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AVENDELLE GARNER	181 KASPUR DRIVE GARNER, NC 27529

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on March 11, 2025.	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 interviews and record reviews, the facility failed to ensure that 1 of 3 staff sampled (Staff B) who administered medications had completed the state-approved 5-hour and 10-hour or 15-hour medication aide (MA) training courses as required. The findings are: Review of Staff B's, Supervisor in Charge (SIC), personnel record revealed: -There was a signed job description dated 10/17/23. -There was documentation of Staff B completing the medication administration clinical skills validation checklist on 12/10/24. -There was documentation of Staff B passing the MA written exam on 01/27/17. -There was documentation of Staff B completing the 10-hour MA training course on 01/16/25	C 131		

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C 131	Continued From page 1 -There was no documentation of Staff B completing the state-approved 5 or 15-hour MA training courses. Review of residents' electronic Medication Administration Records (eMAR) for January 2025, February 2025, and March 2025 revealed Staff B had administered medications to the residents on multiple occasions. Interview with the Resident Care Coordinator (RCC) on 03/11/25 at 4:33pm revealed: -She thought Staff B had the required MA training to administer medications. -The former staff Registered Nurse (RN) had been responsible for completing those. -The RN had just quit last month. -She did not know why Staff B's required MA training documents were not in her staff record. Prior to the exit of the survey on 03/11/25, copies of Staff B's state-approved 5 or 15-hour MA training certificate were not provided. On 03/12/25 an email was received that had a certificate for the state-approved 5-hour MA training, but the certificate was not complete as it did not contain a valid signature for the trainer who completed the training.	C 131		
C 169	10A NCAC 13G .0503 (d) Medication Administration Competency Evaluati 10A NCAC 13G .0503 Medication Administration Competency Evaluation (d) The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a licensed pharmacist and who has a current unencumbered license in	C 169		

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C 169	Continued From page 2 North Carolina. The registered nurse or licensed pharmacist shall conduct a clinical skills validation for each medication administration task or skill that will be performed in the facility. Competency validation by a registered nurse is required for unlicensed staff who perform any of the personal care tasks related to medication administration listed in Subparagraphs (a)(4), (a)(7), (a)(11), (a)(14), and (a)(15) as specified in Rule .0903 of this Subchapter. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that 1 of 3 staff sampled (Staff A) who administered medications had a completed clinical skills validation for each medication administration task or skill that was performed in the facility. The findings are: Review of Staff A's, Supervisor in Charge (SIC), personnel record revealed: -Her hire date was 09/09/24. -There was documentation of Staff A completing the state-approved 5-hour MA training course on 10/05/24. -There was documentation of Staff A completing the 10-hour MA training course on 10/07/24. -There was documentation of Staff A passing the MA written exam on 10/14/24. -There was no documentation of Staff A's completed clinical skills validation checklist. Review of residents' electronic Medication Administration Records (eMAR) for January 2025, February 2025, and March 2025 revealed Staff A had administered medications to the residents on multiple occasions.	C 169		

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C 169	Continued From page 3 Interview with the Resident Care Coordinator (RCC) on 03/11/25 at 4:33pm revealed: -She thought Staff A had the required MA training to administer medications. -The former staff Registered Nurse (RN) had been responsible for completing those. -The RN had just quit last month. -She did not know why Staff A's required clinical skills validation checklist was not in her staff record.	C 169		
C 202	10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination, and Immunizations (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 residents (#3) sampled had a two-step tuberculosis (TB) test. The findings are: Review of Resident #3's current FL-2 dated 02/03/25 revealed diagnoses included upper gastrointestinal (GI) bleed and Flu A. Review of Resident #3's Resident Register	C 202		

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C 202	Continued From page 4 revealed the resident was admitted to the facility from his private residence on 08/21/24. Review of Resident #3's record revealed: -Resident #3 had a tuberculosis skin test administered on 05/21/25 and read as 0mm on 05/23/25. -There was no documentation for a second TB skin test for the resident. Based on observations, interviews, and record reviews, it was determined Resident #3 was not interviewable. Interview with the Resident Care Coordinator on 03/11/25 at 8:30am revealed -She was aware the residents were supposed to have a two step TB skin test done with the first step being done prior to admission. -She had only recently become the RCC for this facility and was not sure where the previous RCC had kept the information. -She thought all the information was supposed to be in the computer system but was unable to locate it. -It was the responsibility of the Executive Director and herself to ensure all paperwork for the residents was up to date. Attempted telephone interview with Resident #3's power of attorney (POA) on 03/11/25 at 2:35pm was unsuccessful. Attempted telephone interview with Resident #3's primary care provider (PCP) on 03/11/25 at 2:30pm was unsuccessful. Attempted telephone interview with the Executive Director on 03/11/25 at 4:30pm was unsuccessful.	C 202		

