STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		HAL060149	B. WING		07/29/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE	•	
		4815 NO	RTH SHARON	I AMITY ROAD		
EAST TO	WNE		TTE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		
D 000	Initial Comments		D 000			
	Mecklenburg Count Services (DSS) con complaint survey or	ensure Section and the cy Department of Social iducted a follow-up and n 07/23/19 through 07/24/19. Instigation was initiated by the /01/19.				
D 219	10A NCAC 13F .06	06 Staffing Chart	D 219			
	10A NCAC 13F .06	06 Staffing Chart				
	following chart spec supervisory and ma eight-hour shift in fa census of 21 or mo Rules .0601, .0603, this Subchapter. Bed Count Position Shift Third Shift 21 - 30 Aide Supervisor No Not Required Administrator/S 500 feet and immed 31-40 Aide Supervisor 8* within 500 feet and immediately ava Administrator 41-50 Aide Supervisor 8* 500 feet and immed Administrator 51-60 Aide	16 16 8 ot Required Not Required IC In the building, or within diately available. 16 16 16 8* In the building, or ailable.** On call 20 20 16 8* In the building, or within diately available.** On call 24 24 16 8* In the building, or within				

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

(X6) DATE TITLE

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	
NAME OF PROVIDER OR SUPPLIER EAST TOWNE STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 (X4) ID PROVIDER'S PLAN OF CORRECTION	9/2019
EAST TOWNE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 (X4) ID PROVIDER'S PLAN OF CORRECTION	0/2010
CHARLOTTE, NC 28205 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	
CHARLOTTE, NC 28205 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	
(X1) ID	
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 219 Continued From page 1 D 219	
Supervisor 8* 8* 4 hours within the facility/4 hours within 500 feet and immediately available.** Administrator On call 71-80 Aide 32 32 22 4 Supervisor 8 8 4 hours within the facility/4 hours within 500 feet and immediately available.** Administrator On call 81-90 Aide 36 36 24 Supervisor 8 8 4 hours within the facility/4 hours within 500 feet and immediately available.** Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 91-100 Aide 40 40 32 Supervisor 8 8 8** Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 101-110 Aide 44 44 32 Supervisor 8 8 8** Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 111-120 Aide 48 48 32 Supervisor 8 8 8** Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 111-120 Aide 48 48 32 Supervisor 8 8 8** Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 121-130 Aide 52 52 40 Supervisor 8 8 8** Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 131-140 Aide 56 56 40 Supervisor 8 8 8 Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 131-140 Aide 56 56 40 Supervisor 8 8 8 Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 141-150 Aide 60 60 40 Supervisor 8 8 8 Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 141-150 Aide 60 60 40 Supervisor 8 8 8 Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 141-150 Aide 60 60 40 Supervisor 8 8 8 Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 141-150 Aide 60 60 40 Supervisor 8 8 8 Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 141-150 Aide 60 60 40 Supervisor 8 8 8 Administrator 5 days/week: Minimum of 40 hours. When not in facility, on call. 141-150 Aide 60 60 40	

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	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUR A. BUILDING:					
			A. BUILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHAROI TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 219	151-160 Aide Supervisor 16 Administrator hours. When not ir 161-170 Aide Supervisor 16 Administrator hours. When not ir 171-180 Aide Supervisor 16 Administrator hours. When not ir 181-190 Aide Supervisor 16 Administrator hours. When not ir 191-200 Aide Supervisor 16 Administrator hours. When not ir 201-210 Aide Supervisor 16 Administrator hours. When not ir 201-210 Aide Supervisor 16 Administrator hours. When not ir 211-220 Aide Supervisor 16 Administrator hours. When not ir 211-220 Aide Supervisor 16 Administrator hours. When not ir 211-230 Aide Supervisor 16	64 64 48 16 8 5 days/week: Minimum of 40 n facility, on call. 68 68 48 16 8 5 days/week: Minimum of 40 n facility, on call. 72 72 48 16 8 5 days/week: Minimum of 40 n facility, on call. 76 76 56 16 8 5 days/week: Minimum of 40 n facility, on call. 80 80 56 16 8 5 days/week: Minimum of 40 n facility, on call. 84 84 56 16 8 5 days/week: Minimum of 40 n facility, on call. 88 88 64 16 16 5 days/week: Minimum of 40 n facility, on call. 92 92 64 16 16 5 days/week: Minimum of 40 n facility, on call. 92 92 64 16 16 5 days/week: Minimum of 40 n facility, on call. 96 96 64 24 16 5 days/week: Minimum of 40	D 219			
	This Rule is not me	et as evidenced by:				

Division of Health Service Regulation

STATE FORM 6899 PHEM11 If continuation sheet 3 of 187

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			,			
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE			AMITY ROAD		
			TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 219	Continued From pa	ge 3	D 219			
	TYPE A2 VIOLATIO	DN				
	review, the facility factoring hours were shifts (7:00am-3:00 11:00pm-7:00am) residents, with 29 or	on, interviews and record ailed to assure the required met on first, second and third pm, 3:00pm to 11:00pm and based on a census of 69 -72 f 49 shifts sampled from 7/14/19 understaffed.				
	The findings are:					
	Review of the facilit 06/30/19-07/14/19, residents.	y census, from there was a census of 69				
	07/14/19 revealed: -On 06/30/19, on fir hours of aid covera -On 06/30/19, on se of 25.5 hours of aid 2.5 hours.	e cards for 06/30/19 through est shift, there was a total of 24 ge with a shortage of 4 hours. econd shift, there was a total coverage with a shortage of ird shift, there was a total of				
	16 hours of aide co hoursOn 07/01/19, on se	verage with a shortage of 8 econd shift, there was a total e coverage with a shortage of				
	-On 07/01/19, on th hours of aide cover hours. -On 07/03/19, on th	ird shift, there was a total of 8 age with a shortage of 16 ird shift, there was a total of coverage with a shortage of				
	3.5 hoursOn 07/04/19, on the second of th	nird shift, there was a total of verage with a shortage of 8 econd shift, there was a total e coverage with a shortage of				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	SURVEY LETED			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 219	10.5 hoursOn 07/06/19, on see of 20 hours of aide hoursOn 07/06/19, on the of 8 hours of aide cohoursOn 07/07/19, on fir hours of aide cover hoursOn 07/07/19, on see of 20.5 hours of aide cover hoursOn 07/07/19, on the hours of aide cover hoursOn 07/08/19, on see of 9.5 hours of aide cover hoursOn 07/08/19, on see of 9.5 hours of aide cohoursOn 07/12/19, on see of 17 hours of aide cohoursOn 07/13/19, on first 1 hours of aide cohoursOn 07/13/19, on first 1 hours of aide cohoursOn 07/13/19, on see of 16 hours of aide cohoursOn 07/13/19, on see of 16 hours of aide cohoursOn 07/13/19, on see of 16 hours of aide cohoursOn 07/13/19, on see of 16 hours of aide cohoursOn 06/29/19 residents. Review of staff time 06/30/19 revealed: -On 06/24/19, on see	ge 4 econd shift, there was a total coverage with a shortage of 8 ird shift shift, there was a total overage with a shortage of 16 est shift, there was a total of 23 age with a shortage of 5 econd shift, there was a total e coverage with a shortage of ird shift, there was a total of 8 age with a shortage of 16 econd shift, there was a total coverage with a shortage of nird shift, there was a total coverage with a shortage of shortage with a shortage of 8 econd shift, there was a total coverage with a shortage of 7 econd shift, there was a total coverage with a shortage of 7 econd shift, there was a total coverage with a shortage of 7 econd shift, there was a total coverage with a shortage of 7 econd shift, there was a total coverage with a shortage of 7 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift, there was a total coverage with a shortage of 8 econd shift a shortage of	D 219			

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	4815 NOF		STATE, ZIP CODE I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 219	hoursOn 06/24/19, on the 16 hours of aide contoursOn 06/25/19, on set of 12.5 hours of aide to 19.5 hoursOn 06/25/19, on the 13.5 hours of aide to 18.5 hoursOn 06/26/19, on the 16 hours of aide contoursOn 06/27/19, on the 21 hours of aide contoursOn 06/28/19, on set of 20 hours of aide to 12 hoursOn 06/28/19, on the 7.75 hours of aide to 16.25 hoursOn 06/29/19, on find hours of aide cover on 06/29/19, on set of 22 hours of aide to 10 hoursOn 06/29/19, on the 10 hours of aide cover hours.	ird shift, there was a total of overage with a shortage of 8 econd shift, there was a total ecoverage with a shortage of ird shift, there was a total of coverage with a shortage of ird shift, there was a total of verage with a shortage of 8 ird shift, there was a total of verage with a shortage of 3 econd shift, there was a total coverage with a shortage of ird shift, there was a total coverage with a shortage of ird shift, there was a total coverage with a shortage of econd shift, there was a total of coverage with a shortage of ird shift, there was a total of 23 age with a shortage of 9 hours econd shift, there was a total coverage with a shortage of ird shift there was a total of 14 age with a shortage of 10 exercise with a census of 70 exercise management but were told on management but were told ird shift were told ird shift a census of 70 exercise with a census of 70 exercise management but were told in the power told in the shortage of 10 exercise with a census of 70 exercise management but were told in the power told in the shortage of 10 exercise with a census of 70 exercise management but were told in the power told in the shortage of 10 exercise with a census of 70 exercise with a shortage of 10 exercise with a census of 70 exercise with a shortage of 10 exercise with a census of 70 exercise with a shortage of 10 exercise with a census of 70 exercise with a shortage of 10 exercise with a census of 70 exercise with a shortage of 10 exercise with a census of 70 exercise with a shortage of 10 exercise with a census of 70 exercise with a shortage of 10 exercise with a shortage of 10 exercise with a census of 70 exercise with a shortage of 10 exercise with a shortage of	D 219			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
		HAL060149			07/2	29/2019	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE NAMITY ROAD			
EAST TO	OWNE		TTE, NC 282				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
D 219	Continued From pa	ge 6	D 219				
	we are short staffed	ing to everyone's needs when					
	(RCC) revealed: -She was responsible schedule and appropriate schedule since 07/2-She tried to staff fill medication aides (Naides (PCAs)She scheduled 12 and second shift to -One of the MAs on and supervised the -The schedule was	rst and second shifts with 3 MAs) and 3 personal care hour shifts for the MAs on first provide sufficient coverage. each shift was the lead MA shift. often made 2 weeks in sus in the facility was not					
	11:20pm revealed: -She had been resp several months, und previous Administration-The current RCC has continue to schedul AugustShe had completed timeShe did not request when creating the substantial she was told by the substantial propertiesThis was the only correcting a schedule several months.	and requested the lead MA to e the staff for the month of the August schedule at this at the census of the facility schedule. e RCC to schedule 2 MAs and direction she received in					

Division of Health Service Regulation STATE FORM

PHEM11 If continuation sheet 7 of 187

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
EAST TO	OWNE		RTH SHARON	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
D 219	10:20am revealed: -The RCC was respondeduleShe had been respondeding to the celestration of the celestr	consible for creating the consible since 07/15/19. Was creating the schedule, sing the correct staffing ratio insus. It is taff according to the resident as reflected in the schedule 4/19. It is coverseeing the scheduling gated this to the RCC. There were several shifts that cording to the census. It is revious RCC on 07/29/19 at the responsible for scheduling inistrator would do the staff de her with a copy. The Administrator with the indirequests for time off. If he based the schedule on	D 219			

Division of Health Service Regulation

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS. CITY. S	STATE, ZIP CODE	1 0112	3/2013
EAST TO	OWNE	4815 NOI		AMITY ROAD		
(X4) ID		TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	`	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE PRIATE	COMPLETE DATE
D 219	Continued From pa	ge 8	D 219			
	emergency respond facility staff upon the Therefore, the facili staffing to meet the the residents at subneglect and constitution. The facility provided accordance with G. CORRECTION DAT	ut staff's knowledge and ders being unable to locate eir arrival (Resident #9). ty's failure to assure minimal needs of the residents, put estantial risk for harm and utes a Type A2 violation. d a plan of protection in S. 131D -34 on 07/29/19. TE FOR THE TYPE A2 NOT EXCEED AUGUST 26,				
D 269	10A NCAC 13F .096 Supervision	01(a) Personal Care and	D 269			
	Supervision (a) Adult care home care to residents ac plans and attend to	on Personal Care and e staff shall provide personal according to the residents' care any other personal care by be unable to attend to for				
	This Rule is not me TYPE A2 VIOLATIO					
		on, interviews, and record ailed to provide personal care				

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		TTE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 269	assistance to 2 of 5 sampled according Resident #5 colostor and Resident #2 por replacement. The findings are: Observation during 9:45am and 11:00p in another resident body odor was note by the survey team 1.a. Review of Resident -Diagnosis included colostomy and delire-Personal care assi "self". Review of Resident revealed an admissi Review of Resident 10/11/18 revealed: -There was docume colostomy but could -There was docume extensive assistance. There was docume -There was docume extensive assistance.	to the care plans related to omy care and personal care est-surgical care after a knee of the initial tour between m revealed Resident #5 was so room and a urine / feces of when she was interviewed the initial tour between m revealed Resident #5 was so room and a urine / feces of when she was interviewed the initial tour between m revealed Resident #5 was so room and a urine / feces of when she was interviewed in the initial tour between m revealed Resident #5 at was so room and a urine / feces of when she was interviewed in the initial tour between the initial tour between m revealed Resident #5 securior and a urine / feces of when she was interviewed in the initial tour between m revealed Resident #5 securior and a urine / feces of when she was interviewed in the initial tour between m revealed Resident #5 securior and a urine / feces of when she was interviewed in the initial tour between m revealed Resident #5 securior and a urine / feces of when she was interviewed in the initial tour between m revealed Resident #5 securior and a urine / feces of when she was interviewed in the initial tour between m revealed Resident #5 securior and a urine / feces of when she was interviewed in the initial tour between m revealed Resident #5 securior and a urine / feces of when she was interviewed in the initial tour between m revealed Resident #5 securior and a urine / feces of when she was interviewed in the initial tour between m revealed Resident #5 securior and a urine / feces of when she was interviewed in the initial tour between m revealed Resident #5 securior and a urine / feces of when she was interviewed in the initial tour between m revealed Resident #5 securior and initial tour between m revealed Resident #5 securior and initial tour between m revealed Resident #5 securior and initial tour between m revealed Resident #5 securior and initial tour between m revealed Resident #5 securior and initial tour between m revealed Resident #5 securior and initial tour between m revealed Resident #5 securior and initial	D 269			
	representative and Telephone interviev member on 07/25/1	v with Resident #5's family 19 at 5:55pm revealed: mily member had admitted				

