

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL070010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LILY'S BLESSINGS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1246 WEEKSVILLE RD ELIZ CITY, NC 27909
--	--

(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 and the Pasquotank County Department of Social Services conducted an annual survey on June 7, 2016.	C 000		
C 367	<p>10A NCAC 13G .1008(a) Controlled Substances</p> <p>10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to assure a control log was maintained to record the receipt, administration and disposition of controlled substances for 2 of 3 residents (#1, #2) resulting in the unaccountability of 57 Norco tablets (#2) and the inability to show the quantity of Ativan that should be available for administration (#1). The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 08/27/15 revealed:</p> <ul style="list-style-type: none"> - The resident's diagnoses included dementia, alcoholic peripheral neuropathy and metabolic encephalopathy. - The resident was admitted to the facility on 09/03/15. - The resident was noted to be intermittently agitated. 	C 367		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL070010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LILY'S BLESSINGS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1246 WEEKSVILLE RD ELIZ CITY, NC 27909
--	--

(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 367	<p>Continued From page 1</p> <p>Review of a physician's order revealed an order dated October 21, 2015 for Ativan 1mg at 8am and Ativan 2mg at 8pm. (Ativan is a controlled substance used to treat agitation)</p> <p>Interview with the facility's pharmacist on 06/07/16 at 11:30am revealed:</p> <ul style="list-style-type: none"> - There was an order filled on October 21, 2015 for Ativan 1mg to be taken at 8am and Ativan 2mg to be taken at 8pm. - The pharmacy had filled the prescription monthly since October 21, 2015. - The resident had been on Ativan 1mg as needed prior to October 21, 2015. - The pharmacy sent control log sheets with each Ativan refill. - The refills were processed on the first of each month with 90 tablets for 30-day months, and 93 tablets for 31-day months and 87 tablets for February 2016. - The last refill was sent to the facility on 06/01/16 with 90 tablets. - The pharmacist could not say if the quarterly resident pharmacy reviews conducted at the facility included verification of controlled medication counts. - The facility's current on-hand Ativan tablets matched the pharmacist's expectation of remaining tablet count based on shipment date and administration times. - The facility had never requested an early refill. - The pharmacy did not check the controlled medication counts nor performed medication reviews for the facility. <p>Review of Resident #1's medications on hand on 06/07/16 revealed:</p> <ul style="list-style-type: none"> -There were 6 medication cards of Ativan were available. -There was a total of 115 Ativan tablets. 	C 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL070010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LILY'S BLESSINGS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1246 WEEKSVILLE RD ELIZ CITY, NC 27909
--	--

(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 367	<p>Continued From page 2</p> <p>Interview with Resident #1 on 06/07/16 at 10:15am revealed:</p> <ul style="list-style-type: none"> - Resident did not know his medications. - Resident did not remember what he ate for breakfast, the current time, day of the week or length of time as a resident at the facility. - Resident did not remember eating or taking medications ever at the facility. <p>Interview with the Administrator on 06/07/16 at 12:15pm revealed:</p> <ul style="list-style-type: none"> - Resident #1 had been taking Ativan, a controlled medication for over a year. - She was unable to show the quantity of Ativan that should be on hand. <p>Refer to Adminsitrator interview on 06/07/16 at 12:15pm.</p> <p>2. Review of Resident #2's current FL-2 dated 04/21/16 revealed:</p> <ul style="list-style-type: none"> - The resident's diagnoses included schizophrenia, diabetes, cardiomyopathy, hyperlipidemia, hypertension, symbolic dysfunction and osteopenia. - The resident was admitted to the facility on 02/21/14. - Resident was prescribed Norco 5mg/325mg, a controlled drug, every four hours as needed for pain <p>Review of a physician's order revealed an order dated April 19, 2016 for Norco 5mg/325mg as needed for pain.</p> <p>Interview with the facility's pharmacist on 06/07/16 at 11:30am revealed:</p> <ul style="list-style-type: none"> - There was an order filled on April 19, 2016 for Norco 5mg/325 to be taken as needed for pain. 	C 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL070010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LILY'S BLESSINGS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1246 WEEKSVILLE RD ELIZ CITY, NC 27909
--	--

(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 367	<p>Continued From page 3</p> <ul style="list-style-type: none"> - There were 60 Norco tablets sent to the facility with no refills. - The pharmacy sent a control log sheet per protocol. - The pharmacist could not say if the quarterly resident pharmacy reviews conducted at the facility included verification of controlled medication counts. - The pharmacy had not received any medication returns from the facility. <p>Review of the Resident #2's controlled substance sheet for Norco 5mg/325mg revealed:</p> <ul style="list-style-type: none"> - There were no administration entries or remaining counts. - There was a prescription label on the top left of the sheet labeled Norco 5mg/325, quantity issued 60 with no refill. <p>Review of Resident #2's MARs from 11/15/16 to 06/07/16 revealed</p> <ul style="list-style-type: none"> - There were 3 single dose administrations of Norco 5mg/325mg given on 05/02/16, 05/05/16 and 05/08/16. - Each administration was signed by the Administrator. <p>Review of Resident #2's medications on hand on 06/07/16 revealed there were no Norco tablets available as the card was unable to be located by the Administrator or Staff A.</p> <p>Interview with the Administrator on 06/07/16 at 12:18pm revealed:</p> <ul style="list-style-type: none"> - Resident #2 was on a controlled medication, Norco 5mg/325mg. - She had been the only individual to administer Norco 5mg/325mg since the 04/19/16 when the prescription was filled. - She administered 3 tablets of Norco on 	C 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL070010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LILY'S BLESSINGS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1246 WEEKSVILLE RD ELIZ CITY, NC 27909
--	--

