/23 at 12:15pm revealed: -Resident #1 had a current order dated 09/14/23 hydroxyzine 25mg daily.	{C 315}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/09/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
(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 315}	Continued From page 5 -Resident #1's prescription for hydroxyzine 25mg daily started in January 2023 when the pharmacy took over prescribing medications for the facility, but the primary care provider (PCP) recently renewed the prescription on 09/14/23. -Resident #1 had never been ordered or dispensed hydroxyzine 50mg every 8 hours. -The pharmacy had not received an FL2 from the facility for Resident #1 in September or October 2023. Telephone interview with Resident #1's PCP on 11/09/23 at 12:46pm revealed: -Resident #1 had an order for hydroxyzine 25mg nightly. -She was unable to review Resident #1's hydroxyzine order at the time of the call so was unable to give an initial start date for Resident #1's hydroxyzine order. -She prepared FL2s for the facility, but the facility had not contacted her to clarify Resident #1's hydroxyzine dose. -She expected the facility to clarify any medication order discrepancies on the FL2 with her to prevent medication errors. Interview with a medication aide (MA) on 11/09/23 revealed: -Resident #1 had always received hydroxyzine 25mg once daily. -She did not review FL2s for accuracy when the PCP delivered them to the facility; the Assistant Administrator was responsible for reviewing new FL2s. Interview with the Supervisor on 11/09/23 at 1:30pm revealed: -She was not responsible for reviewing the FL2s for accuracy, so she was not aware that Resident #1's hydroxyzine order was incorrect.	{C 315}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/09/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
(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 315}	Continued From page 6 -She did not audit the MARs compared to the FL2. -The Assistant Administrator reviewed the FL2s for accuracy prior to filing them in the resident's record. Interview with the Assistant Administrator on 11/09/23 at 1:45pm revealed she was not aware that Resident #1's hydroxyzine order was on the FL2 with an incorrect dose. Interview with Resident #1 on 11/09/23 at 2:25pm revealed: -She was familiar with all her medications. -She received hydroxyzine only once per day at bedtime. -She discussed her medications with her PCP each time she saw her, and the PCP never changed her dose or frequency of hydroxyzine. Attempted telephone interview with the Administrator on 11/09/23 at 2:20pm was unsuccessful. Refer to interview with the Assistant Administrator on 11/09/23 at 1:45pm. c. Review of Resident #1's current FL2 dated 10/15/23 and FL2 dated 09/13/23 revealed there was no order for metformin (an oral diabetic medication used to treat diabetes) 1000mg twice daily. Review of Resident #1's signed physician's order sheet dated 01/24/23 revealed an order for metformin 1000mg twice daily. Review of Resident #1's September 2023 MAR revealed: -There was an entry for metformin 1000mg twice	{C 315}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/09/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302			
(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 315}	Continued From page 7 daily scheduled at 8:00am and 5:00pm. -There was documentation metformin 1000mg was administered twice daily from 09/01/23 through 09/30/23. Review of Resident #1's October 2023 MAR revealed: -There was an entry for metformin 1000mg twice daily scheduled at 8:00am and 5:00pm. -There was documentation metformin 1000mg was administered twice daily from 10/01/23 through 10/31/23. Review of Resident #1's November 2023 MAR from 11/01/23 through 11/08/23 revealed: -There was an entry metformin 1000mg twice daily scheduled at 8:00am and 5:00pm. -There was documentation metformin 1000mg was administered twice daily from 11/01/23 through 11/08/23. Observation of medication on hand for Resident #1 on 11/09/23 at 11:27am revealed there was one medication bubble packet from the pharmacy with a filled date of 11/02/23 containing 14 metformin 1000mg tablets to take one tablet twice daily. Telephone interview with a representative from the facility's contracted pharmacy on 11/09/23 at 12:15pm revealed: -Resident #1 had a current order dated 09/15/23 for metformin 1000mg twice daily. -Resident #1's prescription for metformin 1000mg twice daily started in January 2023 when the pharmacy took over prescribing medications for the facility, but the primary care provider (PCP) recently renewed the prescription on 09/15/23. -The pharmacy dispensed a 28-day supply of metformin 1000mg on 11/09/23, 10/16/23,	{C 315}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/09/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
(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 315}	Continued From page 8 09/18/23, and 08/17/23. -The pharmacy had not received an FL2 from the facility for Resident #1 in September or October 2023. Telephone interview with Resident #1's PCP on 11/09/23 at 12:46pm revealed: -Resident #1 had an order for metformin 1000mg twice daily. -She was unable to review Resident #1's metformin order at the time of the call so was unable to give an initial start date for Resident #1's metformin order. -She prepared FL2s for the facility, but the facility had not contacted her to clarify Resident #1's metformin order since it was left off her FL2's. -She expected the facility to clarify any medication order discrepancies on the FL2 with her to prevent medication errors. Interview with a medication aide (MA) on 11/09/23 revealed: -Resident #1 had always received metformin 1000mg twice daily. -She did not review FL2s for accuracy when the PCP delivered them to the facility; the Assistant Administrator was responsible for reviewing new FL2s. Interview with the Supervisor on 11/09/23 at 1:30pm revealed: -She was not responsible for reviewing the FL2s for accuracy, so she was not aware that Resident #1's metformin order was not on the FL2. -She did not audit the MARs compared to the FL2. -The Assistant Administrator reviewed the FL2s for accuracy prior to filing them in the resident's record.	{C 315}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/09/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302			