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	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLIAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLIANCE (X3) DATE S COMPLIANCE (X3) DATE S COMPLIANCE (X4) PROVIDER/SUPPLIER/CLIA (X4) MULTIPLE CONSTRUCTION (X5) DATE S COMPLIANCE (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) DATE S COMPLIANCE (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) DATE S COMPLIANCE (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X7) DATE S COMPLIANCE (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE S COMPLIANCE (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE S COMPLIANCE (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE S COMPLIANCE (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE S COMPLIANCE (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE S COMPLIANCE (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE S COMPLIANCE (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/SU					
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 269	staff Resident #5 w needing assistance -Resident #5 had a was unable to provi- Resident #5 used to cover her stoma belly that waste fror instead of applying -Resident #5 had a at home from not cland not taking show -He explained to the Administrator Resid with her colostomy -On several occasion home for a visit and fecesHe contacted the fabout 3 weeks ago #5 needed her colosomeone at the face -He had taken Resid July 4, 2019, he cal know to get Reside colostomy bag and -He thought the face keep Resident #5 cand body odor. Telephone interview family members on -Resident #5 was no colostomy or performemory "slipping." -He admitted Resid another family mem- -Resident #5 could hygiene or colostom	ed to the Administrator and as being admitted due to with personal care. colostomy for 20 years but de the care now. caper towels and a "Depend" (a surgical opening on the mode the the the colostomy bag. If the colostomy bag. If the colostomy bag. If the colostomy bag. If the colostomy bag wers. If the colostomy bag wers would need assistant care. If the colostomy bag checked and could accility staff over the weekend and informed them Resident stomy bag checked and could will the colostomy bag checked and the colostomy bag checked and the	D 269			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 269	needed assistance -Resident #5 would used paper towels a stomaAt home Resident the colostomy and a -The two family me Resident #5 at hom facility for personal colostomy careResident #5 could on her own. 1. Interview with a F 07/23/19 at 2:15pm -She did not provide Resident #5's colos -The MAs were to o Resident #5She was told Resident #5She was aware Re -Some days you co because she wore a Interview with a Me 07/23/19 at 2:30pm -The MA do not cha bag, the resident di -If Resident #5 nee for it"I have never smel -Resident #5's fami concerning the colo agoHe had taken Resi odor and thought it colostomy.	with her colostomy. not apply the ostomy bag and or a "Depend" to cover the #5 had an odor to her from smelled like feces. mbers could not care for the so they placed her in the care, showers and help with the not perform colostomy care Personal Care Aide (PCA) on revealed: the care or assist with emptying stomy. Theck the colostomy for the dent #5 did all her colostomy resident #5 had "body odor." and not smell [Resident #5] a lot of perfume. dication Aide (MA) on revealed: ange Resident #5's colostomy deverything herself. ded supplies she would ask	D 269			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/29/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 269	9 Continued From page 12		D 269			
	8:40am revealed: -Resident #5 was d sweaterResident #5 had a toward the surveyor -The MA ask Resid medication roomIn the med-room th #5's colostomy, who of her slacks down covering the stoma intactThe MA cleaned R colostomy bag to R Interview with the M colostomy bag on O -She smelled Resid ask to see her color medication roomOn 07/17/19 the pl the MAs are to che bag and the wafer (secures to the skin colostomy bag inpla -Resident #5 did he -She was unsure if the bag, or if they e -The supplies are k and Resident #5 ha Interview with Resid revealed: -She was in a hurry apply the bag to he -"I guess I just used in a hurry."	ent #5 to come into the ne MA asked to see Resident en Resident #5 rolled the top there were paper towels without a colostomy bag esident #5 and applied a new esident #5's stoma. MA who applied Resident #5's 17/24/19 at 8:40am revealed: dent #5 and that is why she stomy on 07/24/19 in the hysician wrote an order that ck Resident #5's colostomy (an adhesive baseplate that around the stoma holding the ace) every shift. er colostomy herself. any other MA were changing ven knew how. ept in the medication room ad supplies in her room. dent #5 on 07/24/19 at 8:45am on 07/24/19 and forgot to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/29/2019	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 0112	.5/2015
EAST TO	OWNE		TH SHARON	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 269	-"My colostomy does mell so "I try to coperfume." -Staff started chece everyday about a ware with Resident physician's order does colostomy bag every check colostomy win place. Observation of Res 3:15pm revealed, For supplies that were consisted of one consisted one consisted one consisted one consisted one consisted one consi	es leak at times and it does ver the smell up with king her colostomy bag reek ago. It #5's record revealed a signed ated 07/17/19 to check ry shift change if needed, afer every shift and ensure it is sident #5 room on 07/24/19 at Resident #5 had colostomy in her room. The supplies plostomy bag and one wafer. It from under a pillow on her ave the other necessary cissors or tape to apply the er room. Ident #5 on 07/24/19 at 3:52pm clostomy care herself. Sissors to trim the wafer to fit applying the colostomy bag. There the scissors were or in them last. Uld leak at times, she used re the bag to her skin. There the tape was or when the tape. In with Resident #5's Home (7/24/19 at 4:05pm revealed: sident #5 once on 07/22/19 for devaluation for care of the cold her she used paper towels and the sident she used paper towels are the bag used paper towels.	D 269			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL060149	B. WING	B. WING		29/2019	
NAME OF PROVIDER OR SUPPLIER		<u>l</u>	STATE, ZIP CODE	1 077	23/2013	
EAST TOWNE		RTH SHARON	N AMITY ROAD 205			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
smell to the colosto embarrassed by the She was unsure he remember to compown. -She completed ed with Resident #5 tw. Interview with secon revealed: -The PCAs did not emptying Resident -She was told by thown personal care care. Interview with anoth revealed: -Resident #5 did hell have never changed Resident #5The lead MA changed Resident #5The lead MA changed resident electronic Record (eMAR) so the colostomyThat order started then we were not colostomyColostomy supplied room. Interview with a thire the supplied room. Interview with a thire the facilityShe had been work half at the facilityShe had never chalbag.	omplain to her that there was a amy and Resident #5 was a smell. ow much Resident #5 could lete her colostomy care on her ucation and would follow up to times weekly. Ind PCA on 07/25/19 at 8:30am provide care or assist with	D 269				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE			N AMITY ROAD		
			TE, NC 282			
(X4) ID PREFIX TAG			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CO		(X5) COMPLETE DATE
D 269	Continued From pa	ge 15	D 269			
	careThe MAs should class and change it in She did know Resi cover the colostom: -She was aware Resibody odor" sometineshe would tell the colostomy bag on Fithem"I think [Resident# herself.	heck Resident #5's colostomy f needed. ident #5 used paper towels to y. esident #5 had a foul smell mes. MAs and they would place a Resident #5 when she told 5] forgets to put the bag on				
	(RCC) on 07/25/19 -She had worked in She knew the physicheck Resident #5' every shift on July She had requested on 07/17/19 because body odor which she colostomy." -She was not aware the supplies the col #5's were keptShe did not know I provide colostomy She did not know I provide colostomy She did not know I presonal care for R colostomy bagShe expected the spersonal care to Resider since 07/22/19She had not comp 10/11/18 for Resider	d the physician write the order se to Resident #5's had "a nelled like feces from the e one MA did not know where lostomy supplies for Resident MAs did not know how to care to Resident #5. PCAs were not assisting with desident #5 or emptying the esident #5. at #5 had home health services leted the care plan dated				
	required on the car	e plan dated 10/11/18. r [Resident #5] had extensive				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	4815 NOR		STATE, ZIP CODE N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 269	care with toileting the with that task. -"If the care plan sa provide care for her be providing care plans were and reviewed new admissions. Interview with the factor/26/19 at 1:50pm. She was responsible reviewing care plans facility. She had not complement to the care of the person who complement to the care of the provided her self. She did not know to documented extension and toileting. She was not aware documented Reside her colostomy. She was not aware colostomy care for leash of the was not aware colostomy care for leash of the care of the colostomy care for leash of the was not know the mptying the colostomy care computed the task being performed the task being performed the task being performed the colostomy care computed the task being performed the task being perf	id [Resident #5] could not colostomy then staff should or it." The completed by the facility in the morning meetings for acility LHPS Nurse on revealed: The for completing and so for the residents in the eted the care plan for 11/18. The for communicating with the evide care for the residents re plans. The plans of the resident #5's care ent #5 could do everything for the care plan dated 10/11/18 ent #5 could not self-care for the the care plan dated 10/11/18 ent #5 could not self-care for the PCAs were not assisting plostomy bag for Resident #5. The PCAs were documented eleted without supervision of formed. The the that colostomy supplies all dieleted with concerns for the colostomy.	D 269			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
, , , , , , , , , , , , , , , , , , , ,	or contraction	is Entri Portifort NotificEnt	A. BUILDING:		001111	
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WAIE	4815 NOF	TH SHARON	NAMITY ROAD		
LASTIC	/WINE	CHARLO	TTE, NC 282	05		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 269	9 Continued From page 17		D 269			
	07/29/19 at 4:10pm -She knew Resider off at times, probab -She knew Resider cover the stoma an and cause Residen -She would change about ever other da knew how to chang -She never told the not having a coloste -The PCAs do not of emptying the bag of Resident #5The MAs did not countil the physician was	at #5 had her colostomy bag oly 2 or 3 times a week. In #5 used paper towels to ad the paper towels would leak at #5 to smell like feces. Resident #5's colostomy bag ay, she was the only MA that are the bag. Physician about Resident #5 omy bag on. Check the bag or assist with ar doing any personal care for theck Resident #5's colostomy wrote the order on 07/17/19. Take sure every shift Resident				
	#5's colostomy bag is secured and document on the eMAR. Interview with the Administratoron 07/26/19 at 11:45am revealed: -She started as the Administrator three weeks agoShe knew resident #5 had a foul body odor around July 4, 2019 when Resident #5's family member contacted herShe had a MA check her colostomy bag prior to the family taking Resident #5 out of the facilityShe did not know that staff were not assisting Resident #5 with colostomy careShe did know the physician had written an order on 07/17/19 to check the colostomy every shiftShe did not know Resident #5's care plan dated 10/11/18 had documented extensive care for bathing and toiletingShe did not know Resident #5's care plan dated 10/11/18 had documented Resident #5 had a					

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colostomy but could not provide self-care.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/29/2019	
NAME OF	PROVIDER OR SUPPLIER		ORESS CITY S	STATE, ZIP CODE	1 0772	3/2013
EAST TO		4815 NOR		N AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 269	#5 colostomy careThe care plans we provided the appropare right for the res b. Review of Reside 07/16/19 revealed: -Diagnosis included colostomy and delire-Personal care assisingly. Review of Resident 10/11/18 revealed: -There was docume extensive assistance assistance assistance after toiletingThe care plan was representative and linterview with a Per 07/23/19 at 2:15pm -Resident #5 could her ownShe did not provide showers or grooming -She was aware Resident #5 could her ownShe days you cobecause she wore at 11-12-12-12-12-12-12-12-12-12-12-12-12-1	essist and supervise Resident re to be followed so staff priate care and services that idents. ent #5's current FL2 dated If hypertension, diabetes, rium due to medical condition. stance was documented as est#5's current care plan dated entation Resident #5 had a d not self care. entation Resident #5 required se with bathing and showers. entation Resident #5 required se with toileting and hygiene signed by the facility the physician. resonal Care Aide (PCA) on revealed: perform all personal care on estassistance for Resident#5's ng. esident #5 had "body odor." uld not smell [Resident #5] a lot of perfume. cond PCA on 07/25/19 at do all her ADLs herself which er hair, taking a shower and	D 269			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/29/2019	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	,	
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 269	-Resident #5 is very sponge bath becau -She charted Resid on the daily shower "[Resident #5] tells shower." -She never supervis room or handed he Interview with a thir 11:32am revealed: -She had worked in halfShe was told Resid careShe was aware Re "body odor" sometii -Resident #5 was "stoileting"I ask her [Resident "Do -She did not assist care task which inc or toileting. Review of the show revealed showers we completed throughe and July 2019 three Interview with the R (RCC) on 07/25/19 -She had worked in -She did not know in personal care or she -She expected the spersonal care to Residne of 07/22/19.	y private, "I think she takes a se of the colostomy." ent #5 baths were completed assignment sheet because me she had done her sed Resident #5 to the shower r soap and a washcloth. d PCA on 07/25/19 at the facility for a month and dent #5 did her own personal esident #5 had a foul smell mes. self-care" with showers and nt#5] if she showered and ne" on the shower log." Resident #5 with any personal luded showers, washing hair fer log for Resident #5 vere being documented as out the months of June 2019 etimes weekly. Resident Care Coordinator at 2:25pm revealed: the facility for 3 weeks. PCAs were not assisting with owers for Resident #5. staff to assist and provide	D 269			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 269	care with toileting the with that task. -The care plans we nurse and reviewed new admissions. Interview with the fa 07/26/19 at 1:50pm -She was responsite reviewing care plant facility. -She had not complete was responsite floor staff how to produce a coording to the cale. The person who could be planted to the cale. The person who could be planted to the cale. The did not know the extensive care with the she did not know the personal care complete task being performed to the cale. There was documed was still often negles. There was documed was still often negles. There was documed time for herself and the complete was documed was worsening agale. There was documed was worsening agale. The was documed was worsening agale.	ne staff should be assisting her re completed by the facility I in the morning meetings for acility LHPS Nurse on revealed: ble for completing and s for the residents in the leted the care plan for 11/19. ble for communicating with the ovide care for the residents re plans. It is present #5's care ent #5 could do everything for the care plan documented personal care and toileting. The PCAs were documented bleted without supervision of formed. If #5's psychotherapy notes ealed: entation Resident #5 needed increase self care. If #5's psychotherapy notes ealed: entation Resident #5 had to f the community van while	D 269			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
EAST TO	WNE			N AMITY ROAD		
	0118414514074	TEMENT OF DEFICIENCIES	TE, NC 282		<u> </u>	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 269	Continued From pa	ge 21	D 269			
	objectives were to take care of herself and her activities of daily living.					
	Worker on 07/24/19	dent #5's psychotherapy Social 9 at 12:55pm revealed:				
	depression.	eing seen for anxiety and				
	-She had worked with Resident #5 about 6 weeks in the facility.					
	-She noticed Resident #5's hygiene would be an issue, Resident #5 had body odor that was					
	obviously from lack	of personal hygiene.				
	and provided care f	tell her she had showered or her colostomy, "but I did not				
	believe her." -She informed the s	staff that Resident #5 could				
	-The staff told me F	ance with her hygiene. Resident #5 provided all her				
	personal care herse -Resident #5 had a	elf. boyfriend in the facility and				
		personal care due to this new				
	-She had seen Resident #5 again on 07/17/19 and her hygiene was still an issue and concernShe had informed the RCC on 07/17/19 of Resident #5's personal hygiene.					
	11:45am revealed:	dministratoron 07/26/19 at				
	 She started as the ago. 	Administrator three weeks				
	-She knew resident	#5 had a foul smell around Resident #5's family member				
	-She had given Res	sident #5 a shower prior to the ent #5 out of the facility.				
	-She did not know t	hat staff were not assisting				
	-She did not know F	ersonal care or showers. Resident #5's care plan dated mented extensive care for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TTE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 269	#5] with showers ar -She did not know so daily shower assign #5 when they had not supervised Resider -The care plans should the appropriate care for the residents. 3. Review of Reside 01/16/19 revealed of disorder, chronic of constipation, gastro hypertension, schiz use, and vasomoto Telephone interview the orthopedic doct 07/24/19 at 11:20ar -Resident #2 under arthroplasty on 07/2 -Resident #2 had a arranged by the hosen -Resident #2 was wood of the sident #2 was wood of the sid	assist and supervise [Resident and toileting. Staff were documented on the ament log "Done" for Resident not assisted, seen or at #5 with her personal care. Sould be followed so we provide and services that are right ent #2's current FL-2 dated diagnoses included bipolar ostructive pulmonary disease, ostructive disorder, tobacco resymptoms. We with a representative from or's office for Resident #2 on a revealed: Went a total right knee 16/19. Informal discharge that was spital. Weight bearing as tolerated.	D 269			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
EAST TO	WNE		TH SHARON	N AMITY ROAD		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
D 269	Continued From page 23		D 269			
D 209	Interview with Resident 10:15AM revealed: -Resident #2 had kirght knee on 07/16 -She had trouble be-She stated that, "makesident #2 stated the dining room in half Interview with Resident #2 staff did not of the facility staff would come to she had been weth urine until staff help -"My leg is swollen -No one at the facilithe swellingStaff told her she make the right legThe doctor wanted to walk. Review of Resident physician on 04/24/-Resident #2 requir bathing, toileting, ea-Resident #2 was in the sident #2 was in th	dent #2 on 07/23/19 at nee surgery last week on her /19. earing weight on her right leg. by leg hurts like crap." I that the staff pushed her to her rolling walker. dent #2 on 07/29/19 at d not assist her with showering ower in the hospital "that's why f, but it's hard to move around hery.' he call bell for assistance, "no help me." hing her diaper and sitting in hed. hand hurts really bad." hety had ever iced her knee for heeded to sit down and elevate her to move around and to try #2's care plan signed by the her to move assistance with ating, and dressing. hedependent with mobility.	D 203			
	Record review revesince 04/24/19.	aled no current care plan				
	Interview with the L	ead Medication Aide on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/29/2019	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 0112	9/2019
EAST TO	OWNE	4815 NOR		N AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 269	07/24/19 at 10:45ar -Resident #2 return surgery to her right -She thought Resid prior to returning the -Resident #2 return bearing as tolerated -Resident #2 was a knee surgeryShe was not sure if Resident #2 require Interview with the fa on 07/24/19 at 11:4 -He had not seen R to the facility from in -He was not aware swelling in her legPhysical Therapy in #2 to her transfer sident needed clots and a stroke. Review of the Resid at 12:00pm reveale to reflect Resident in since her knee replace Observation of Res hospital at 10:10am -Resident #2 was ly -The dressing on her -The swelling appear -The surgical area in Interview with Resid hospital at 10:10AM	m revealed: ed to the facility 24-hours after knee. ent #2 was going to rehab e facility. ed to the facility as weight d. Ilmost total care since the now much assistance ed with toileting. acility's Nurse Practitioner (NP) 0AM revealed: resident #2 since she returned raving knee surgery. that Resident #2 was having had been ordered for Resident afely. ed to move to prevent blood dent #2's record on 07/24/19 d there was no documentation #2 was evaluated by the NP accement on 07/16/19. ident #2 on 07/25/19 at the revealed: ring in a hospital bed. er leg had been removed. ared to be decreased. had been cleaned. dent #2 on 07/25/19 at the revealed: spital helped her more than	D 269			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/	29/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 269	on 07/25/19 at 10:3 -Resident #2 would (PT) and occupatio -Resident #2 neede activities of daily livi for safety and to pre -Resident #2 neede blood clot or stroke Interview with anoth 07/25/19 at 2:55pm -She was not aware Resident #2 require -She had observed walker with a seat. Interview with the R and on 07/29/19 at -She had been the 07/08/19Resident #2 was re for skilled nursing a -She was not sure I Resident #2 require getting dressing, ar Confidential staff in revealed: -Resident #2 return and could not walk -Resident #2 was to except eatingStaff were never to #2's knee after surg -The RCD came to but she never gave	ospital Medical Doctor (MD) OAM revealed: receive a physical therapy nal therapy (OT) evaluation. ed assistance with her ing, toileting, and ambulation event falls. ed to move around to prevent a . ner Lead Supervisor on a revealed. e of how much assistance ed for her ADL's. staff pushing her in her rolling CCC on 07/25/19 at 3:15PM 4:25PM revealed: RCC for the facility since ecciving home health services and physical therapy. how much assistance ed for toileting, transfers, and ambulating in the facility. terview with on 07/29/19 ed from having knee surgery or change her pull up. otal care with everything old how to care for Resident gery. look at the resident's knee,	D 269			
	 -Staff were never told how to care for Resident #2's knee after surgery. -The RCD came to look at the resident's knee, but she never gave staff any direction on how to care for the knee. 					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 269	-Resident #2 was nassist. Confidential intervie 07/29/19 revealed: -Resident #2 was of for assistance over -She attempted to a toileting, but the resassistShe had trouble fint to help herShe did not recall his someone to assist when providing persented and recall resident #2 would rolling walker but not ling walker but not surgery on her right -She was never information of the surgery on her right -She had never advicate to Resident #2 -She had not complicate to Resident #2 -She expected staff in a resident scond resident to ensure provided. Review of a facility of the same resident service of the same residen	barely get out of bed. ow requiring a 2-person ew with an employee on onstantly ringing the call bell the weekend. assist Resident #2 with sident required a two person ading a second staff member now long it took to get with toileting Resident #2. Ident #2 being soaked in urine sonal care. try to move around with a seded staff assistance. Iticensed Health Professional istered nurse, RN, on I revealed. Ormed Resident #2 had I knee. Vised staff on how to provide	D 269	DEFICIENCY)		
	-The observation w 07/17/19 at 3:05pm	as completed by the RCC on . te of the observation by the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/29/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	NA/NIE	4815 NOR	TH SHARON	AMITY ROAD		
EAST TO	DVVNE	CHARLOT	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 269	Continued From page 27		D 269			
	shin areaThe RCC observed -Discoloration was shin areaThere was no flaki -There was no reco -The RCC document on the report, but the NP was not assessment of Res Telephone interview provider on 07/25/1 at 11:00am reveale -HH was initiated for edemaResident #2 receive health nursing on 0 -Resident #2 starteresident #2 report that the staff had not the home health procession of the receive health provider on 0-received that the staff had not the received the re	ng or pressure sores. Immended follow-up. Inted that she notified the NP Intere was documentation on obtified regarding her ident #2. If with the home health 9 at 4:00pm and on 07/29/19 dictor Resident #2 on 07/11/19 for red her first visit from home				
	Review of the physical therapy notes for Resident #2 dated 07/23/19 revealed: -Resident reported, "They don't do anything for me here! My leg hurting to bad to walk now." -PT documented moderate edema.					
	throughout the dayPT spoke with the managementRCC advised that provided with a phy-PT attempted to co facility, but the NP v	RCC about a cold pack the cold pack could only be sician order. ontact the physician will at the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 269	required the resider encouragement to a Review of Resident -The Resident Care Resident #2 on 07/-The RCD docume swollen. The left grecent left knee rep-Resident #2 was a with a 2 person ass-Resident #2 was a ambulatingResident #2 was a around in the facility-There was no docustaff to monitor or president #2. Telephone interview responsible party or revealed: -She had taken Resident #2. Telephone interview responsible party or revealed: -She had taken Resident #2. Telephone interview responsible party or revealed: -She had taken Resident #2. Telephone interview responsible party or revealed: -She had taken Resident #2. Telephone interview responsible party or revealed: -She had taken Resident #2. Telephone interview responsible party or revealed: -She had taken Resident #2. Telephone interview responsible party or revealed: -She had taken Resident #2. Telephone interview responsible party or revealed: -She had taken Resident #2. Telephone interview responsible party or revealed: -She had taken Resident #2. Telephone interview responsible party or revealed: -She had taken Resident #2.	nt to need much more engage in the therapy session. #2's progress notes revealed: Director, RCD, evaluated 18/19 at 4:05pm. Inted bilateral extremities were reater than right based on placement surgery. It is to weight bear on right leg sist. Is sing a rollator and not itting in the rollator moving your mentation in the record for provide any additional care to a with Resident #2's no 07/29/19 at 11:15am is ident #2 to medical use the facility would not be sility would get her to the left #2 had body odor when ints. In antly called her to say facility st her with showering or going the various staff members in Resident #2 needed assistance at talk down to Resident #2. In had the right knee surgery on the sident #2 needed to be	D 269			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			B. WING			
		HAL060149			07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE N AMITY ROAD		
EAST TO	OWNE		TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 269	Continued From pa	ige 29	D 269			
	call bell nobody answered it.					
	necessary assistant evidenced by Resident assistance with coloresident using paper site which caused a feces onto the resident of the communication of the communication of the communication of the communication of the control of th	assure residents received ce with personal care as dent #5 not receiving ostomy care resulting in the er towels to cover the stoma an odor of feces, leakage of dent's clothes and onto the nity transportation van, and the resident; Resident #5, who assistance with showers and ng assistance with showers or ributed to the resident having a nd feces, as well as a or; and Resident #2 who with personal care, toileting, ulation after a recent knee ry not receiving assistance				
	assistance with per risk for skin breakd risk for urinary infect and continued embodor, and put Resid blood clot from non extremity, as well a replacement surger residents at a substand neglect which continued the facility provides accordance with G.	to provide the necessary resonal care put Resident #5 at own around the stoma site, at ctions due to uncleanliness, parrassment due to foul body dent #2 at risk for infection or a nemobility of the right lower is at risk for falls, after knee ry. These failures placed the tantial risk for physical harm constitutes a Type A2 Violation. d a plan of protection in .S. 131 D-34 on 07/25/19 TE FOR THE TYPE A2 NOT EXCEED AUGUST 26,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 270	Supervision 10A NCAC 13F .09 Supervision (b) Staff shall provi	01(b) Personal Care and 01 Personal Care and ide supervision of residents in inch resident's assessed needs, ent symptoms.	D 270			
	This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure supervision was provided to 2 of 7 sampled residents (Resident #12 and #13) related to a resident with a history of substance abuse, found to have a knife, beer and marijuana in his room, who returned to the facility on several occasions intoxicated and smelling of marijuana, frequently intimidated staff and residents, threatening and assaulting another resident (Resident #13), and a resident who lived on the same hall as Resident #13, in the back corner of the facility, who was threatened and assaulted by him, with no additional supervision provided for her safety by the staff (Resident #12). 1. Review of Resident #13's FL2 dated 01/17/19 revealed diagnoses included gastrointestinal hemorrhage, abdominal distension,					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	L	STATE, ZIP CODE		
				NAMITY ROAD		
EAST TO	OWNE		TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 270	Continued From page 31		D 270			
	disease, pneumonia, shortness of breath, tobacco use, unspecified psychosis, rectal prolapse, benign prostatic hyperplasia, and hyperlipidemia. Observation of Resident #13 on 07/26/19 at 12:06pm revealed: -Resident #13 was walking down the hallway towards the dining rooming pushing a rolling walker with a radio on the seat, playing loud musicResident had a strong musty, skunk-like odor (what appeared to be marijuana) on him.					
	12:06pm revealed: -He felt that overall facilityThere was an incidence Resident #12 had "	things were good at the dent earlier in the week when lied on him and called the				
	Police." -Resident #13 stated that he hated to laugh about the incident, but everything was so funny to him. -According to Resident #13, Resident #12 owed him money. -He was having a conversation with his medication aide (MA) when Resident #12 that owed him money called the "popo" on him. -He and the Resident #12 had an agreement that she would pay him back for buying her cigarettes. -He was not aware of residents smoking, drinking or doing illegal drugs in the smoking area. -He stated that it was none of his business what anyone else does at the facility.					
	-He was not aware facility for residents	of the police coming to the using drugs. arijuana smells like "because I				
	-"What people do o	ff property, is off property." that he would drink and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	4815 NOR		STATE, ZIP CODE N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 270	facility. -He confirmed that morning. -He would not confismoking or drinking. -He reported that somemory." Observation of Res 2:30pm revealed: -Resident #13 was outside under a tree. -He had headphone heard. -He had a strong mappeared to be man stronger than earlied. Interview with Reside 2:30pm revealed: -Resident #13 requester - Resident #13 requester - He had a strong mappeared to be man stronger than earlied. Interview with Reside 2:30pm revealed: -Resident #13 requester - He would not acknown be taken care of. Interview with the A 3:55pm revealed: -She was aware that believed he was up searched on 07/26/-She found a knife,	I he was never drunk in the he went off property this rm if he had engaged in that morning. Ometimes he had "selective ident #13 on 07/26/19 at sitting on a rolling walker by the road. Es on, but music could still be usty, skunk-like odor (what rijuana smell) that was that afternoon. Ident #13 on 07/26/19 at ested a confidential interview. interview from earlier on ers to the questions from ed "In a couple days everything e". owledge who or what would dministrator on 07/26/19 at at Resident #13 was upset and set when his room was	D 270			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					
H	IAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TOWNE		RTH SHARON TTE, NC 282	N AMITY ROAD 205		
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BI TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
-She planned to issue Res notice, but she had not at the same staff member a witness. Interview with a Lead Medio 07/26/19 at 4:26 pm reveates -Resident #12 reported to the police that Resident #1 every time she would go on resident #13 had told the talk because he did not wate -Neither Resident #12 or Resident #12 or Resident #12 or Resident #12 or Resident #13 had told the talk because he did not wate -Neither Resident #12 or Resident #12 or Resident #13 had told the talk because he did not wate -Neither Resident #12 or Resident #13 or Resident #14 or Resident #15 or Resident #16 or Resident #17 or Resident #18 had an incident he hallway smelling of alcostayed out all night. -Resident #13 was involuntative with a resident in at 10:45am revealed: -She was outside in the smooking are resident #18 was drinking outside in the smooking are	that time. harge notice once she harge notice once she hars present to serve as fication Aide on led: the RCC, herself and 3 was threatening her out to the smoking area. Resident #12 not to ant to hear her voice. Resident #13 wanted to hat either resident was on what to do or #13 was exhibiting ent #13 bringing beer ana on Resident #13. By sprimary care are of Resident #13's he PCP. Hent where he fell out in ohol when he had tarily committed (IVC) the facility on 07/29/19 hoking area when the dent #13. g beer and smoking pot				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	HAL060149		B. WING		07/29/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		RTH SHARON FTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 270	not like the taste of -Resident #13 was eveningResident always excursed, "gets in permusicStaff was aware of everyone just allow whatever he wanted -She thought staff v. Telephone interview party on 07/29/19 a -She had taken care approximately 17 ye -She had never known marijuana or drink be -She did not like the Resident #13Staff had informed hanging around Resident #13's be -Management would go out and do his own thin -No matter what time evenings and on we be in the smoking a -"It felt like manage how many times shin the building."	makes her feel and she did beer." talking "a lot of trash" that khibited behaviors where he ople faces", and plays loud Resident #13's behaviors, but ed Resident #13 to do do to do. was afraid of him. with a resident's responsible to 11:15am revealed: e of the resident for ears. even the resident to smoke opeer. e resident being around her that the resident was sident #13 who "smokes pot." that management was aware ehaviors. d just allow "Resident #13 to wn thing." not elaborate on what "go out	D 270			
	-Resident #13 did n management.	ot listen to anyone including constantly smoking "weed"				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 270	and drinking beer ir -Resident #13 would buildingResident #13 would anything to me becaresident #13 was and other residentsHe displayed his a arguing with staff and residentsThe issue was told never did anything a behaviorsResident #13 alwa would refuse to turn. Review of facility not for Resident #13 alwa would refuse to turn. Review of facility not for Resident #13 re-The Resident Care documented on 07/Resident #13 was a loud music and usin RCC was able to reproblemThe MA document that a resident report Resident #13 and co-The RCC document #13 was observed the facility. The RChis room and confise explained to Resident with the resident report and confise explained to Resident with the resident report and confise explained to Resident report	an the outside smoking area. In the outside smoking area. In the outside smoke in the Indicate a smoke in the Id say "they are not going to do ause I am grown." I always aggressive with staff I always aggressive with staff I always aggressive with staff I do the previous ED, but he about Resident #13's I sys played very loud music and in the music down. I the state and the following are the second in the hallway playing and profanity on 07/23/19. The edirect Resident #13 with no I sed as a late entry on 07/26/19 and a late entry on 07/26/19 and a late and the second in the hallway playing and profanity on 07/23/19. The edirect Resident #13 with no I sed as a late entry on 07/26/19 and the selled 911. Inted on 07/18/19 that Resident bringing alcoholic beverages in a cated the alcohol. The RCC ent #13 the facility's rule and the effect of alcohol are medications he takes. I telephone interview with a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLIAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: (X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLIANCE (X3) DATE S						
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 36	D 270			
	07/25/19 at 4:30pm					
	Refer to confidentia	Il interview with a resident.				
	revealed: -Diagnoses include pulmonary disease, hypertension and de	ent #12's FL2 dated 01/17/19 d cerebral infarction, cerebral aneurysm,				
	am revealed: -On 07/23/19 at din approached Reside said he was on the -Between 7:00pm a Resident #12 was if facility with 2 other relative to the same substitution of the	and 8:00pm that same evening in the smoking area of the women. eened in porch area, noking area, Resident #13 of and smoking marijuana. e out from the porch and approached Resident #12 d go away-you annoy me!" d the police to report Resident d her. was in the building at the time ald have the staff "watch him." ago, Resident #13 hit Resident he head as she was wheeling oking area, yelling "I just don't				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO)WNE	4815 NOR	TH SHARON	I AMITY ROAD		
LASTIC	JVVIL .	CHARLO1	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 37	D 270			
	-'I could not inconverse a family and works -Resident #12 sleep hand" and will "knot (Resident #13), content -Resident #12 think on with me. He is a snap some day." Refer to confidential visitor on 07/25/19 at 4:30pm Refer to confidential	enience my daughter who has full-time." os with her cane in her "good ock his head off if he, mes near me." is he (Resident #13) will " keep ticking time bomb and will all telephone interview with a at 3:45pm.				
	O7/25/19 at 3:45pm -A visitor came to the O7/23/19 after the element of facilityVisitor reported that police because a start at 13Visitor did not with Resident #13 was a playing loud music was "more than just-Staff knew of Resident #13 was a and staffVisitor described a loudly to others and	ne facility to visit a resident on evening meal. commotion going in the at a worker had called the aff person was hit by Resident ess the incident but stated that always in the smoking area where the smell from the area				