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C 218	10A NCAC 13G .0704 (b) Resident Contract, Information on Facility 10A NCAC 13G .0704 Resident Contract, Information On Facility, and Resident Register (b) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register initial assessment within 72 hours of the resident's admission to the facility in accordance with G.S. 131D-2.15. The facility shall involve the resident in the completion of the Resident Register unless the resident is cognitively unable to participate. The Resident Register shall consist of the following: (1) resident's identification information including the resident's name, date of birth, sex, admission date, medical insurance, family and emergency contacts, advanced directives, and physician's name and address; (2) resident's current care needs including activities of daily living and services, use of assistive aids, orientation status; (3) resident's preferences including personal habits, food preferences and allergies, community involvement, and activity interests; (4) resident's consent and request for assistance including the release of information, personal funds management, personal lockable space, discharge information, and assistance with personal mail; (5) name of the individual identified by the resident who is to receive a copy of the notice of discharge per G.S. 131D- 4.8; and (6) resident's consent including a signature confirming the review and receipt of information contained in the form. The Resident Register is available on the internet website,	C 218		

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C 218	Continued From page 6 https://info.ncdhhs.gov/dhsr/acls/pdf/resregister.pdf, at no charge. The facility may use a resident information form other than the Resident Register as long as it contains same information as the Resident Register. Information on the Resident Register shall be kept updated and maintained in the resident's record. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure the Resident Register was completed within the required time frame for 1 of 3 sampled residents (#2). The findings are: Review of Resident #2's FL-2 dated 02/04/25 revealed diagnoses included insomnia, transient ischemic attacks and muscle hypotonia. Review of Resident #2's Resident Register revealed Resident #2 was admitted on 12/27/22 and her responsible party had not signed the Resident Register. Interview with the Resident Care Coordinator on 03/11/25 at 8:30am revealed -She was aware the residents were supposed to have their Resident Register signed during the admission process. -She had only recently become the RCC for this facility and was not sure where the previous RCC had kept the information. -She was not sure why the Resident Register was not signed by the resident's power of attorney (POA).	C 218		

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C 218	Continued From page 7 -It was the responsibility of the Executive Director and herself to ensure all paperwork for the residents was up to date. Attempted telephone interview with Resident #2's power of attorney (POA) on 03/11/25 at 2:40pm was unsuccessful. Attempted telephone interview with the Executive Director on 03/11/25 at 4:30pm was unsuccessful.	C 218		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to implement an activity program that promoted active involvement by the residents. The findings are: Observation of the facility throughout the survey on 03/11/25 from 8:30am to 5:00pm revealed: -Upon entering the facility on 03/11/25 at 8:30am, there were 4 residents observed in their respective bedrooms in bed. -One resident had his television on and would frequently call out to the staff when he required assistance. -There were no activities offered to the residents. Interview with the Resident Care Coordinator (RCC) on 03/11/25 at 8:30am revealed	C 288		

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C 288	Continued From page 8 -The current census was 4. -She was the only staff member at the facility at that time. -There was no daily activities calendar posted. -She usually had one on the computer for the other facilities she managed. -She had just recently become the RCC at this facility and there was not one here. -The residents mostly watched television and interacted with the staff and visitors when they came. Based on observations, interviews, and record reviews, it was determined Resident #1 was not interviewable. Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable. Based on observations, interviews, and record reviews, it was determined Resident #3 was not interviewable. Attempted telephone interview with the Executive Director on 03/11/25 at 4:30pm was unsuccessful.	C 288		
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	C 330		

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and procedures.

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 3 sampled residents (#3) including medications used to treat breathing disorders, to treat influenza (flu), treat chest pain and high blood pressure, to treat acute bleeding gastric ulcers, and help heal epidermal wounds, rashes, and burns and helpful in reducing infections and preventing bacteria.

The findings are:

Review of Resident #3's current FL-2 dated 02/03/25 revealed:
-Diagnoses included upper gastrointestinal (GI) bleed and Flu A.
-Medications section on the FL-2 stated "see attached"; attached was the discharge summary dated 02/03/25 for Resident #3's hospital stay.

Review of Resident #3's discharge summary for his hospital stay dated 02/03/25 revealed:
-Diagnoses included Influenza A, acute upper GI bleed, permanent atrial fibrillation, history of sleep apnea, dyslipidemia, moderate dementia, and sacral decubitus ulcer.
-There were orders for the following medications to start taking the following:
-Albuterol HFA 90 mcg/actuation inhaler (used to treat breathing disorders breathe easier and used to break up chest congestion in individuals with respiratory infections such as the flu) to inhale 2 puffs every 6 hours as needed for wheezing or shortness of breath.
-Tamiflu 75mg (used to treat flu symptoms caused by influenza virus in people have had

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symptoms for less than 2 days) take 1 tablet by mouth two times a day for 5 days.
-Metoprolol tartrate 25mg (used to treat high blood pressure) take 0.5 tablets (12.5mg) by mouth two times a day and to hold for systolic blood pressure (SBP) < 110 or heart rate (HR) < 60.
-Protonix 40 mg (used to treat acute bleeding gastric ulcers and Gastroesophageal reflux disease) take 1 table by mouth two times a day.
-Desitin Paste 40% (used to help heal epidermal wounds, rashes, and burns and helpful in reducing infections and preventing bacteria) to apply topically two times a day.