(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 315}	Continued From page 9 Interview with the Assistant Administrator on 11/09/23 at 1:45pm revealed she was not aware that Resident #1's metformin order was missed on the FL2. Interview with Resident #1 on 11/09/23 at 2:25pm revealed: -She was familiar with all her medications. -She received metformin twice daily to help treat her diabetes. -She discussed her medications with her PCP each time she saw her, and the PCP never discontinued her metformin. Attempted telephone interview with the Administrator on 11/09/23 at 2:20pm was unsuccessful. Refer to interview with the Assistant Administrator on 11/09/23 at 1:45pm. d. Review of Resident #1's current FL2 dated 10/15/23 and FL2 dated 09/13/23 revealed there was no order for Senna Plus (a stool softener medication) 8.6mg/50mg twice daily. Review of Resident #1's signed physician's order sheet dated 01/24/23 revealed an order for Senna Plus 8.6mg/50mg take 1 tablet twice daily. Review of Resident #1's September 2023 MAR revealed: -There was an entry Senna Plus take 1 tablet twice daily scheduled at 8:00am and 8:00pm. -There was documentation Senna Plus was administered twice daily from 09/01/23 through 09/30/23. Review of Resident #1's October 2023 MAR revealed:	{C 315}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/09/2023
---	---	--	--

NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302
---	--

(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 315}	Continued From page 10 -There was an entry Senna Plus take 1 tablet twice daily scheduled at 8:00am and 8:00pm. -There was documentation Senna Plus was administered twice daily from 10/01/23 through 10/31/23. Review of Resident #1's November 2023 MAR from 11/01/23 through 11/08/23 revealed: -There was an entry Senna Plus take 1 tablet twice daily scheduled at 8:00am and 8:00pm. -There was documentation Senna Plus was administered twice daily from 11/01/23 through 11/08/23. Observation of medication on hand for Resident #1 on 11/09/23 at 11:27am revealed there was one medication bubble packet from the pharmacy with a filled date of 11/02/23 containing 14 Senna Plus 8.6mg/50mg tablets to take one tablet twice daily. Telephone interview with a representative from the facility's contracted pharmacy on 11/09/23 at 12:15pm revealed: -Resident #1 had a current order dated 09/15/23 for Senna Plus 8.6mg/50mg twice daily. -Resident #1's prescription for Senna Plus 8.6mg/50mg twice daily started in January 2023 when the pharmacy took over prescribing medications for the facility, but the primary care provider (PCP) recently renewed the prescription on 09/15/23. -The pharmacy dispensed a 28-day supply of Senna Plus for Resident #1 on 11/09/23, 10/16/23, 09/18/23, and 08/17/23. -The pharmacy had not received an FL2 from the facility for Resident #1 in September or October 2023. Telephone interview with Resident #1's PCP on	{C 315}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/09/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
(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 315}	Continued From page 11 11/09/23 at 12:46pm revealed: -Resident #1 had an order for Senna Plus twice daily. -She was unable to review Resident #1's Senna Plus order at the time of the call so was unable to give an initial start date for Resident #1's Senna Plus order. -She prepared FL2s for the facility, but the facility had not contacted her to clarify Resident #1's Senna Plus order since it was left off her FL2s. -She expected the facility to clarify any medication order discrepancies on the FL2 with her to prevent medication errors. Interview with a medication aide (MA) on 11/09/23 revealed: -Resident #1 had always received Senna Plus twice daily. -She did not review FL2s for accuracy when the PCP delivered them to the facility; the Assistant Administrator was responsible for reviewing new FL2s. Interview with the Supervisor on 11/09/23 at 1:30pm revealed: -She was not responsible for reviewing the FL2s for accuracy, so she was not aware that Resident #1's Senna Plus order was not on the FL2. -She did not audit the MARs against the FL2. -The Assistant Administrator reviewed the FL2s for accuracy prior to filing them in the resident's record. Interview with the Assistant Administrator on 11/09/23 at 1:45pm revealed she was not aware that Resident #1's Senna Plus order was missed on the FL2. Interview with Resident #1 on 11/09/23 at 2:25pm revealed:	{C 315}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/09/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302			
(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 315}	Continued From page 12 -She was familiar with all her medications. -She received Senna Plus twice daily to help manage her constipation. -She discussed her medications with her PCP each time she saw her, and the PCP never discontinued her Senna Plus. Attempted telephone interview with the Administrator on 11/09/23 at 2:20pm was unsuccessful. Refer to interview with the Assistant Administrator on 11/09/23 at 1:45pm. <u>Interview with the Assistant Administrator on 11/09/23 at 1:45pm revealed:</u> -She and the Administrator compared each residents' medication bubble packs from the pharmacy to the MARs quarterly. -She did not monitor which medications were listed on the FL2 because the medication orders changed more frequently than the FL2s and the PCP was the person who typed the medications on the FL2s. -The PCP for the facility prepared and completed each residents' FL2 then either delivered them to their sister facility or faxed them. -The Administrator was responsible for picking up the FL2s and bringing them to the facility, then filing the FL2s in each residents' record. -Resident #1 had an FL2 from September and October 2023 because she had the PCP clarify an order for another resident, and the PCP redid FL2s for each resident.	{C 315}			