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DRM 6899 PHEM11 If continuation sheet 38 of 187

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	
	HAL060149	B. WING		07/2	9/2019
PROVIDER OR SUPPLIER	STREET ADI	L		•	
WNE					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	.D BE	(X5) COMPLETE DATE
Continued From pa	ge 38	D 270			
4:30pm revealed: -She confirmed the Resident #13 gettin with Resident #12 of (07/23/19)The Administrator and two other male resident were in the alcohol and smokin -Resident #12 calle #13 had verbally the -The Administrator place to ensure Resident #13The Administrator was threatened, and	re was an incident with g into a verbal confrontation on Tuesday evening reported that Resident #13, residents, and a female smoking area drinking g marijuana. d the police because Resident reatened her. did not put any measures in sident #12 was protected from confirmed Resident #12, who d Resident #13 lived on the				
-Resident #13 intim residentsHe was loud and a -He obtained drugs facility at a "drug hot facility "high" and so Confidential intervierable was in the smr-She witnessed Resident #12 left the Resident #13 threat the police arrivedA few months ago, by Resident #13 as areaThe staff and the months and the months staff and the months ago,	ggressive at times. across the street from the buse" and returned to the ometimes drunk. www.with a resident revealed: oking area on 07/23/19. sident #13 raising his fist and int #12. The smoking area when bened her. Shortly after that Resident #12 was assaulted she was leaving the smoking management knew Resident				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa Interview with the A 4:30pm revealed: -She confirmed their Resident #13 gettin with Resident #12 c (07/23/19)The Administrator or and two other male resident were in the alcohol and smokin -Resident #12 calle #13 had verbally thr -The Administrator or place to ensure Res Resident #13The Administrator or was threatened, and same hall just doors Confidential staff int -Resident #13 intim residentsHe was loud and a -He obtained drugs facility at a "drug ho facility "high" and so Confidential intervier -She was in the smo- She witnessed Res threatening Resider -Resident #13 threat the police arrivedA few months ago, by Resident #13 as areaThe staff and the next	PROVIDER OR SUPPLIER STREET ADI 4815 NOR CHARLOT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 38 Interview with the Administrator on 07/25/19 at 4:30pm revealed: -She confirmed there was an incident with Resident #13 getting into a verbal confrontation with Resident #12 on Tuesday evening (07/23/19)The Administrator reported that Resident #13, and two other male residents, and a female resident were in the smoking area drinking alcohol and smoking marijuanaResident #12 called the police because Resident #13 had verbally threatened herThe Administrator did not put any measures in place to ensure Resident #12 was protected from Resident #13The Administrator confirmed Resident #12, who was threatened, and Resident #13 lived on the same hall just doors apart from each other. Confidential staff interview revealed: -Resident #13 intimidated staff and other residentsHe was loud and aggressive at timesHe obtained drugs across the street from the facility at a "drug house" and returned to the facility "high" and sometimes drunk. Confidential interview with a resident revealed: -She was in the smoking area on 07/23/19She witnessed Resident #13 raising his fist and threatening Resident #12Resident #13 threatened her. Shortly after that the police arrivedA few months ago, Resident #12 was assaulted by Resident #13 as she was leaving the smoking	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S WINE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 38 D 270 Interview with the Administrator on 07/25/19 at 4:30pm revealed: -She confirmed there was an incident with Resident #13 getting into a verbal confrontation with Resident #12 on Tuesday evening (07/23/19)The Administrator reported that Resident #13, and two other male residents, and a female resident were in the smoking area drinking alcohol and smoking marijuanaResident #12 called the police because Resident #13 and verbally threatened herThe Administrator did not put any measures in place to ensure Resident #12 was protected from Resident #13The Administrator confirmed Resident #12, who was threatened, and Resident #13 lived on the same hall just doors apart from each other. Confidential staff interview revealed: -Resident #13 intimidated staff and other residentsHe was loud and aggressive at timesHe obtained drugs across the street from the facility at a "drug house" and returned to the facility "high" and sometimes drunk. Confidential interview with a resident revealed: -She was in the smoking area on 07/23/19She witnessed Resident #13 raising his fist and threatening Resident #12Resident #13 threatened her. Shortly after that the police arrivedA few months ago, Resident #12 was assaulted by Resident #13 as she was leaving the smoking areaThe staff and the management knew Resident	PROVIDER OR SUPPLIER ### STREET ADDRESS, CITY, STATE, ZIP CODE ### 415 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTIVE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX PROVIDER'S PLAN OF CORRECTIVE (EACH DORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE LAW PROVIDER'S PLAN OF CORRECTIVE (EACH DORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE LAW PROVIDER'S PLAN OF CORRECTIVE (EACH DORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE LAPPRO DEFICIENCY) D 270	OF CORRECTION DENTIFICATION NUMBER: HAL 060149 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) COntinued From page 38 D 270 Continued From page 38 Interview with the Administrator on 07/25/19 at 4:30pm revealed: -She confirmed there was an incident with Resident #13 getting into a verbal confrontation with Resident #12 on Tuesday evening (07/23/19)The Administrator reported that Resident #13, and two other male residents, and a female resident were in the smoking area drinking alcohol and smoking marijuanaResident #12 called the police because Resident #13 had verbally threatened herThe Administrator confirmed Resident #12 was protected from Resident #13. The Administrator confirmed Resident #12 was protected from Resident #13. The Administrator confirmed Resident #12, who was threatened, and Resident #13 lived on the same hall just doors apart from each other. Confidential staff interview revealed: -Resident #13 intimidated staff and other residents. He was loud and aggressive at timesHe obtained drugs across the street from the facility "high" and sometimes drunk. Confidential interview with a resident revealed: -She was in the smoking area on 07/23/19 -She witnessed Resident #13 raising his fist and threatening Resident #12 was assaulted by Resident #13 breatened her. Shortly after that the police arrivedA few months ago, Resident #12 was assaulted by Resident #13 as she was leaving the smoking areaThe staff and the management knew Resident

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	WNE		TH SHARON TE, NC 282	N AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 39	D 270			
	drugs" in the screened in area.					
	for 2 of 7 sampled r supervision of Resi- have substance ab- intoxicated at the fa aggressive and intir other residents and assaulting a female Resident #12 who v night in her room for #13 who had threat with whom she had The facility's failure and protect them fro intimidating behavior residents at substan neglect which consi	provide adequate supervision residents, including dent #13 who was known to use issues, was frequently acility, and demonstrated midating behaviors toward staff, including physically e resident; and supervision of was sleeping with a cane at or protection from Resident ened and assaulted her, and frequent verbal altercations, to supervise these residents om the threatening and ors of Resident #13 put ntial risk for serious harm and titutes a Type A2 Violation.				
		S. 131D-34 on 07/26/19 for				
	CORRECTION DA	TE FOR THE TYPE A2 NOT EXCEED AUGUST 26,				
D 271	10A NCAC 13F .09 Supervision	01(c) Personal Care and	D 271			
	Supervision (c) Staff shall response an accident or incident	01 Personal Care and ond immediately in the case of lent involving a resident to tervention according to the d procedures.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 271	Continued From pa	ge 40	D 271			
	facility failed to respand in accordance policy and procedur (Resident #9). Review of Resident 02/07/19 revealed of diabetes, cerebral version. Review of Resident electronic Medication (eMAR) revealed should be contake over or pronout Review of an Accidence of the facility policy for the fac	views and interviews, the bond to incidents immediately with the facility's established res for one resident sampled #9's current FL2 dated diagnoses included dementia, rascular accident, and #9's facesheetand the on Administration Record ne was a full code. dministrator on 07/26/19 at or finding an unresponsive of CPR if the resident is a full entinued until EMS arrived to ince death. ent/Incident Reports for 06/25/19 at 10:03pm revealed: it was in the resident's				
	notedFirst aid was docui "medics".	mented as administered by was unresponsive: "resident				