(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 367	<p>Continued From page 4</p> <p>05/02/16, 05/05/16 and 05/08/16.</p> <ul style="list-style-type: none"> - She could not locate Resident #2's Norco medication card. - Resident #2 no longer needed Norco due to lack of pain. - She could not recall if the card was sent back to the pharmacy. - She did not have documentation showing that she had returned the Norco to the pharmacy. - She did not know that documentation showing pharmacy returns was required. - She did not keep the pharmacy delivery receipts. - She did not keep any receipts showing pharmacy returns. - She did not know where the remaining Norco supply was located. - She did receive control sheets with the one delivery of Norco. <p>Refer to Adminsitrator interview on 06/07/16 at 12:15pm.</p> <p>_____</p> <p>Interview with Administrator interview on 06/07/16 at 12:15pm revealed:</p> <ul style="list-style-type: none"> - She had not monitored controlled drugs or log sheets. - She "dropped the ball" for filling out the controlled medication log sheets. - She had not monitored the control logs since 01/14/16. - There were only two residents on controlled medications. - She would train all Medication Aides to begin using the controlled sheets immediately. - She did not call the pharmacy to question why they were receiving control sheets for a controlled drug. - She would immediately begin using the control 	C 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL070010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LILY'S BLESSINGS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1246 WEEKSVILLE RD ELIZ CITY, NC 27909
--	--

(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 367	<p>Continued From page 5</p> <p>log sheets for controlled drugs. - She saw "a big red C" on the controlled drug card but did not question the stamp.</p> <hr/> <p>The facility provided the following Plan of Protection on 06/07/16: - The Administrator will create a control log book and train all Med Techs to sign the control log after administration immediately. - The Administrator will train all current and future Med Techs to sign the control log after each administration and personally verify control logs are signed on a daily basis. - The Facility will maintain all logs received from the pharmacy for 3 years. - The Facility RN will be notified to review the control log sheets during quarterly medication reviews.</p> <p>THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 22, 2016.</p>	C 367		
C 376	<p>10A NCAC 13G .1009(a)(2) Pharmaceutical Care</p> <p>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</p>	C 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL070010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LILY'S BLESSINGS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1246 WEEKSVILLE RD ELIZ CITY, NC 27909
--	--

(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 376	<p>Continued From page 6</p> <p>problems which includes at least the following: (2) review of all aspects of medication administration including the observation or review of procedures for the administration of medications and inspection of medication storage areas;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure the quarterly on-site medication review included a review of all aspects of the facility's systems for medication administration, accountability of controlled substances including disposition, receipt and administration of controlled substances and medication storage for 2 of 3 sampled residents (#1, #2).</p> <p>The findings are:</p> <p>Review of Resident #1's record on 06/07/16 revealed: - A quarterly medication review completed by a registered nurse dated 4/12/16. - The review revealed no recommendations by the registered nurse.</p> <p>Review of Resident #2's record on 06/07/16 revealed: - A quarterly medication review completed by a registered nurse dated 4/12/16. - The review revealed no recommendations by the registered nurse.</p> <p>Interview with the Administrator on 06/07/16 at 12:00pm revealed: - She did not know that the control logs and the medication storage was supposed to be checked by the person responsible for performing pharmacy reviews. - The registered nurse had not mentioned any</p>	C 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL070010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LILY'S BLESSINGS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1246 WEEKSVILLE RD ELIZ CITY, NC 27909
--	--

(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 376	<p>Continued From page 7</p> <p>problem related to control medication for any residents.</p> <ul style="list-style-type: none"> - She had left a message with the registered nurse and would inform her to review the medication storage and control logs. - The registered nurse had not reviewed the facility's systems for medication administration. - The registered nurse had not checked control logs or storage of control medications. - The registered nurse did not ask or inform her that she had to maintain pharmacy receipts. - The registered nurse did check the MARs for administration on all residents. - She did not know that she was responsible for ensuring that the quarterly pharmacy reviews by the registered nurse were complete. <p>Attempted interview with the facility's contracted registered nurse on 06/07/16 at 2:00pm who regularly performed the pharmacy reviews was unsuccessful.</p>	C 376		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to provide care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations as related to controlled drugs. The findings are:</p>	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL070010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LILY'S BLESSINGS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1246 WEEKSVILLE RD ELIZ CITY, NC 27909
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 912	Continued From page 8 Based on observations, interviews and record reviews, the facility failed to assure a control log was maintained to record the receipt, administration and disposition of controlled substances for 2 of 3 residents (#1, #2) resulting in the unaccountability of 57 Norco tablets (#2) and the inability to show the quantity of Ativan that should be available for administration (#1). [Refer to Tag D367, 10A NCAC 13G.1008(a) Controlled Substances. (Type B Violation)].	C 912		