Review of Resident #3's electronic medication administration record (eMAR) for February 2025 revealed:
-There was a computerized entry for Albuterol HFA 90 mcg/actuation inhaler to inhale 2 puffs every 6 hours as needed for wheezing or shortness of breath.
-There were no entries of the Albuterol HFA 90 mcg/actuation inhaler being administered in the month of February.
-There were no entries for Tamiflu 75mg, Metoprolol tartrate 25mg, Protonix 40 mg, or Desitin Paste 40%.

Review of Resident #3's eMAR for March 2025 revealed:
-There was a computerized entry for Albuterol HFA 90 mcg/actuation inhaler to inhale 2 puffs every 6 hours as needed for wheezing or shortness of breath.
-There were no entries of the Albuterol HFA 90 mcg/actuation inhaler being administered in the month of March.
-There were no entries for Tamiflu 75mg, Metoprolol tartrate 25mg, Protonix 40 mg, or

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C 330	Continued From page 11 Desitin Paste 40%. Observation of medications on hand for Resident #3 on 03/11/25 at 4:33pm revealed there was no Tamiflu 75mg, Metoprolol tartrate 25mg, Protonix 40 mg, or Desitin Paste 40% available for administration. Interview with the Resident Care Coordinator (RCC) on 03/11/25 at 4:33pm revealed: -She had not been the RCC at this facility when Resident #3 had been hospitalized and returned to the facility back in January - February 2025. -The medication aide (MA) who was working on 02/03/25 when Resident #3 returned to the facility should have sent the discharge orders to the pharmacy to get his medications filled. -She was not sure how the Albuterol was sent to the facility, but the remaining medications were not sent. Telephone interview with the facility's contracted pharmacist on 03/11/25 at 2:24pm revealed: -Resident #3's order for the Albuterol was sent into the pharmacy by electronic prescription (e-script) by the physician on 02/03/25. -The pharmacy had not received any other prescriptions for Resident #3. -Missing the remaining 5 doses of his Tamiflu could prolong his discomfort from the flu symptoms. -Not receiving his Metoprolol as ordered could cause an increase in his blood pressure if that was the reason the physician had prescribed it. -Not receiving his Desitin Paste 40% could have increased his potential for skin breakdown or cause current skin breakdown to worsen. -Not receiving his Protonix could decrease the healing for the GI bleed for which he had been hospitalized	C 330		

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C 330	Continued From page 12 Based on observations, interviews, and record reviews, Resident #3 was not interviewable. Attempted telephone interview with Resident #3's power of attorney (POA) on 03/11/25 at 2:35pm was unsuccessful. Attempted telephone interview with Resident #3's primary care provider (PCP) on 03/11/25 at 2:30pm was unsuccessful. Attempted telephone interview with the Executive Director on 03/11/25 at 4:30pm was unsuccessful.	C 330		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 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	C 375		

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C 375	Continued From page 13 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 interviews and record reviews the facility failed to maintain the reports documenting the results of the medication review in the resident's record from the completed quarterly on-site medication reviews for 2 of 3 sampled residents (#2, #3). The findings are: Review of Resident #2's FL-2 dated 02/04/25 revealed: -Diagnoses including insomnia, transient ischemic attacks, and muscle hypotonia. -There were orders for 11 medications for Resident #2. Review of Resident #2's record revealed: -The most recent medication review was completed on 02/12/25. -There were no other medication reviews available for review. Attempted telephone interview with the Executive Director on 03/11/25 at 4:30pm was unsuccessful.	C 375		

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AVENDELLE GARNER	181 KASPUR DRIVE GARNER, NC 27529

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C 375	Continued From page 14 Refer to interview with the Resident Care Coordinator (RCC) on 03/11/25 at 4:33pm. 2. Review of Resident #3's current FL-2 dated 02/03/25 revealed: -Diagnoses included upper gastrointestinal (GI) bleed and Flu A. -There were orders for 17 medications for Resident #3. Review of Resident #3's record revealed: -The most recent medication review was completed on 02/12/25. -There were no other medication reviews available for review. Attempted telephone interview with the Executive Director on 03/11/25 at 4:30pm was unsuccessful. Refer to interview with the Resident Care Coordinator (RCC) on 03/11/25 at 4:33pm. _____ Interview with the Resident Care Coordinator (RCC) on 03/11/25 at 4:33pm revealed: -She was aware the pharmacy reviews were supposed to be completed quarterly for each resident. -The quarterly pharmacy reviews had been done in November 2024 but she could not find the documentation. -She had only recently become the RCC for this facility and was not sure where the previous RCC had kept the information. -It was the responsibility of the Executive Director and herself to ensure all paperwork for the residents was up to date.	C 375		