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
				NAMITY ROAD		
EAST TO	OWNE		TTE, NC 282			
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				DEI ICIENCI)		
D 271	Continued From pa	ge 41	D 271			
	has expired".					
		the family were notified.				
		umentation Cardiopulmonary				
		was initiated by the facility				
	staff.	,				
		#9's electronic progress				
		19 at 5:15am revealed:				
	-"Resident passed a -There was no othe	away in the bathroom."				
		umentation CPR was				
	performed per the f					
	portormod por the r	demy peney.				
	Review of the Emer	rgency Medical Service (EMS)				
		#9 dated 06/24/19 revealed:				
	-The facility called E					
		atched to the facility at 5:27am				
	and arrived at the fa					
	documented the fol	S crew arrived at patient and				
		o ALS for cardiac arrest."				
		7 year old is found lying supine				
	on the bathroom flo					
	-"The patient is apn	eic, pulseless, with fixed				
	pupils, showing no	•				
		ried vomit around her mouth				
	and on her shirt."	of the jour or well or both				
	upper and lower ex	of the jaw as well as both				
		stole, no mechanical pulse is				
	palpated, all reading					
	-"Onset is unknown					
		to state when patient was last				
	alive."					
	-"DNR status is unk					
	-"EMS was only giv					
	-"The patient found is unknown."	by her roommate but the time				
	เร นกหกังพก."					
	Telephone interviev	w with the Lead Crew Medic on				

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DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD!	DRESS, CITY, §	STATE, ZIP CODE		
EAST TO)WNE		RTH SHARON TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 271	Continued From pa	ige 42	D 271			
	07/29/19 at 3:30pm -He was dispatched of 06/24/19 for Res -He found Resident floor near the toilet -There were no fact bathroom and no of -EMS did not do CF -"There was dried wouth." -There was no staff #9's code status or of death"For rigor mortis to 1-2 hours or maybe -Resident #9's room questions"It took several mir facesheet from the Telephone interview on 07/29/19 at 2:10 -The facility made has passed away on 06 -He had not seen a not say the cause of -For Resident #9 to and both lower and have been laying or maybe more. Telephone interview Aide (MA) on 07/25 -She had worked or was found unresporately as found unresporately to maybe to 06/24 -She thought it was	a revealed: d to the facility on the morning sident #9. t #9 laying on the bathroom on her back. illity staff present in the ne performing CPR. PR. Promit around the patient's f available to report Resident to report the cause or the time of the performing being the present he would guess be longer 3-4 hours. Inmate answered most of the nutes just to get Resident #9's staff." If we with Resident #9's Physician of the performance of the performance of the nutes in the given the performance of the perfor				

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-She was going to obtain Resident #9's Finger

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AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE : COMPI	
	HAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TOWNE		TH SHARON TE, NC 282	I AMITY ROAD 05		
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEN	FBE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
-She did a finger sweep to mouth out, then did mout compressions. -"When EMS arrived, the -The policy was when a row do CPR until EMS arrives over CPR. -Resident #9 was a full concept she had documented in 5:15am "Resident passed Interview with a resident at 6:06pm revealed: -She had gone into the base around 5:00am and found the bathroom floor near to the second she went to find help and dining room hallway. -The MA came into the basis dead". -The MA closed Resident her do CPR." -The MA told another states are deaded and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time. -EMS arrived and the resident #9 was left in the time.	she found Resident #9 e bathroom floor. ted CPR on Resident #9. to clean Resident #9's th to mouth and chest ey took over CPR". resident is a full code you is in the facility to take code. In the computer system at ed away in the bathroom." in the facility on 07/26/19 oathroom on 06/24/19 od Resident #9 laying on the toilet. on her back. Ind found the MA near the oathroom and said, "she out #9 eyes, "I did not see off to call 911. the bathroom for a long sident thought they were eg, but they did not. In a Personal Care Aide 20pm revealed:	D 271			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	HAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TOWNE		TH SHARON	I AMITY ROAD 05		
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
around 5:00am on 06/2-She was not sure what Resident #9 that morning she remembered check around 12:00am and at a she in the MA who had worked perform CPR on Reside and the PCA had performed but only chest compressed she thought she had Commember when. The MA called 911, she MA called. Telephone interview with 07/27/19 at 10:20am resident #9 was found bathroom. There were 3 staff worked third is Resident #9 was found bathroom. There were 3 staff worked third is Resident #9 was found bathroom. There were 3 staff worked third is Resident #9 was found bathroom. There were 3 staff worked third is Resident #9 was found bathroom. There were 3 staff worked third is Resident #9 was standing on the bathroom the bathroom was standing on the bathroom back. The MA was standing on the bathroom back. The MA was standing on the bathroom back. The was unsure what F was. She never saw the MA #9.	Resident #9 unresponsive 24/19. t had happened to ng. cking on Resident #9 t 3:00am. ded on 06/24/19 did not ent #9 ed CPR on Resident #9 esions. CPR training, but could not e was not sure when the th another PCA on evealed: shift on 06/24/19 when unresponsive in the rking third shift on 06/23/19 at 7:00am. he other side of the	D 271			

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A second telephone interview with the third shift

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AND PLAN OF CORRECTION IDENTIFICATION NUMBE	:D. '	CONSTRUCTION	(X3) DATE : COMPI	
	A. BUILDING: _			
HAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER ST	REET ADDRESS, CITY, ST	ATE, ZIP CODE		
FAST TOWNE	15 NORTH SHARON A	_		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 271 Continued From page 45 MA on 07/29/19 at 3:15pm revealed: -She did not initiate CPR for Resident #9 or 06/24/19, the PCA started CPRShe was unable to physically get down on floor to initiate CPR, and the PCA couldShe did not know if the PCA had a current or if she been trained in CPRThe PCA only did chest compressions, she unsure for how longShe was unsure if the PCA continued chest compression until EMS arrived, she did not in the room with Resident #9She could not say why at 5:15am she had documented in the progress notes Residen had passed away, and EMS was not called 5:26amShe documented Resident #9 had died at 5:15am on 06/24/19 without conformation of death from a licensed medical professional physician or the EMS crewShe had not listened through a stethoscop heartbeat or checked for a pulse to determit condition of Resident #9. Interview with a PCA on 07/25/19 at 8:43am revealed: -She had worked first shift on 06/24/19 when Resident #5 was found unresponsive on the bathroom floor"I think she choked on something." -"She was on a pureed diet but would get crackers out of the vending machine." -"She was on a pureed diet but would get crackers out of the vending machine." -"She was not sick the day before, I am not what happened." Interview with a second MA on 07/25/19 at 9:30am revealed: -She was not working the morning of 06/24.	the CPR e was st stay t #9 until of , a e for a ine en en en	DEI KOLENOTY		

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE			N AMITY ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	TE, NC 282	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
D 271	Continued From pa	ge 46	D 271			
	the bathroom floorThe facility policy we code we were to do took overResident #9 was a residents would give cookiesIf Resident #9 had vending machine at Interview with a thir revealed: -The facility policy was a full code and arrives and took over.	was if a resident was a full of CPR until EMS arrived and of full code. In a pureed diet but other e her crackers and oatmeal money she would go to the nd buy snacks. Ind MA on 07/25/19 at 2:15pm was to start CPR if the resident of continue CPR until EMS er. Inchest compressions. It is a resident was a full of the continue CPR until EMS er. Inchest compressions. In the continue CPR until EMS er. In the compressions is a full continue CPR until EMS er. In the compressions is a full of the continue CPR until EMS er. In the compressions is a full of the continue CPR until EMS er. In the compressions is a full of the continue CPR until EMS er. In the compressions is a full of the continue CPR until EMS er. In the continue CPR until EMS er.				
	medication room in 2:27pm revealed th	e RCC present in the the top cabinet on 07/25/19 at the tere were approximately 20 se for performing mouth to h.				
	(RCC) on 07/25/19 -She had worked in RCCThe policy was if a unresponsive the sincluded chest comuntil EMS or license-She was unsure wwhen Resident #9 valor unresponsiveThere was no document that the time	taff were to initiate CPR which pressions and mouth to mouth ed personal arrived. hat had happened on 06/24/19 was found on the bathroom				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		<u> </u>
EAST TO	WNE	4815 NOR	TH SHARON	N AMITY ROAD		
LAGITO	, , , , , , , , , , , , , , , , , , ,	CHARLO1	TE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 271	Continued From pa	ge 47	D 271			
	-The lead MA had on 06/24/19.	completed the incident report				
	Interview with the le	ead MA on 07/25/19 at 3:00pm				
	-She worked on the not arrive a the faci	e morning of 06/24/19, but did				
	-Her responsibilities	included over-seeing the				
	MAs and the PCAsShe had completed the incident report on 06/24/19 per the former Administrator's advice.					
		the staff briefly that worked esident #9 was found on the				
	floor unresponsive.					
		the progress note written at 9 by the MA who worked that				
	night.	•				
	-She was told the M the PCA told her sh	A performed CPR but then				
		anyone performed CPR				
	because there was					
		vas if a resident was found taff are to initiate CPR until				
	-She could not say	what happened or did not				
	no documentation.	n 06/24/19 because there was				
	Interview with the A 11:45am revealed:	dministrator on 07/26/19 at				
		the facility since July 1, 2019.				
		or an unresponsive resident until EMS arrived to take over				
	CPR, or pronounce	dead.				
	-She did not know t CPR on resident #9	he MA had not performed on 06/24/19.				
	-She did not know t	he MA at 5:15am on 06/24/19				
		the electronic progress note vay in the bathroom."				
		EMS was not contacted until				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL060149		B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		TH SHARON TE, NC 282	NAMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 271	review the incident -She relied on her of policies of the facility Review on 07/25/19 Resident #9 located document was incodeath documented physician's signature. The facility failed to accordance with the procedures for assume Resident #9 who was floor and was a "full was to perform care (CPR) whenever a unresponsive, without a pulse. The immediately in accomprocedures in the eresident, places resident, places resident. The facility provided accordance with G.	ead MA to complete and reports. Elinical staff to follow the ty. of the death certificate for d in the facility revealed the implete; there was no cause of or no medical director / re on the death certificate. respond immediately in respond immediately in refacility's policy and uring CPR was attempted for as found unresponsive on the locde." The facility's policy dio-pulmonary resuscitation resident was found out a pulse, and/or not arrives, however, staff failed Resident #9 after she was soom floor unresponsive and refacility's failure to respond ordance with its policies and vent of an unresponsive sidents at substantial risk of arm or death which constitutes	D 271			
D 273	10A NCAC 13F .09	02(b) Health Care	D 273			

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AND BLAN OF CORRECTION TO TRANSPORT TO A NUMBER OF THE PROPERTY OF THE PROPERT		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
HAL060149		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	10A NCAC 13F .09 (b) The facility sha to meet the routine of residents. This Rule is not me	02 Health Care Il assure referral and follow-up and acute health care needs	D 273			
	Based on these find violation was not at Based on observation reviews, the facility referral and follow-to for 4 of 7 sampled of following up with a consult after a hosp (Resident #2), not of missed appointment an endocrinology conotifying the physic appointments for two #8). The findings are: 1. Review of Reside 01/16/19 revealed of chronic obstructive constipation, gastro	dings, the previous Type A1 pated. ons, interviews and record failed to assure healthcare up to meet the medical needs residents related to not cardiology and pulmonology potalization for chest pain notifying the physician of a set and delayed rescheduling of consult (Resident #3), and not fan of 3 missed colonoscopy for residents (Residents #1 and liagnoses of bipolar disorder, pulmonary disease, pesophageal reflux disease, coaffective disorder, tobacco				

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				(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE			AMITY ROAD		
			TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 50	D 273			
	Review of Resident 01/09/19 revealed: -Resident #2 was s chest painShe underwent a Cnegative, but she cochest painHer COPD was ex-Discharge plan wa pulmonologist to be Review of Resident summary dated 07/-Resident #2 was s chest painShe received ultras	#2's hospital discharge dated ent to the emergency room for CT angiogram that was ontinued to complain of a dull acerbated. s to follow-up the ecome an established patient. #2's hospital discharge 28/19 revealed: ent to the emergency room for sound of her right lower alle blood clots that was				
	summary dated 07/ -Resident #2 was s for a stabling like ch -She reported havin Review of Resident 07/19/19 revealed: -Resident #2 seen if pain in central area in the facility lifted h -She had shortness -Resident #2 had in of the right lower ex -There was no evid ThrombosisA recommendation with orthopedic door	een in the emergency room nest pain. ng shortness of breath. #2's hospital discharge dated In the ER for evaluation for of her chest after somebody wer up. To of breath. Increased swelling and redness extremities.				

Division of Health Service Regulation

AND DUAN OF CORRECTION IDENTIFICATION NUMBER			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TTE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 51	D 273			
	06/25/19 revealed: -Resident #2 was s chest pain for 2-day -She complained of chest wall tenderne -The discharge plan cardiologist for the Review of Resident summary dated 05/ -Resident #2 was s of chest pain for 2-l -She reported the p nothing is making th -Resident #2's work	f having significant left upper ess. n was to follow-up with the next available appointment. #2's hospital discharge 109/19 revealed: ent to the ER with complaints nours with dizziness. pain as be being constant and the pain better or worse.				
	Review of Resident #2's hospital discharge dated on 04/20/19 revealed: -Resident #2 started having chest pain around 10:00AM today, progressively got worseHer studies were within normal limitsThere was no follow-up recommendation.					
	01/09/19 revealed: -Resident #2 was s chest painShe underwent a 0	ent to the emergency room for CT angiogram that was ontinued to complain of a dull acerbated.				
	10:15am revealed: -Resident #2 was s	ident #2 on 07/23/19 at itting on a rolling walker by the holding an unlit cigarette.				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		TH SHARON TTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	below the knee, the with a reddish area right ankle. -She was wearing a from above the knee below the right knee. -There was a quarte around the knee are Review of the Resid at 12:00pm reveale to reflect that Resid cardiologist. Interview with Resid cardiologist. Interview with Resid cardiologist. Interview with Resid cardiologist. Interview with Resid cardiologist. -She had knee surgknee on 07/16/19. -She had trouble be and stated, "my leg. -The staff pushed horolling walker. -She did not go to reshe was receiving. A second interview at 10:45am reveale. "I try to help mysels since I had my surg. -Sometimes it felt liand my chest hurts. -The chest pain and increased more sing. -She was sent to the times this year for cobreath. -She sometimes us	wollen with a purplish bruising right foot was dark purple below the knee and above the a taped bandage that extended e to appropriately 2 inches e. er size area of dried blood ea on the bandage. dent #2's record on 07/24/19 d there was no documentation ent #2 was referred to the dent #2 on 07/23/19 at gery last week on her right earing weight on her right leg hurts like crap." er to the dining room on her ehab after surgery. physical therapy at the facility. with Resident #2 on 07/29/19 d: f, but it's hard to move around lery.' ke "I can't catch my breath at the shortness of breath had ce she had the knee surgery. e emergency room multiple chest pain and shortness of	D 273	DETICIENCY)		

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STATE FORM 6899 PHEM11 If continuation sheet 53 of 187

A. BUILDING: COMPLETED HAL060149 B. WING 07/29/201 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
11AE300143 ————————————————————————————————————	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	07/29/2019
EAST TOWNE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	(X5) COMPLETE DATE
D 273 Continued From page 53 -The doctors did not seem to know why she was having chest painShe was told by the doctor that her shortness of breath would improve if she stopped smoking. Interview with the Lead Medication Aide on 07/24/19 at 10:45am revealed: -Resident #2 required almost total care since the knee surgeryTheesident was sent to the emergency room early that morning (07/24/19) for chest pain and shortness of breathShe reported that Resident #2 had shortness of breath and chest pain when she smoked and consumed alcoholThe Resident Care Director (RCD), or the Resident Care Dordinator (RCC), usually processed the paperwork when a resident returned from the hospital or emergency roomShe was not aware that Resident #2 had orders to have consults with a cardiologist. Interview with the facility's Nurse Practitioner (NP) on 07/24/19 at 11:40am revealed: -He had not seen Resident #2 since she returned to the facility from having knee surgeryResident #2 needed to move to prevent blood clots and a strokeHe was aware that Resident #2 had been sent to the emergency room multiple times for chest painHe was not aware that Resident #2 was sent out to the hospital 07/18/19, nor was he aware that Resident #2 was currently at the hospitalHe had examined Resident #2 in the past for the chest painThe resident's chest pain subsided when Milk of Magnesium (a medicaion used to treat upset	

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her.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	evaluated with the of-He was not aware see the cardiologist Telephone interview the orthopedic doct 07/24/19 at 11:20Al-Resident #2 under arthroplasty on 07/1-Their office was not sent out to the hospher surgery for chest the knee and leg part A third interview wit 10:10am at the hospher some continued to hose did not know with the did not know with the did not have she did no	red Resident #2 out to be cardiologist. that Resident #2 had orders to with a representative from or's office for Resident #2 on W revealed: went a right total knee 16/19. It aware that Resident #2 was oital for the second time since is pain along with swelling in hin. In Resident #2 on 07/25/19 at pital revealed: ave some mild chest pain. When she would be ecking her heart and making we a blood clot. In Spital Medical Doctor on m revealed: the was functioning properly. In elevated blood pressure, eing weaned off of the end to move around to prevent a merchant in observation until all leted and she was evaluated ther Lead Medication Aide on the end to make the second side of the end to make the second side of the end to move around to prevent a merchant in observation until all leted and she was evaluated ther Lead Medication Aide on the second side of the end to make the second side of the end to move around to prevent a merchant in observation until all leted and she was evaluated there Lead Medication Aide on the second side of the end to the second side of the end	D 273	DEFICIENCY)		

Division of Health Service Regulation

STATE FORM 6899 PHEM11 If continuation sheet 55 of 187

AND DI AN OF CORRECTION . IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	HAL060149		B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Resident #2 being sender was not aware referrals to see a procardiologist. The RCD and the last from physician visits emergency room vipaperwork prior to sender put under her routed to RCD or the r	what was going on with sent out to the hospital. It that Resident #2 had almonologist and the RCC reviewed the paperwork is, hospital admissions, sits, and all the admission giving the documents to the errals and orders were put in door, but the information was error RCC to process. Soctor's appointments, hospital room visits "ended up all over CC on 07/25/19 at 3:15pm 4:25pm revealed: Resident #2 was sent out to 8/19 and 07/24/19.	D 273	DEFICIENCY)		
	in a resident's cond	to inform her of any changes ition so she could assess the oper care was being provided.				

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
	J. 55.4.2511614	.52 ON HOW HOWDER.	A. BUILDING:			
HAL060149			B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
				AMITY ROAD		
EAST TO	OWNE		TTE, NC 282	_		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 56	D 273			
	07/24/19 at noon re -There was no docu Resident #2 was re -There was no docu #2 was evaluated b replacement on 07/	umentation to reflect that ferred to the pulmonologist. umentation to reflect Resident y the NP since her knee				
	10:15am revealed: -She had knee surgery last week on her right knee on 07/16/19She had trouble bearing weight on her right leg					
	and stated, "my leg Interview with Resid 10:45am revealed: -She was sent to th times this year for obreathShe sometimes us -She had never see short of breath or th -She was told by the breath would impro-	thurts like crap." dent #2 on 07/29/19 at e emergency room multiple thest pain and shortness of ed an inhaler. en a pulmonologist for being the chest pain. e doctor that her shortness of twe if she stopped smoking.				
	07/24/19 at 10:45ar -Resident #2 was searly that morning (shortness of breath -She reported that I breath and chest paconsumed alcoholThe Resident Care Resident Care Cooprocessed the paper returned from the h	ent to the emergency room 07/24/19) for chest pain and				

to have a consult with a pulmonologist.

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		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
HAL060149		B. WING	_	07/2	9/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE			N AMITY ROAD		
0(0.15	CHIMMADV CTA	TEMENT OF DEFICIENCIES	TE, NC 282		DNI .	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 57	D 273			
	Interview with the factor on 07/24/19 at 11:4 -He had not seen Report to the facility from hardsident #2 needed clots and a strokeHe was not aware to the hospital 07/18 Resident #2 was cually hardsident #2 was cually hardsident #2 was not aware see the pulmonology. Another interview was chart to have a continued to have	acility's Nurse Practitioner (NP) Oam revealed: Resident #2 since she returned raving knee surgery. Ed to move to prevent blood that Resident #2 was sent out 8/19, nor was he aware that red Resident #2 out to be culmonologist. that Resident #2 had orders to gist. with Resident #2 on 07/25/19 at pital revealed: rave some mild chest pain. when she would be ecking her heart and making we a blood clot. cospital Medical Doctor on m revealed: n elevated blood pressure. eing weaned off of the ed to move around to prevent a Supervisor on 07/25/19 at what was going on with sent out to the hospital. e that Resident #2 had ulmonologist. seeing the referrals for				

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AND PLAN OF CORRECTION IDENTIFICATION NOWIBER. A. BUILDING:	TED
HAL060149 B. WING 07/29/2	2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
EAST TOWNE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCY PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Interview with the RCC on 07/25/19 at 3:15pm and on 07/29/19 at 4:25pm revealed: -She was told that Resident #2 was sent out to the hospital on 07/18/19 and 07/24/19She was not aware that Resident #2 needed appointments to see the pulmonologist. Another confidential staff interview with on 07/29/19 revealed: -Resident #2 was constantly ringing the call bell for assistance over the past weekendShe attempted to assist Resident #2, but the resident required a two person assistResident #2 would try to move around with a rolling walker but needed staff assistanceShe had not seen Resident #2 walk since having the knee surgery. Review of Resident #2's hospital discharge summary dated 07/24/19 revealed: -Resident #2 was seen in the emergency room for a stabling like chest painShe reported having shortness of breath. 2. Review of Resident #3's current FL2 dated 07/03/19 revealed diagnoses included chronic kidney disease, type 2 diabetes, and peripheral neuropathy. Review of Resident #3's letter from the referred endocrinology office dated 02/13/19 revealed the resident missed a scheduled appointment scheduled on 02/12/19. Telephone interview with the endocrinology office on 07/24/19 at 8-40am revealed: -Resident #3 was a "no show" for his 02/12/19 appointment for a consultationResident #3 was a "no show" for his 02/12/19 appointment scheduled on 06/28/19 and the endocrinology	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
EAST TO	OWNE		TH SHARON	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 59	D 273			
	provider cancelled the series of the series of the provider cancelled the series of th	the appointment. scheduled appointment was				
	revealed: -He thought he had endocrinologist; how -He was not sure wappointment had be	wever, he had not been yet. hy his endocrinology een rescheduled. ad been "kind of high" and he				
	Review of Resident #3's vital signs report revealed: -In May 2019, Resident #3's fingerstick blood sugars (FSBS) ranged from122mg/dL-337mg/dLIn June 2019, Resident #3's FSBS ranged 122mg/dL-386mg/dLIn July 2019, Resident #3's FSBS ranged					
	Interview with the registered nurse (RN) for the primary care provider (PCP) for Resident #3 on 07/25/19 at 10:25am revealed: -Resident #3 was referred for a consultation with endocrinology on 01/29/19 for uncontrolled diabetesThe PCP's office did not know Resident #3's first scheduled appointment with endocrinology was missed and the second appointment was cancelled by the endocrinology providerThe PCP expected to be notified of missed and rescheduled appointmentsThe PCP would have completed a consult with another endocrinologistThe PCP would have expected the facility to communicate any missed or delayed appointments.					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
EAST TO	OWNE		TH SHARON	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 60	D 273			
	the endocrinologist health.	to prevent a decline in his				
	Resident #3 reveale Resident #3 had a	report dated 06/17/19 for ed upon arrival at the facility, blood glucose level of 60 ange 65-100mg/dL).				
	hospital for Resider -Resident #3 was a 06/17/19 with a print encephalopathy (altantial encephalopathy) - "Patient's encephathy hypoglycemia (low -Resident #3 was don 06/20/19. -Resident #3's A1C	tered brain function). alopathy most likely from				
	practitioner (NP) or -He did not know R an endocrinology a	to get Resident #3's diabetes				
	completed on 06/26	#3's laboratory results 6/19 revealed the resident had _, the reference range was				
	Resident Care Coo 10:48am revealed: -She did not realize an endocrinology in -She did not know I	ead medication aide/previous rdinator (RCC) on 07/24/19 at Resident #3 had a referral for January 2019. Resident #3 missed an bintment in February 2019.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL060149	B. WING		07/2	29/2019
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TOWNE		RTH SHARON FTE, NC 282	N AMITY ROAD 205		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
cancelled by the er 2019She would have or regarding a referral-She did not know 7.3mg/dL. Interview with the R (RCC) on 07/25/19She became the R-The RCC was resident appointmetal -She did not know an endocrinology of January 2019Resident #3's appointmetal -The endocrinology contacted to see if soonerThe referring physic contacted to get a linterview with the R (DRC) on 07/24/19She was hired 07/2-She was still learned the DRCShe knew she was care of the residental resident	ocrinology appointment was indocrinology provider in June ontacted the facility NP I to another endocrinologist. Resident #3's A1C was now Resident Care Coordinator at 11:40am revealed: RCC on 07/08/19. ponsible for coordinating ents. Resident #3 had a referral for consult that was made in cointment should have been appointment should not be as out". If y office should have been the appointment could be referral for another provider. Director of Resident Care at 2:55pm revealed: 108/19 as the DRC. It ing all of her responsibilities as se responsible for the overall	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
EAST TO	OWNE		TH SHAROI TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	-She completed a rwhen she became is when she became is linterview with the A 9:22am revealed: -She expected the endocrinology consthe physician after is determine next step"We don't have the I'm working on that'the resident #3 "fell became is she with the sheet from the Gld of the procrossed out with the handwritten beside."	eview of Resident #3's record the DRC. dministrator on 07/24/19 at referral for Resident #3's ultation to be discussed with the provider cancelled to be. e staff that goes back and call, '. between the cracks''. ent #1's current FL-2 dated diagnoses included type 2 diabetes mellitus. #1's subsequent physician's reening with Glob. #1's physician's orders dated a medication order from her Globion reconstituted; use as orep. #1's medical or emergency red the facility had requested dent #1's Nurse Practitioner for "GaviLyte-G (a bowel prepoleonoscopy done" and the NP er on 05/22/19. #1's colonoscopy instructions rated 05/06/19 revealed: becedure (05/06/19) was a words "No Show"	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	SURVEY LETED
	HAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER			TATE, ZIP CODE	0772	3/2013
			I AMITY ROAD		
EAST TOWNE	CHARLO1	TE, NC 282	05		
PREFIX (EACH DEFICIENCY ML	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273 Continued From page	63	D 273			
Resident #1 had a cold 07/15/19.	onoscopy rescheduled for				
-There was documenta 05/21/19 Resident #1 05/20/19. Resident m she has eaten breakfa she did not eat breakfa -There was documenta Resident #1's "appoint name] has been resch being non-compliant a Interview with Resident 10:10am revealed: -She missed a schedu appointment the prior -She missed the scheduppointment because could not locate her "d (bowel prep solution) sefore the colonoscop -The MA had asked ar and told Resident #1 tocate her "drink" (bow -She did not know if herescheduledShe had never refuse appointmentShe would sometimes on the morning of herescheduled and 100 of	ration dated 07/15/19 Itment with [GI practice neduled due to resident and eating breakfast." Int #1 on 07/23/19 at a led colonoscopy week. It may be medication aide (MA) drink with electrolytes had to take the day by appointment. In the mother MA on duty that day that neither of them could wel prep solution). It is forget and eat breakfast colonoscopy appointments. In the medication aide (MA) drink with electrolytes and the day by appointment. In the mother MA on duty that day that neither of them could well prep solution). It is forget and eat breakfast colonoscopy appointments. In the medication aide (MA) drink with electrolytes and eat the day by appointment and the mother of them could well prep solution. It is forget and eat breakfast colonoscopy appointments. In the Resident #1's GI at 9:41am revealed: In referred to him for a rimary Care Provider (PCP).				

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STATE FORM 6899 PHEM11 If continuation sheet 64 of 187

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY	
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	-Resident #1 had a removed approximation -He scheduled Res 05/06/19Resident #1 was a colonoscopy appoir for a colonoscopy appoir for a colonoscopy appoir for a colonoscopy appoir for a colonoscopy appoir -Patients undergoin certain instructions the colonoscopyThese instructions liquid diet the day proclonoscopy, holding the day prior and unnothing to eat after colonoscopy and dropen solution starting to the colonoscopyThese written instructions the day of Resident faxed to the facility show" to her colonoscopy to vertinationsFacility staff report bring Resident #1 to colonoscopy appoir administer her bow and Resident #1 was a colonoscopy appoir a	history of colon polyps ately 9 years prior. ident #1 for a colonoscopy on "no show" to the 05/06/19 atment and was rescheduled on 05/20/19. "no show" to the 05/20/19 atment and was rescheduled on 07/15/19. "no show" to the 07/15/19 atment. If a colonoscopy had to follow or else he could not perform included adhering to a clear rior to the scheduled ag their diabetic medications atil after the colonoscopy, have midnight the night prior to the rink the full container of boweling at 5:00pm the evening prior	D 273			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED	
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	4815 NOR	TH SHARO	STATE, ZIP CODE N AMITY ROAD		
LASTIN	JVVIVL	CHARLO1	TTE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 273	-It was very importaresidents were adm solution and followe instructions. "The rithings themselves." -With Resident #1's in the stool, and blo colon polyps at president for another at the facility could responsibility for fol preparation instruct be required to have appointment. Interview with Resid (NP) on 07/24/19 at the had referred Recolonoscopy as a round reme #1 had missed 3 so appointmentsIf he had been notifit with Resident #1 missed the appointment encouragement if noremember discussing resident #1 could own preparation for with her psychiatric the facility staff wor #1 closely to assure the morning of the country the morning the country the morning the country the morning the country t	ant for facility staff to assure inistered the bowel prepared the other colonoscopy residents cannot do these is history of colon polyps, blood rating she could have more sent or colon cancer. "We just the has the colonoscopy." The would not reschedule the colonoscopy until someone ressure him, they would take lowing through with the ions, and the resident would another consultation The screening revealed: resident #1 to the GI for a coutine screening. The mould have discussed to find out why she had ments and provided recessary, but he could not regit with her. The colonoscopy especially	D 273			

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PHEM11 If continuation sheet 66 of 187

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED
	HAL060149	B. WING		07/	29/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
EAST TOWNE		TH SHARON TE, NC 282	I AMITY ROAD 05		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
revealed: -There was no entry be administered on scheduled colonoseThere was no entry be administered on scheduled colonoseThere was an entry (GaviLyte) to be administered. Review of Resident revealed there was solution GaviLyte to on 07/14/19 with do administered. Interview with a first 11:45am revealed: -She had never administered. Interview with a first 11:45am revealed: -She had never administered on the eN Resident #1She had only seen populated on the eN Resident #1 and thates a sked the Lea Cooordinator (RCC bowel prep on 05/25 could not because Noted to Resident #1She had never admit to Resident #1She had only seen populated on the eN Resident #1She had only seen populated on the eN Resident #1.	tration record (eMAR) y for the bowel prep solution to 05/05/19 prior to the 05/06/19 copy. y for the bowel prep solution to 05/19/19 prior to the 05/20/19 copy. y for the bowel prep solution ministered at 8:00am on mentation it had not been #1's July 2019 eMAR an entry for the bowel prep obe administered at 5:00pm ocumentation it had not been # shift MA on 07/24/19 at ministered bowel prep solution MAR on one occasion for at was on 05/23/19. Ind MA/previous Resident Care of the should administer the 13/19 and she was told she she should administer the 13/19 and she was told she she should administer the 13/19 and she was told she she should administer the 13/19 and she was told she she should administer the 13/19 and she was told she she should administer the 13/19 and she was told she she should administer the 13/19 and she was told she she should administer the 13/19 and she was told she she should administer the 13/19 and she was told she should for the following day. W with a second shift MA on an revealed: In inistered bowel prep solution what on one occasion for the solution of the prep solution what on one occasion for	D 273			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL060149	B. WING		07/2	29/2019
PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
OWNE					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE DATE
Continued From pa	ge 67	D 273			
locate it in the facilit -She asked another and she could not lo -She did not attemp	ty. MA if she knew where it was, ocate it either. t to contact the pharmacy or a				
the facility's contract 9:06am revealed: -They had received facility for Resident (GaviLyte)The GaviLyte order	only one order from the #1's bowel prep solution r was received on 05/22/19				
representative from pharmacy on 07/25. -The facility faxed pharmacy. -The pharmacy entersystem. -If the order provide would enter the mentat date. -If the order did not pharmacy would enter the follow. -If the physician's orto go into the eMAR it would populate or administration. -The pharmacy enterorder received on 0	the facility's contracted /19 at 10:37am revealed: hysician's orders to the ered the orders into the eMAR ed a start date, the pharmacy dication onto the eMAR for provide a start date, the ter the medication onto the ring day. The facility had a system and approve it before the the eMAR for ered Resident #1's GaviLyte 5/22/19 for the following day				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa Resident #1 on 07/ locate it in the faciliti -She asked another and she could not le -She did not attemp supervisor to help h solution. Telephone interview the facility's contract 9:06am revealed: -They had received facility for Resident (GaviLyte)The GaviLyte orde and the pharmacy on the same day. A second telephone representative from pharmacy on 07/25 -The facility faxed p pharmacyThe pharmacy ente systemIf the order provide would enter the me that dateIf the order did not pharmacy would en eMAR for the follow -If the physician's o to go into the eMAR it would populate or administrationThe pharmacy ente order received on 0 (05/23/19) because -The facility had the	PROVIDER OR SUPPLIER STREET ADI WINE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 67 Resident #1 on 07/14/19 because she could not locate it in the facilityShe asked another MA if she knew where it was, and she could not locate it eitherShe did not attempt to contact the pharmacy or a supervisor to help her locate the bowel prep solution. Telephone interview with a representative from the facility's contracted pharmacy on 07/24/19 at 9:06am revealed: -They had received only one order from the facility for Resident #1's bowel prep solution (GaviLyte)The GaviLyte order was received on 05/22/19 and the pharmacy dispensed a one-time supply on the same day. A second telephone interview with a representative from the facility's contracted pharmacy on 07/25/19 at 10:37am revealed: -The facility faxed physician's orders to the pharmacyThe pharmacy entered the orders into the eMAR systemIf the order provided a start date, the pharmacy would enter the medication onto the eMAR for that dateIf the order did not provide a start date, the pharmacy would enter the medication onto the eMAR for the following dayIf the physician's order was new, the facility had to go into the eMAR system and approve it before it would populate onto the eMAR for	A. BUILDING: HALO60149 STREET ADDRESS, CITY, S 4815 NORTH SHARON CHARLOTTE, NC 282 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 67 Resident #1 on 07/14/19 because she could not locate it in the facilityShe asked another MA if she knew where it was, and she could not locate it eitherShe did not attempt to contact the pharmacy or a supervisor to help her locate the bowel prep solution. Telephone interview with a representative from the facility's contracted pharmacy on 07/24/19 at 9:06am revealed: -They had received only one order from the facility for Resident #1's bowel prep solution (GaviLyte)The GaviLyte order was received on 05/22/19 and the pharmacy dispensed a one-time supply on the same day. A second telephone interview with a representative from the facility faxed physician's orders to the pharmacy on 07/25/19 at 10:37am revealed: -The facility faxed physician's orders to the pharmacy on 07/25/19 at 10:37am revealed: -The facility faxed physician's orders to the pharmacy on the emallity of the order provided a start date, the pharmacy would enter the medication onto the eMAR for that dateIf the order did not provide a start date, the pharmacy would enter the medication onto the eMAR for that dateIf the physician's order was new, the facility had to go into the eMAR system and approve it before it would populate onto the eMAR for administration. -The pharmacy entered Resident #1's GaviLyte order received on 05/22/19 for the following day (05/23/19) because it did not have a start dateThe facility had the ability to adjust dates and	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 67 Resident #1 on 07/14/19 because she could not locate it in the facilityShe asked another MM if she knew where it was, and she could not locate it eitherShe did not attempt to contact the pharmacy or a supervisor to help her locate the bowel prep solution. Telephone interview with a representative from the facility's contracted pharmacy on 07/24/19 at 9.06am revealed: -They had received only one order from the facility for Resident #1's bowel prep solution (GaviLyte)The GaviLyte order was received on 05/22/19 and the pharmacy dispensed a one-time supply on the same day. A second telephone interview with a representative from the facility for Resident #1's bowel prep solution (GaviLyte)The daviLyte order was received on 05/22/19 and the pharmacy on 07/25/19 at 10:37am revealed: -The facility faxed physician's orders to the pharmacyIf the order provided a start date, the pharmacy would enter the medication onto the eMAR for that dateIf the order did not provide a start date, the pharmacy would enter the medication onto the eMAR for that dateIf the physician's order was new, the facility had to go into the eMAR 8 system and approve it before it would populate onto the eMAR for that dateIf the physician's order was new, the facility had to go into the eMAR 8 system and approve it before it would populate onto the eMAR for the WAR for the Hollowing day, (05/23/19) because it did not have a start dateThe pharmacy entered Resident #1's GaviLyte order received on 05/22/19 for the following day, (05/23/19) because it did not have a start dateThe Tacility had the ability to adjust dates and	A BUILDING: HALO60149 B. WING O77/2 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 67 Resident #1 on 07/14/19 because she could not locate it in the facility. She asked another MA if she knew where it was, and she could not locate it either. She did not attempt to contact the pharmacy or a supervisor to help her locate the bowel prep solution. Telephone interview with a representative from the facility sontracted pharmacy on 07/24/19 at 9.06am revealed: -They had received only one order from the facility for Resident #1's bowel prep solution (Gavil_yte). -The Gavil_yte order was received on 05/22/19 and the pharmacy on 07/25/19 at 10:37am revealed: -The facility for Resident #1's contracted pharmacy on order from the facility sontracted pharmacy on order from the facility sontracted pharmacy on order from the facility for Resident #1's contracted pharmacy on order from the facility for Resident #1's contracted pharmacy on order from the facility for Resident #1's Gavil_yte order did not provide a start date, the pharmacy would enter the medication onto the eMAR for that date. If the order provided a start date, the pharmacy would enter the medication onto the eMAR for that date. If the order provided a start date, the pharmacy would enter the medication onto the eMAR for administration. If the order provided a start date, the pharmacy entered Resident #1's Gavil_yte order received on 05/22/19 for the following day (05/23/19) because it did not have a start date. The palmity had the ability to adjust dates and

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE			AMITY ROAD		
			TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 68	D 273			
	scheduled colonoso	owel prep solution with the copy. ead MA/RCC on 07/24/19 at				
	12:49pm revealed:	ead MA/RCC on 07/24/19 at				
	-She had worked at	t the facility since 04/16/19.				
		ery different in the Assisted) and she had received no				
		ocesses when she began				
	working.					
	a colonoscopy on 0	Resident #1 was scheduled for				
		staff received the order for the				
	bowel prep solution	given at Resident #1's GI				
		should have faxed the order				
		d given the colonoscopy date is employed at that time.				
		it #1 had a colonoscopy				
		0/19 and thought she missed it				
		aten breakfast that morning.				
		Resident #1 was not				
	05/19/19.	owel prep solution on				
		why Resident #1's order for the				
	bowel prep solution	dated 05/06/19 had not been				
		cy so that it could have been				
	colonoscopy appoir	ay prior to her 05/20/19				
		her responsibility to fax the				
	bowel prep solution	order to the pharmacy				
		ne RCC at that time.				
		why an order for the bowel				
		een requested from Resident 9 when they already had an				
	order from the GI d					
		at #1 had a colonoscopy				
	scheduled on 07/15	5/19.				
		d her colonoscopy on				
	07/15/19 because to not administered or	he bowel prep solution was n 07/14/19.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			B. WING			
		HAL060149			07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		TH SHAROI TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 273	o7/14/19 because the not locate the solution medication room. -She expected the supervisor if they conclude the MA did not on the MA did	lution was not administered on he MA on duty that day could on even though it was in the MAs to call her or another ould not locate a medication, do so. CC on 07/25/19 at 2:33pm RCC since 07/08/19. RSCS since 07/08/19. RSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	D 273	DEFICIENCY		
	-She did not work a #1's 05/06/19 and 0 colonoscopy appoir	05/20/19 scheduled				

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HAL060149 B. WING 07/29/2	2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
4815 NORTH SHARON AMITY ROAD	
EAST TOWNE CHARLOTTE, NC 28205	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCY PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273 Continued From page 70 appointment because she was not administered the bowel prep solution on 07/14/19 and because she ate breakfast on 07/15/19. -Resident #1 was not administered the bowel prep solution on 07/14/19 because the MA could not locate it even though it was in the medication room. -The MA should have contacted either her or the pharmacy to help her locate the bowel prep solution, but she did not. Interview with the DM on 07/25/19 at 3:09pm revealed: -He had worked at this facility since 06/12/19He was only aware of one resident who had been on a clear liquid diet and NPO for a colonoscopy since he had worked at the facilityThe RCC had verbally communicated the information to him during a morning stand up meetingIt was his and the other dietary staff's responsibility to assure the resident was not served breakfastHe was never told Resident #1 was to be on a clear liquid diet or NPO. Interview with the Administrator on 07/25/19 at 9:04am revealed: -She had worked at this facility for 3 weeksThe RCC was responsible for scheduling appointments, sending orders to the pharmacy and setting up transportation for colonoscopiesThe pharmacy entered orders for bowel prep solutions into a resident's computer profileOnce the bowel prep solution was dispensed to the facility, it was the RCC's responsibility to verify and approve the order entered onto the eMAR by the pharmacyThe RCC was responsible for entering the date	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI		STATE, ZIP CODE		
EAST TO	WNE		TH SHARON	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	administered based colonoscopy appoir -The RCC was respinstructions for colo followed by the MA: -The Administrator communicate instrudiet orders and NPC -The DM was responsident was served prior to the colonos breakfast the day or -She provided over -The bowel prep so on the eMAR to be on 05/23/19 because colonoscopy sched -The bowel prep so the eMAR and avai 05/05/19 and 05/19 -She was told Resident	I on the date of the atment. consible for assuring all choscopy preparation were so. or the RCC would actions regarding clear liquid of orders to the DM. consible for assuring the donly clear liquids the day copy and was not served for the scheduled colonoscopy. Sight to both the RCC and DM. Ilution should not have been administered to Resident #1 ac she did not have a color should have been on lable for administration on 1/19 for Resident #1. Ident #1 missed all three	D 273			
	colonoscopy appointments because she refused to go and then ate breakfast. -It would not have mattered if Resident #1 ate breakfast on the day of the colonoscopy appointment because she would not have been able to have the colonoscopy performed anyway due to not being administered the bowel prep solution the day prior.					
	01/16/19 revealed of	ent #8's current FL-2 dated diagnoses included eand major depression.				

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Review of Resident #8's physician's orders dated

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	04/12/19 revealed a for Golytely oral sol directed for bowel preserved for Golytely oral sol directed for bowel preserved for Feerral form reveal an order from Resident (NP) on 05/20/19 for solution) to have contained from the order from the Global Sheet from the Global Grand for the words "No Show was May 2019 with because it was cross-There was a handle Resident #8 had a formal for the words and the words of the words of the prosident for the words of the prosident from the global from the words of the prosident from the words of the	a medication order from her GI ution reconstituted; use as orep. a #8's medical or emergency ed the facility had requested dent #8's Nurse Practitioner or "GaviLyte-G (a bowel prepolonoscopy done" and the NP er on 05/22/19. a #8's colonoscopy instructions lated May 2019 revealed: ocedure was crossed out with w" written beside it. The date the day being illegible seed through. written note documenting colonoscopy rescheduled for lords "No Show" written beside written note documenting colonoscopy rescheduled for lords "No Show" written beside written note documenting colonoscopy rescheduled for late of the day being leating breakfast this morning." by with Resident #8 on 07/25/19 uccessful. dent #8's GI physician's on 07/25/19 at 11:22am deen referred to GI for a	D 273	DEI TOILNOT)		
		Primary Care Provider (PCP). een seen by the GI on				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN O	CONNECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COMP	LLILD
		HAL060149	B. WING		07/2	9/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TOW	VNE		TH SHARON	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C	#8 due to a language could understand, so symptoms but had been could understand, so symptoms but had been could understand to be performed. It was important for colonoscopy performed age of 70. Resident #8 was a colonoscopy of a colonoscopy appoirm for a colonoscopy appoirm for a colonoscopy of a colonoscopy appoirm for a colonoscopy, have the night prior to the full container of bow for the service for a colonoscopy appoirm for a colonoscopy, have the night prior to the full container of bow for a colonoscopy appoirm for a colonoscopy appoirm for a colonoscopy, have the night prior to the full container of bow for a colonoscopy appoirm for a colonoscopy, have the facility appoirm for a colonoscopy appoirm for a colonoscopy, have the night prior to the full container of bow for a colonoscopy appoirm for a colonoscopy, have the night prior to the full container of bow for a colonoscopy to vertificate and the full container of bow for a colonoscopy to vertificate and the full container of bow for a colonoscopy to vertificate and the full container of bow for a colonoscopy to vertificate and the full container of bow for a colonoscopy to vertificate and the full container of bow for a colonoscopy to vertificate and the full container of bow for a colonoscopy to vertificate and the full container of bow for a colonoscopy to vertificate and the full container of bow for a colonoscopy to vertificate and the full container of bow for a colonoscopy to vertificate and the full container of the full container	ultation. nem to understand Resident ge barrier, but as far as they she was not experiencing any never had a colonoscopy r all residents to have a med at least every 10 years and Resident #8 was over cheduled for a colonoscopy on "no show" to the 05/03/19 ntment and was rescheduled on 05/13/19. "no show" to the 05/13/19 ntment and was rescheduled on 07/15/19. "no show" to the 07/15/19	D 273			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 273	bring Resident #8 to colonoscopy appoir administer her bow and Resident #8 was breakfast the mornicolonoscopies. -After 3 "no shows, schedule residents they had another control and they had another control another control and they had another control another control and they had another control another control another control and they had another control another control another control and they had another control another co	o her three scheduled atments because they did not el prep solution the day prior as also allowed to eat any of the scheduled. Their office would not for another colonoscopy until onsultation with the GI. was not willing to reschedule other consultation until the ethim, they would take lowing the preparation. The B's May 2019 Electronic attration record (eMAR) To the bowel prep solution to 05/02/19 prior to the 05/03/19 copy. To the bowel prep solution to 05/12/19 prior to the 05/13/19 copy. To the bowel prep solution ministered on 05/23/19 at a tentation it had not been an entry for the bowel prep be administered on 07/14/19 at a cond shift medication aide	D 273			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	for administrationShe did not admin documented she had because she was some she was sh	Lyte populating on the eMAR ister the GaviLyte but ad administered it "probably o busy." In with a representative from cted pharmacy on 07/25/19 at ohysician's orders to the ered the orders into the eMAR ed a start date, the pharmacy dication onto the eMAR for provide a start date, the pter the medication onto the ving day. In received a start date, the pharmacy dication onto the facility had a system and approve it before not the eMAR for the eMAR for the facility on the same day. The facility on the same day. The facility on the same day. The facility to adjust dates and administration, if necessary, owel prep solution with the	D 273			
	revealed: -She had been the	RCC since 07/08/19. esponsibility to fax referrals				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	made by the Primar outside providers a -The RCC was resp to the pharmacy and the eMAR system a pharmacy. -She had the capabitimes of administra needed so medicat solutions could be a appointment date for the RCC was resp instructions regardiallowed to eat brea instructions to the M (DM). -She verbalized insidiets to the MAs and the DM was responded to the MAs and the DM was responded to the the DM was responded to the the DM was responded to the MAS and the DM was responded to the the DM was	ry Care Provider (PCP) to and schedule the appointments. Consible for faxing new orders of approving those orders in after they were entered by the stillity of adjusting dates and tion in the eMAR system if it ions such as bowel preparations such as bowel preparations are been to the colonoscopy. Consible for printing and a resident not being a resident not being a resident not being a resident not being and the Dietary Manager tructions regarding clear liquid dieth DM. Consible for assuring residents were served appropriate consible for assuring residents thing by mouth) would not be at the facility during Resident 105/13/19 scheduled attents. It is defined that the facility during Resident 105/13/19 scheduled attents. It is defined to 107/15/19 colonoscopy se she was not administered tion on 107/14/19 and because	D 273			

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NAME OF PROVIDER OR SUPPLIER EAST TOWNE STREET ADDRESS. CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG CONTINUED FROM THE APPROPRIATE COIOnoscopy Since he had worked at the facilityThe RCC had verbally communicated the information to him during a morning stand up meetingIt was his and the other dietary staff's responsibility to assure the resident was not served breakfastHe was never told Resident #8 was to be on a clear liquid diet or NPO. Interview with the Administrator on 077/25/19 at 9:04am revealed: -She had worked at this facility for 3 weeksThe RCC was responsible for scheduling appointments, sending orders to the pharmacy and setting up transportation for colonoscopiesThe pharmacy entered orders for bowel prep solutions into a resident's computer profileOnce the bowel prep solution was dispensed to the facility, it was the RCC's responsibility to verify and approve the order entered onto the eMAR by the pharmacyThe RCC was responsible for entering the date on the eMAR the bowel prep solution should be administered based on the date of the colonoscopy appointmentThe RCC was responsible for assuring all instruction for colonoscopy preparation were followed by the MAsThe Administrator or the RCC would communicate instructions regarding clear liquid diet orders and NPO orders to the DMThe DM was responsible for assuring the resident was served only clear liquids the day prior to the colonoscopy, and was not served breakfast the day of the scheduled colonoscopy.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 CALLOTTE, NC 28205 PROVIDERS PLAND T CORRECTION TAG CASH DEPICIENCY MUST BE PRECEDED BY FULL (EACH DEPICENCY MUST BE PRECEDED BY FULL TAG) CASH DEPICIENCY MUST BE PRECEDED BY FULL (EACH DEPICENCY MUST BE PRECEDED BY FULL TAG) TAG			HAL060149	B. WING		07/2	9/2019
CAST TOWNE SUMMARY STATEMENT OF DEFICIENCIES CRACH DEFICIENCY MUST REPRECEDED BY FULL TAG CRACH DEFICIENCY MUST RE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DPRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DA	NAME OF	PROVIDER OR SUPPLIER		•			
CHARLOTTE, NC 28205 CHARLOTTE, NC 28205					•		
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 77 colonoscopy since he had worked at the facilityThe RCC had verbally communicated the information to him during a morning stand up meetingIt was his and the other dietary staff's responsibility to assure the resident was not served breakfastHe was never told Resident #8 was to be on a clear liquid diet or NPO. Interview with the Administrator on 07/25/19 at 9:04am revealed: -She had worked at this facility for 3 weeksThe RCC was responsible for scheduling appointments, sending orders to the pharmacy and setting up transportation for colonoscopiesThe pharmacy entered orders for bowel prep solutions into a resident's computer profileOnce the bowel prep solution was dispensed to the facility, it was the RCC's responsibility to verify and approve the order entered onto the eMAR by the pharmacyThe RCC was responsible for entering the date on the eMAR the bowel prep solution should be administered based on the date of the colonoscopy appointmentThe RCC was responsible for assuring all instruction for colonoscopy preparation were followed by the MASThe Administrator or the RCC would communicate instructions regarding clear liquid diet orders and NPO orders to the DMThe DM was responsible for assuring the resident was served only clear liquid diet orders and NPO orders to the DMThe DM was responsible for assuring the resident was served may not be colonoscopy and was not served	EAST TO	DWNE					
colonoscopy since he had worked at the facility. -The RCC had verbally communicated the information to him during a morning stand up meeting. -It was his and the other dietary staff's responsibility to assure the resident was not served breakfast. -He was never told Resident #8 was to be on a clear liquid diet or NPO. Interview with the Administrator on 07/25/19 at 9:04am revealed: -She had worked at this facility for 3 weeks. -The RCC was responsible for scheduling appointments, sending orders to the pharmacy and setting up transportation for colonoscopies. -The pharmacy entered orders for bowel prep solutions into a resident's computer profile. -Once the bowel prep solution was dispensed to the facility, it was the RCC's responsibility to verify and approve the order entered onto the eMAR by the pharmacy. -The RCC was responsible for entering the date on the eMAR the bowel prep solution should be administered based on the date of the colonoscopy appointment. -The RCC was responsible for assuring all instruction for colonoscopy preparation were followed by the MAs. -The Administrator or the RCC would communicate instructions regarding clear liquid diet orders and NPO orders to the DM. -The DM was responsible for assuring the resident was served and was not served	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
-She provided oversight to both the RCC and DM. The facility failed to assure follow-up with	D 273	colonoscopy since -The RCC had very information to him of meetingIt was his and the responsibility to ass served breakfastHe was never told clear liquid diet or N Interview with the A 9:04am revealed: -She had worked a: -The RCC was resp appointments, send and setting up trans -The pharmacy ent solutions into a resi -Once the bowel pr the facility, it was th verify and approve eMAR by the pharm -The RCC was resp on the eMAR the bo administered based colonoscopy appoir -The RCC was resp instruction for color followed by the MA: -The Administrator communicate instru diet orders and NPO -The DM was respo resident was serve prior to the colonos breakfast the day o -She provided over	the had worked at the facility. It is pally communicated the during a morning stand up to the dietary staff's sure the resident was not. Resident #8 was to be on a NPO. It is facility for 3 weeks. It is facility for colonoscopies. It is facility for colonoscopies. It is consible for scheduling the dent's computer profile. It is epsolution was dispensed to the RCC's responsibility to the order entered onto the nacy. It is consible for entering the date of the onthe date of the nacy. It is consible for assuring all noscopy preparation were in the RCC would not incomplete the nacy. It is not the DM. It is only clear liquids the day copy and was not served if the scheduled colonoscopy. It is significant to both the RCC and DM.	D 273	DEFICIENCY		

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	physician's orders fordered a cardiolog which led to a re-act for chest pains; Resendocrinology consuncontrolled diabet in an elevated A1C, encephalopathy, armg/dL, and the princontacted; Residen of polyps, blood in the bloating who misse appointments; and had a colon cancer consecutive colono failure to assure he on physician's orde harm and neglect a Violation. This Type previous survey. The facility provided accordance with G. CORRECTION DATE.	for Resident #2 who was by and pulmonology consult dimission to the local hospital sident #3 who missed an sult for treatment of the sas ordered, which resulted hospitalization for the ablood glucose of 60 mary care provider was never to #1 who had a medical history the stool, and stomach do 3 consecutive colonoscopy Resident #8 who had never screening and missed 3 scopy appointments. This althcare referral and follow-up resulted in serious physical and constitutes a Type A1 to A1 is unabated from the document of the physical of the phy	D 273			
D 276	,	02(c)(3-4) Health Care	D 276			
	(c) The facility shall following in the resi (3) written procedul a physician or other and (4) implementation	assure documentation of the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 276	This Rule is not me TYPE A1 VIOLATION Based on observation reviews, the facility orders were implemented to scheduled colonost administration, fingular blood pressure The findings are: 1. Review of Reside 07/03/19 revealed of kidney disease, typineuropathy, history with left sided weak a. Review of Resided dated 12/28/18 revealed to the review of Resided dated 12/28/18 revealed to the review of Resided to the review	et as evidenced by: ON ons, interviews, and record failed to assure physicians' nented for 3 of 7 sampled preparation instructions for copies (#1 and #8), medication er stick blood sugar checks, checks (#3). ent #3's current FL-2 dated diagnoses included chronic e 2 diabetes, peripheral of cerebral vascular disease eness, and hypertension. ent #3's physician's orders ealed:	D 276			
	100 units/mL inject before meals and a -The sliding scale w units, 201-250; 4 ur 8 units, 351-400; 10 the emergency roor Review of Resident	er to administer Novolog insulin 2 to 10 units (sliding scale) t bedtime for diabetes. Vas as follows: 150-200; 2 nits, 251-300; 6 units, 301-350; 0 units, if greater than 401 go m or urgent care.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 276	revealed: -There was an entry 100unit/mL, check and inject per slidin -The entry for 6:30a medication aide that -There was no space insulin administered -There was no entry implemented before -It could not be determined in the entry for 6:30a the initials of the medication administered the machinistered themachinistered themachinister	y for Novolog insulin fingerstick blood sugar (FSBS) g scale at 6:30am. In included the initials of the it administered the medication. The to document the FSBS of the to document the units of the included the initials of the it administered the medication. The to document the units of the included the units of the elunch, dinner, or bedtime. The included the included the included the included that included an entry include the included an entry include the included and included the included that included the included the included the included that includ	D 276			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		(3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-		
EAST TO	OWNE		TH SHAROI TTE, NC 282	N AMITY ROAD 205			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
D 276	revealed: -The pharmacy rec sliding scale insulin -The pharmacy had 3mL insulin pens of Review of Resident revealed: -FSBS were record 05/01/19-06/17/19In May 2019, Resi sugars (FSBS) rang-In June 2019, Resi 18mg/dL-386mg/dL Review of medic re Resident #3 revealer Resident #3 had a mg/dL. Review of a dischar hospital for Resident #3 was a 06/17/19 with a prire encephalopathy (altimate - "Patient's encephalopathy (altimate) - "Patient's enc	eived an order for Novolog on 12/28/18. It dispensed one box of five in 01/22/19 and 06/21/19. It #3's vital signs report ed daily at various times from dent #3's fingerstick blood ged 122mg/dL-337mg/dL. ident #3's FSBS ranged in the facility blood glucose level of 60 rege summary from a local in the facility blood glucose level of 60 rege summary from a local in the facility diagnosis of tered brain function). In alopathy most likely from	D 276				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:	BUILDING:		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON ITE, NC 282	I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 276	Continued From pa	nge 82	D 276			
D 276	Interview with Residual 12:50pm revealed: -His blood sugars of facilityHe could not reme blood sugars were sliding scale insuling Interview with a lea 07/24/19 at 3:53pm -On 06/17/19, "in the Resident #3 leaning straight, she check "good"She could not reme	dent #3 on 07/24/19 at were taken by the staff at the ember when or how often his taken when he was ordered dent #3 on 07/24/19 at were taken by the staff at the ember when or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #3 on 07/24/19 at were taken by the staff at the ember when or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how often his taken when he was ordered dent #4 or how ordered de	D 276			
	-Resident #3 refuser room initially, there to his roomOn 06/17/19, "a little check on Resident limited, she then cathe resident to the I-She did not recall on 06/17/19 before -When Resident #3 insulin, there was more record the BS or the administeredShe notified the Refunction (RCC) and the Direct and nothing was described to "Interview with the Formation in the RCC and DRCThe DRC said to "Interview with the Formation in the remark of the RCC and DRC.	ed to go to the emergency fore she assisted the resident the before lunch" she went to #3, his communication was alled the paramedics and sent hospital for further observation. giving Resident #3 his insulin he went to the hospital. It was ordered sliding scale not a place on the eMAR to be number of units esident Care Coordinator ector of Resident Care (DRC) one. It is ember when she notified the give us time to get it done. Resident Care Coordinator at 10:05am revealed:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION (X3) DATE S COMPLE		
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		TH SHARON	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 276	Resident #3 was or parameters were now was entered. -The parameters win the eMAR system appear on the eMAR Interview with the let Resident Care Coo 10:48am revealed: -She was the RCC -She approved the the eMAR system for the eMAR system for the corporate nursinto the eMAR system. - "No one explained system. - "No explained system. - "No explained system. - "There was no product it". - There was no product it ". - There was no product it ". - There was no product it ". - The PCP expected administered the Norden prevent hypoglycem. - If Novolog was not Resident #3's blood could cause the residendaches, and contact it is not could cause the residendaches, and contact it is not could cause the residendaches, and contact it is not could cause the residendaches, and contact it is not could cause the residendaches, and contact it is not contact in the parameters.	od sugar (FSBS) order for a the eMAR, however the of checked when the order ere not checked and initiated a therefore the orders did not R. ead medication aide/previous rdinator (RCC) on 07/24/19 at until 07/08/19. Novolog sliding scale order in or Resident #3. The sliding scale units for the ecked in the eMAR system. See gave her orders to enter em. In the eMAR system to me". The parameters for the sliding not entered, "I would have ess to review the eMARs for effect the ere (PCP) for Resident #3 on m revealed: If Resident #3 to be ovolog insulin as ordered to nia. administered as ordered to sident to be more tired,	D 276			
	4:20pm revealed:	ummstrator on 07725/19 at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		,			
	HAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TOWNE		TH SHARON TTE, NC 282	N AMITY ROAD 205		
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
she did not receive trand was asked to ster -The RCC and the Disimplementing paramete eMAR. -The eMARs were to MAs, RCC, and the Emade as needed. b. Review of a signed 06/26/19 revealed the date of 08/03/18 for Material treat high blood press for systolic blood press for systolic blood press for systolic blood pressed edily hold for system 125. -There was an entry twice daily hold for system 125. -There was document Tartrate was administrate was administrate was administrate was administrate was administrate was administrate was no space documented on the endocumented on the	e previous RCC, however raining on the eMAR system ep down. RC were responsible for eters populated on the be checked daily by the DRC and changes were to be dependent of the DRC and changes were to be dependent of the DRC and changes were to be dependent of the DRC and changes were to be dependent of the DRC and changes were to be dependent of the DRC and changes were to be dependent of the DRC and changes were to be dependent of the DRC and changes were to be dependent of the DRC and changes were to be dependent of the DRC and changes were to be dependent of the DRC and the	D 276			

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL060149	B. WING	·	07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4815 NOR	TH SHARO	NAMITY ROAD		
EAST TO	OWNE	CHARLO	TTE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
				DEI IOIERO I)		
D 276	Continued From pa	ge 85	D 276			
	documented on the	eMAR.				
	-There was no docu	umentation that the resident's				
	blood pressure was	recorded from				
	06/01/19-06/21/19.					
	Review of Resident	#3's vital signs report for				
	Resident #3 from re					
	-There were no doo	cumented blood pressures				
	from 05/01/19-06/1	9/19.				
	-There were 4 blood pressures documented from 06/20/19-06/21/19.					
		d medication aide (MA) on				
	07/24/19 at 3:53pm					
		why Resident #3's blood listed on the eMAR, but "I				
	always check his bl					
		blood pressures on the eMAR				
	if there was no space					
		er place used to document				
	Resident #3's blood	d pressure from				
	05/01/19-06/21/19.					
		er to document the blood				
	pressures anywher	e eise.				
	Interview with the R	Resident Care Coordinator				
		at 10:05am revealed:				
	She became the R					
		ere not checked and initiated				
		n therefore the orders did not				
	appear on the eMA					
		ne parameters were not				
	showing up on the (eMAR and corrected it.				
	Interview with the le	ead medication aide/previous				
		rdinator (RCC) on 07/24/19 at				
	10:48am revealed:	, ,				
	-She was the RCC					
		the blood pressure				
	parameters were no	ot implemented on the eMAR.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BOILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 276	-The corporate nursinto the eMAR syst-She did not have a system. - "No one explained-She did not know the pressure parameter have fixed it". -There was no producturacy. Interview with the reprimary care provide 07/25/19 at 10:25allow checked prior to add Tartrate. -The Metoprolol Tallow systolic blood pressible blood pressible blood pressible blood pressible blood pressible blood cause the resident's blood and cause the resident was asked to some present of the	se gave her orders to enter em. Any training on the eMAR If the eMAR system to me". The parameters for the blood rs were not entered, "I would be sess to review the eMARs for egistered nurse (RN) for the ler (PCP) for Resident #3 on m revealed: Epect the blood pressure to be ministering Metoprolol That was to be held if the sure is less than 125. Eartrate was administered and ressure was lower than 125, if pressure would drop too low dent to experience "dizziness e resident to faint". Administrator on 07/25/19 at the previous RCC, however training on the eMAR system step down. DRC were responsible for meters populated on the editor be checked daily by the editor and changes were to be lent #1's current FL-2 dated	D 276			
	01/16/19 revealed of schizophrenia and	diagnoses included type 2 diabetes mellitus.				

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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·	
EAST TO)WNE	4815 NOR	TH SHARON	AMITY ROAD		
LASTIC	JVVIAL	CHARLO1	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 276	Review of Resident #1's subsequent physician's orders dated 03/03/19 revealed an order for a colorectal cancer screening with GI (gastroenterologist). Review of Resident #1's colonoscopy instructions sheet from the GI dated 05/06/19 revealed: -The date of the procedure (05/06/19) was crossed out with the words "No Show" handwritten beside itThere was a handwritten note documenting Resident #1 had a colonoscopy rescheduled for 07/15/19.		D 276			
	physician on 07/24/ -Resident #1 had be colonoscopy by her -He saw Resident # 04/12/19 and she colonoscopy and a removed approximal -He scheduled Res 05/06/19Resident #1 was a colonoscopy appoir for a colonoscopy appoir -Patients undergoin certain instructions the colonoscopyThese instructions	"no show" to the 05/06/19 of the number of the 05/20/19. "no show" to the 05/20/19. "no show" to the 05/20/19 of the number of t				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 276	the day prior and unhave nothing to eat to the colonoscopy. These written instructions drive the day of Resident faxed to the facility show" to her colonoral representative from the facility 2 days possible colonoscopy to vertinatructions. Facility staff report bring Resident #1 to colonoscopy appoin administer her bow and Resident #1 was breakfast the mornic colonoscopies. It was very important residents were administructions. "The residents were administructions. "The residents were administructions. "The residents were administructions. "The resident #1's in the stool, and blocolon polyps at president for another at the facility could responsibility for fol preparation instruction instructions at the facility could responsibility for fol preparation instructions." Review of Resident and Review of Resident for Resident	antil after the colonoscopy, and after midnight the night prior uctions were provided to the r and faxed to the facility on #1's initial consultation and every day that she was a "no excopy appointments. On his office also contacted rior to each scheduled cally remind the staff of these ed to his office they did not to her three scheduled entments because they did not el prep solution the day prior as also allowed to eat any of the scheduled ent for facility staff to assure ministered the bowel prep ed the other colonoscopy residents cannot do these	D 276			
	Janumet 50/1000m	g (an oral medication used to one tablet once daily with				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE N AMITY ROAD		
EAST TO	OWNE		TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 276	6 Continued From page 89		D 276			
	meals.					
	sheet from the GI of -"If you have diabet insulin or oral diabet your procedure." -On the day of the please do not take diabetic medication after your procedur. Review of Resident Medication Administrevealed: -There was an entrablet to be administrevealed: -There was no entron the day prior to colonoscopies (05/-There was no entron the days Reside colonoscopies (05/-	t #1's colonoscopy instructions dated 05/06/19 revealed: tes, please do not take your etic medication the day before procedure, "If you are diabetic, your morning insulin or oral as. Bring it with you and take te is completed." t #1's May 2019 Electronic stration record (eMAR) y for Janumet 50/1000mg one stered daily at 8:00am. y to hold Janumet 50/1000mg Resident #1's scheduled 05/19 and 05/19/19). y to hold Janumet 50/1000mg ent #1 had scheduled 06/19 and 05/20/19). mg was administered 31 of 31				
	(07/01/19-07/23/19 -There was an entr tablet to be adminis -There was no entr on the day prior to colonoscopy (07/12 -There was no entr on the day Residen colonoscopy (07/15	y for Janumet 50/1000mg one stered daily at 8:00am. y to hold Janumet 50/1000mg Resident #1's scheduled 4/19). y to hold Janumet 50/1000mg at #1 had a scheduled				
		t shift Medication Aide (MA) on				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7. DOILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 276	07/23/19 at 3:03pm-She did not know scheduled for a col-She did not know put on hold for Res Interview with a sec at 12:07pm revealed She administered days prior to and discolonoscopies becarentered onto the elemedications or insuresidents with color Interview with the F(RCC) on 07/25/19-She had been the The facility did not GI to be a physician-When instructions received from the Cresponsibility to concare Provider (PCF diabetes medications and infor diabetes and wothem temporarily. Once an order was RCC was responsial a new start date to administer the medicalonoscopy appoint of the Colonoscopy appoint of	revealed: Resident #1 had ever been onoscopy. of any time Janumet had been ident #1. cond first shift MA on 07/25/19 ed: Janumet to Resident #1 on ays of her scheduled ause there was no hold order MAR. eMAR tells me to do." en told oral diabetes alin should be held for noscopy appointments. Resident Care Coordinator at 2:33pm revealed: RCC since 07/08/19. consider instructions from the n's order. for colonoscopies were GI, it was the RCC's neact the resident's Primary P) to obtain an order to hold ons. view all the residents' dicate which medications were ould provide an order to hold on sereceived from the PCP, the ole for adding a stop date and the eMAR so MAs would not ications. at the facility during Resident 05/20/19 scheduled	D 276			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		1141.000440	B. WING		07/0	0./0040
NAME OF		HAL060149		274TF 7/ID 00DF	07/2	9/2019
	PROVIDER OR SUPPLIER			STATE, ZIP CODE N AMITY ROAD		
EAST TO	OWNE		TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 276	Continued From page 91		D 276			
	her diabetes medications had not been placed on hold. -The colonoscopy instructions must have been received by the facility prior to her starting as the RCC.					
	physician's Medical 11:22am revealed: -During Resident # reviewed her blood -Resident #1 had b well controlled, so thold her diabetes mequired to be on a to the colonoscopy the day of the color-If diabetes medica Resident #1 and shand NPO, there was hypoglycemic (havioliterative with the A 9:04am revealed: -She had worked a -The RCC was respinstructions for color-	lood sugar levels that were he GI instructed the facility to nedications because she was clear liquid diet the day prior and NPO (nothing by mouth) noscopy. tions were not held for the followed a clear liquid diet is a risk of her becoming ing a low blood sugar level). Indicate this facility for 3 weeks. The proscopy preparation were				
	been held as instru	sight to the RCC. Resident #1's Janumet had not				
	instructions sheet for revealed: -The day before the liquids which include soda, and Jell-O (nor milk products)."	rom the GI dated 05/06/19 e colonoscopy, "All day, all le: broth, water, juices, tea othing red in color and no milk drink after midnight (the night				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	FAST TOWNE		TH SHARON TTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 276	before your colonose Review of Resident -There was docume 05/21/19 Resident o 05/20/19. Resident she has eaten brea staff that she did not -There was docume Resident #1's "appoint name] has been resident point of the work	at the street of	D 276			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 2820	AMITY ROAD 95		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 276	instructions regardiallowed to eat brea instructions to the M (DM). -She verbalized ins diets to the MAs an -The DM was responsibility to assistence on clear liquid diets liquids. -The DM was responsible of the DM was responsibility to assistence on a clear liquid colonoscopy appoir -Resident #1 misses appointment becaute the bowel prep solushe ate breakfast of the Was only award been on a clear liquid colonoscopy since -The RCC had verbinformation to him of meeting. -It was his and the responsibility to assistence of the Was never told clear liquid diet or More of the RCC was responsibility to assistence of the Was never told clear liquid diet or More of the RCC was responsibility to assistence of the Was never told clear liquid diet or More of the RCC was responsibility to assistence of the RCC was responsible to the RCC was responsibility to assistence of the RCC was responsible to the RCC was responsible to the RCC was responsible to the RCC was responsibility to assistence of the RCC was responsible to the RCCC was responsible to the RC	ing a resident not being kfast and providing those MAs and the Dietary Manager tructions regarding clear liquid d the DM. Insible for assuring residents were served appropriate onsible for assuring residents were served breakfast. It the facility during Resident in 15/20/19 scheduled intents. In the facility during Resident in 15/20/19 scheduled intents. In the facility during Resident in 15/20/19 scheduled in 15/20/19 scheduled in 15/20/19 scheduled in 15/20/19 and because in 15/20/19. In 15/20/19 at 3:09pm in 15/20/19 at 3:09pm in 15/20/19 at 3:09pm in 15/20/20/20/20/20/20/20/20/20/20/20/20/20/	D 276			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL060149		B. WING		07/29/2019	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	0112	3/2013
EAST TO		4815 NOR		AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 276	diet orders and NPC -The DM was responsesident was served prior to the colonos breakfast the day orange of the provided oversident was told Resident to go and then ate to the service of the provided of the	actions regarding clear liquid D orders to the DM. Insible for assuring the d only clear liquids the day copy and was not served if the scheduled colonoscopy. Sight to both the RCC and DM. Ident #1 missed all three interests because she refused breakfast. Ident #8's current FL-2 dated diagnoses included and major depression. If #8's subsequent physician's if 19 revealed an order for a creening with Glob. If #8's colonoscopy instructions ated May 2019 revealed: breedure was crossed out with will written beside it. The date the day being illegible	D 276			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	N AMITY ROAD		
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JPRIATE	DATE
D 276	Continued From page 95		D 276			
	Attempted interview with Resident #8 on 07/25/19 at 3:43pm was unsuccessful.					
	Telephone interview	v with Resident #8's GI				
	physician's Medical	Assistant on 07/25/19 at				
	11:22am revealed: -Resident #8 had be	een referred to GI for a				
	colonoscopy by her Primary Care Provider (PCP)Resident #8 had been seen by the GI on 04/12/19 for a consultationIt was difficult for them to understand Resident					
		ge barrier, but as far as they she was not experiencing any				
		never had a colonoscopy				
	performed.					
		r all residents to have a				
		med at least every 10 years) and Resident #8 was over				
	the age of 70.	dia resident no was over				
		cheduled for a colonoscopy on				
	05/03/19.	"no show" to the 05/03/19				
		ntment and was rescheduled				
	-Resident #8 was a	"no show" to the 05/13/19				
	for a colonoscopy of	ntment and was rescheduled				
		"no show" to the 07/15/19				
	colonoscopy appoir					
		ng a colonoscopy had to follow				
	not be performed.	or else a colonoscopy could				
	-These instructions	included adhering to a clear				
		rior to the scheduled				
		ave nothing to eat after prior to the colonoscopy.				
		uctions were provided to the				
	transportation drive	r and faxed to the facility on				
	the day of Resident	#8's initial consultation and every day that she was a "no				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 276	show" to her colond-Representatives from the facility 2 days por colonoscopy to veri instructions. -Facility staff reports bring Resident #8 to colonoscopy appoir administer her bown and Resident #8 was breakfast the mornicolonoscopies. -After 3 "no shows, schedule residents they had another consults assure him, they would for another consults assure him, they would following the preparative with the Foundation of the North Real was responsively and the North Real Real Real Real Real Real Real Real	oscopy appointments. om their office also contacted rior to each scheduled bally remind the staff of these ded to the GI office they did not to her three scheduled on the scheduled of the schedule of the	D 276			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		TH SHARON TE, NC 282	I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 276	she ate breakfast of Interview with the Drevealed: -He had worked at the was only aware been on a clear liquicolonoscopy since the RCC had verbinformation to him of meetingIt was his and the cresponsibility to asserved breakfastHe was never told clear liquid diet or North RCC was respinstructions for colofollowed by the MASTHE Administrator communicate instructions for colofollowed by the MASTHE Administrator communicate instructions for colofollowed by the MASTHE Administrator communicate instruction and NPCTHE DM was responsible to the colonos breakfast the day on the colonos bre	ation on 07/14/19 and because in 07/15/19. M on 07/25/19 at 3:09pm this facility since 06/12/19. If of one resident who had add diet and NPO for a he had worked at the facility. It is ally communicated the during a morning stand up other dietary staff's sure the resident was not. Resident #8 was to be on a NPO. Idministrator on 07/25/19 at the properties of the RCC would actions regarding clear liquid to orders to the DM. In onsible for assuring the donly clear liquids the day copy and was not served of the scheduled colonoscopy. Sight to both the RCC and DM. Implement physicians' orders ated to blood pressure checks, administration and finger stick is which resulted in a four day	D 276			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 276	colon polyps, and we no breakfast and to medication) for color in her missing 3 of 3 for scheduled colon who had orders for breakfast for colonor resulted in her also appointments for sofailure of the facility physicians' orders in harm and neglect a Violation. The facility provided accordance with G. CORRECTION DATION SHALL 2019.	vas ordered a clear liquid diet, hold Janumet (diabetes proscopy preparation resulting 3 consecutive appointments poscopies; and for Resident #8 a clear liquid diet and no poscopy preparation which missing 3 of 3 consecutive cheduled colonoscopies. The to assure implementation of esulted in serious physical and constitutes a Type A1 d a plan of protection in S. 131 D-34 on 07/26/19 TE FOR THE TYPE A1 NOT EXCEED AUGUST 26,	D 276			
D 344	10A NCAC 13F .10 (a) An adult care he the resident's physifor verification or clamedications and tree (1) if orders for admresident are not dat of admission or rea (2) if orders are not (3) if multiple admission or readmforms are not the sather the facility shall entering the resident and the sather the facility shall entering the sather the facility shall entering the sather the sather the facility shall entering the sather the	nission or readmission of the ed and signed within 24 hours dmission to the facility; clear or complete; or sion forms are received upon nission and orders on the	D 344			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/29/2019	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE			AMITY ROAD		
			TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 344	Continued From pa	ge 99	D 344			
	reviews the facility of the resident's physis for 1 of 12 residents an oral diabetic me. Review of Resident 01/16/19 revealed: - Diagnoses included diabetes mellitus There was a medic 50/1000mg (an oral diabetes) take one. Review of Resident sheet from the gast 05/06/19 revealed: - "If you have diabet insulin or oral diabet your procedure." - On the day of the pelase do not take diabetic medication after your procedure."	ons, interviews, and record failed to ensure contact with cian for clarification of orders is regarding instructions to hold dication (Resident #1). #1's current FL-2 dated ed schizophrenia and type 2 cation order for Janumet I medication used to treat tablet once daily with meals. #1's colonoscopy instructions croenterologist (GI) dated es, please do not take your stic medication the day before procedure, "If you are diabetic, your morning insulin or oral is. Bring it with you and take				
	-Resident #1 had be colonoscopy by her -Resident #1 had be 04/12/19 for a cons-Patients undergoin	een referred to GI for a Primary Care Provider (PCP). een seen by the GI on ultation. If a colonoscopy had to follow				
	certain instructions	or else a colonoscopy could				

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AND DUAN OF CORRECTION IDENTIFICATION NUMBER:	LE CONSTRUCTION :	(X3) DATE SURVEY COMPLETED	
R WING			
		07/29/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, 4815 NORTH SHARO			
EAST TOWNE CHARLOTTE, NC 28			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE	
D 344 Continued From page 100 not be performed. -These instructions included holding of their diabetes medications the day prior to and the day of a scheduled colonoscopy appointment. -These written instructions were provided to the transportation driver and faxed to the facility on the day of Resident #1's initial consultation on 04/12/19, and faxed to the facility again on 05/06/19, 05/20/19 and 07/15/19. -Representatives from their office also contacted the facility 2 days prior to each scheduled colonoscopy to verbally remind the staff of these instructions. Telephone interview with Resident #1's GI physician's Medical Assistant on 07/25/19 at 11:22am revealed: -During Resident #1's initial consultation, the GI reviewed her blood sugar levels. -Resident #1 had blood sugar levels that were well controlled, so the GI instructed the facility to hold her diabetes medications because she was required to be on a clear liquid diet the day prior to the colonoscopy and NPO (nothing by mouth) the day of the colonoscopy. -If diabetes medications were not held for Resident #1 and she followed a clear liquid diet and was NPO, there was a risk of her becoming hypoglycemic (having a low blood sugar level). Review of Resident #1's May 2019 Electronic Medication Administration record (eMAR) revealed: -There was an entry for Janumet 50/1000mg one tablet to be administered daily at 8:00am. -There was no entry to hold Janumet 50/1000mg on the day prior to hold Janumet 50/1000mg on the days Resident #1 had scheduled			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4815 NOF	RTH SHARO	NAMITY ROAD		
EAST TO	OWNE		ΓΤΕ, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
D 344	Continued From pa	ge 101	D 344			
	colonoscopies (05/0	06/19 and 05/20/19).				
		ng was documented as				
	administered 31 of	31 opportunities.				
	Dovious of Docidont	#415 July 2010 aMAD				
	(07/01/19-07/23/19	:#1's July 2019 eMAR				
		y for Janumet 50/1000mg one				
		stered daily at 8:00am.				
	-There was no entry	y to hold Janumet 50/1000mg				
		Resident #1's scheduled				
	colonoscopy (07/14					
		y to hold Janumet 50/1000mg				
		t #1 had a scheduled				
	colonoscopy (07/15					
	administered 23 of	ng was documented as				
	auministered 23 or	23 opportunities.				
	Interview with the R	Resident Care Coordinator				
	(RCC) on 07/25/19	at 2:33pm revealed:				
		consider instructions from the				
	GI to be a physiciar					
		for colonoscopies were				
	received from the C					
		ntact the resident's Primary To obtain an order to hold				
	diabetes medication	,				
		esponsibility to fax referrals				
		ry Care Provider (PCP) to				
		nd schedule the appointments.				
	-The PCP would re	view all the residents'				
		dicate which medications were				
		ould order the ones that				
	needed to be held.	we solved from the DOD th				
		s received from the PCP, the				
		ole for adding a stop date and the eMAR so medication aides				
		ninister the medications.				
		why Resident #1's diabetes				
		of been placed on hold for her				
	07/15/19 colonosco					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			74 5512511(6).			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 344	4 Continued From page 102		D 344			
	-She could not provide any documentation the facility had attempted to clarify the instructions with Resident #1's PCP. Attempted telephone interview with Resident #1's PCP on 07/29/19 at 10:35am was unsuccessful.					
	9:04am revealed: -The RCC was respinstructions for cold followed by the MA: -She provided over -She did not know been held as instru	sight to the RCC. Resident #1's Janumet had not cted by the GI. TE FOR THE STANDARD LL NOT EXCEED				
D 358	10A NCAC 13F .10 Administration	04(a) Medication	D 358			
	(a) An adult care h preparation and ad prescription and no by staff are in acco (1) orders by a lice which are maintaine	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments rdance with: nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	4815 NOF	, ,	TATE, ZIP CODE I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 103	D 358			
	VIOLATION Based on these find A2 Violation has no Non-compliance co severity resulting in	dings, the previously Unabated to been abated. ntinues with increased serious physical harm.				
	reviews, the facility were administered a prescribing practition observed during a result muscle relaxant and (Residents #10 and residents (Resident including a medication used to medication used to artificial tears for dredication used to medications used to medications used to medications used to medications used to (Resident #4), a medication the relaxant (Resident streat seizures and the resident seizures are resident seizures and the resident seizures and the resident seizures are resident seizures are resident seizures and the resident seizures are resident seizures are resident seizures and the resident seizures are resident seizures and resident seizures are resident seizur	ons, interviews, and record failed to assure medications as ordered by a licensed oner for 2 of 5 residents medication pass related to a d an anti-seizure medication [#11] and 5 of 8 sampled is #1, #3, #4, #8 and #13) ion used to clean the colon apy (Residents #1 and #8), a lower high cholesterol, a treat high blood pressure, and y eyes (Resident #3), a treat diabetes and two a prevent difficulty in breathing edication used as a muscle #10), a medication used to bipolar disorder (Resident #11) sed for agitation (Resident				
	observation of 2 err	or rate was 6% based on the cors out of 33 opportunities medication pass on 07/24/19.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	NAMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From page 104		D 358			
	1. Review of Resident #10's current FL2 dated 01/17/19 revealed diagnoses included cerebral infarction, hypertension and hemiplegia and hemiparesis.					
	orders dated 06/05	t #10's signed physician's /19 included Cyclobenzaprine) 5mg take 1 tablet twice daily.				
	Review of Resident #10's July 2019 electronic Medication Administration Record (eMAR) revealed there was an entry for Cyclobenzaprine 5mg to be administered at 8:00am and 8:00 pm.					
	8:00am medication -The Medication Aid computer monitor p medicationsThe MA prepared of the master	de (MA) consulted the eMAR prior to administering the and administered 7 tablets and esident #10. The end by initials on the eMAR or she had administered the 7 all spray to Resident #10. The end in the 7 downward to Resident #10 on 07/24/19				
	medications on har	24/19 at 9:03am of the nds for Resident #10 revealed mg was not available on the administering.				
	9:05am revealed: -Resident #10 was two times dailyShe had initialed a	lay shift MA on 07/24/19 at ordered Cyclobenzaprine 5mg as administering mg to Resident #10 on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADI		STATE, ZIP CODE	•	
EAST TOWNE	4815 NOR	TH SHARON	AMITY ROAD		
LAOT TOWNE	CHARLO1	TE, NC 282	05		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
eMAR Cyclobenzapy when the medication -The Cyclobenzapy the medication cart -"The medication is -"I must have select Interview with Residuations on 07/-She thought she hadications on 07/-She denied pain or -She relied on the findications as ord Observation of the in the medication ror revealed there were Cyclobenzaprine 5r Resident #10 in the Interview with the FR (RCC) on 07/24/19 -She did not know of documented as adr 07/24/19 at 8:00am available on the medication carts with for the residents. -The lead MA was in MA and assuring the for administering to -The MAs were to residents.	why she documented on the prine 5mg as administered in was not administered. In 5mg was not available on to administer to Resident #10. In probably in our overstock." It ted administered by mistake." Ident #10 on 07/24/19 at add received all her 24/19 at 8:00am. In discomfort, acility staff to administer her ered by the physician. In overstock "cycle bins" located from on 07/24/19 at 10:42am at 56 tablets of fing dispensed on 07/14/19 for a overstock bin. Resident Care Coordinator at 11:40am revealed: Cyclobenzaprine 5mg was ministered to Resident #10 on a when the medication was not addication cart. "cycle fill" which meant the out of their medications. The MAs were not filling the the medications were available as a simple for overseeing the elemedications were available.	D 358			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		HAL060149	B. WING		07/:	29/2019
NAME OF	PROVIDER OR SUPPLIER	4815 NOR		TATE, ZIP CODE I AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 106	D 358			
	o1/17/19 revealed: -Diagnoses include and unspecified cor -Physician orders ir (anticonvulsant use times daily. Review of Resident Medication Adminis revealed there was	ent #11's current FL2 dated d multiple sclerosis, epilepsy nvulsions. ncluded Lamotrigine ed to treat seizures) 200mg two t #11's July 2019 electronic stration Record (eMAR) an entry for Lamotrigine istered at 8:00am and 8:00				
	8:00am medication -The Medication Aid computer monitor p medicationsThe MA prepared a Resident #11The MA document "administered" after tablets to Resident -Lamotrigine 200mg	de (MA) consulted the eMAR prior to administering the and administered 7 tablets to ed by initials on the eMAR r she had administered the 7				
	medications on har	24/19 at 9:03am of the nds for Resident #11 revealed was not available on the administering.				
	9:05am revealed: -Resident #11 was two times dailyShe had initialed a	ay shift MA on 07/24/19 at ordered Lamotrigine 200mg nd documented "Cycle" on the ine 200mg for Resident #11 on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	4815 NOR		STATE, ZIP CODE N AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	07/24/19 at 8:00am -The Lamotrigine 20 medication cart to a -"The medication is -The facility is on "o never run out of the -She did not have ti medications for Res 8:00am -The overstock medication roomThe MAs were res medication carts an medications from tr -'I should had went Resident #11." -"I do not have time my morning med pa medications in the o Interview with Resid 8:50am revealed; -She thought she ha medications on 07/2 -The MA did not exp her morning medica -She denied seizure -She relied on the fa medications as orde Observation of the o in the medication ro revealed there were 200mg dispensed of the overstock bin. Interview with the R (RCC) on 07/24/19 -She did not know la	Domg was not available on the administer to Resident #11. probably in our overstock." ycle fill" which meant we medications for the residents. me to pull the overstock sident #11 prior to 06/24/19 at dications were located in the ponsible for stocking the dipulling the resident's ne overstock. and got the medication for to go the med room during ass and check for the overstock." Ident #11 on 07/24/19 at add received all her 24/19 at 8:00am. Dain she had not received all ations at 8:00am.	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		TTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	07/24/19 at 8:00am available on the me- The MA should ret from overstock in the administer the medication was available of Resident of the MA should not medication was available of Review of Resident 05/06/19 revealed a (gastroenterologist) used to cleanse the oral solution reconsistive of Resident referral form reveal an order from the GI dused to cleanse the to have colonoscopsigned the order on Review of Resident sheet from the GI dused of the procrossed out with the handwritten beside -There was a hand Resident #1 had a control of the procrossed out with Resident #1 had a control of the procrossed out with Resident #1 had a control of the procrossed out with Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a hand Resident #1 had a control of the procreate was a ha	when the medication was not edication cart. rieve the lamotrigine 200mg ne medication room and ication on time. It be charting "cycle" when the ailable in overstock. Ident #1's current FL-2 dated diagnoses included type 2 diabetes mellitus. If #1's physician's orders dated a medication order from her Glator Golytely (a medication ecolon prior to a colonoscopy) estituted; use as directed for the facility had requested dent #1's Nurse Practitioner or "GaviLyte-G (a mediation ecolon prior to a colonoscopy) by done" and the NP had to 05/22/19. If #1's colonoscopy instructions lated 05/06/19 revealed: ocedure (05/06/19) was ecolonoscopy rescheduled for dent #1 on 07/23/19 at	D 358			
	 She missed a sche appointment the pri 	eduled colonoscopy or week.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	NA/AIE	4815 NOF	RTH SHARON	N AMITY ROAD		
EASTIC	DVVINE	CHARLO	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 109	D 358			
D 358	-She missed the scappointment becau could not locate her (GoLytely) she had colonoscopy appoir -The MA had asked and told Resident # locate her "drink" (C-She did not know i rescheduled. Telephone interview physician on 07/24/-Resident #1 had be colonoscopy by her -He saw Resident # 04/12/19 and she costool and bloatingResident #1 had a removed approximal-He scheduled Res 05/06/19Resident #1 was a colonoscopy appoir for a colonoscopy appoir -Resident #1 was a colonoscopy appoir -Patients undergoin	heduled colonoscopy se the Medication Aide (MA) "drink with electrolytes" to take the day before the atment. I another MA on duty that day 1 that neither of them could GoLytely). If her colonoscopy had been with Resident #1's GI 19 at 9:41am revealed: een referred to him for a Primary Care Provider (PCP). If for a consultation on complained of blood in her history of colon polyps ately 9 years prior. ident #1 for a colonoscopy on "no show" to the 05/06/19 atment and was rescheduled in 05/20/19. "no show" to the 05/20/19 atment and was rescheduled in 07/15/19. "no show" to the 07/15/19 atment. In ga colonoscopy had to follow				
	the colonoscopy income of bowel prep solution 5:00pm the evening -An order for GoLyt transportation drive the day of Resident faxed to the facility	or else he could not perform cluding drinking a full container on (GoLytely) starting at g prior to the colonoscopy. ely was provided to the r and faxed to the facility on #1's initial consultation and every day that she was a "no oscopy appointments.				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF F				274TF 7/D 00DF	0112	3/2013
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE N AMITY ROAD		
EAST TO	OWNE		TTE, NC 282	_		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 110	D 358			
	the facility 2 days p colonoscopy to vert instructionsFacility staff report bring Resident #1 to colonoscopy appoir administer GoLytely #1 was also allowed of the scheduled colonity and the scheduled colonity apports residents were admitted followed the other of residents cannot do with Resident #1's in the stool, and blo colon polyps at president know [until ships and the facility could responsibility for fol preparation instructions.	om his office also contacted rior to each scheduled bally remind the staff of these and to his office they did not to her three scheduled atments because they did not at the day prior and Resident at the day prior and Resident at the day prior and Resident at the at breakfast the morning alonoscopies. Int for facility staff to assure a thinistered GoLytely and colonoscopy instructions. "The athese things themselves." In these things themselves." In these things themselves." In the colonoscopy instructions are the colonoscopy." If he would not reschedule the colonoscopy until someone assure him, they would take lowing through with the ions, and the resident would another consultation				
	Review of Resident #1's May 2019 Electronic Medication Administration Record (eMAR) revealed: -There was no entry for GoLytely to be					
	administered on 05 scheduled colonosc -There was no entry administered on 05 scheduled colonosc -There was an entry GoLytely) to be administered on 05 scheduled colonosc -There was an entry GoLytely) to be administered on 05 scheduled colonosc -There was an entry GoLytely) to be administered on 05 scheduled colonosc -There was an entry GoLytely) to be administered on 05 scheduled colonosc -There was an entry GoLytely) to be administered on 05 scheduled colonosc -There was no entry	/05/19 prior to the 05/06/19 copy. y for GoLytely to be /19/19 prior to the 05/20/19				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE			N AMITY ROAD		
			TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 111	D 358			
	Review of Resident revealed there was solution GaviLyte-G	#1's July 2019 eMAR an entry for the bowel prep to be administered at 5:00pm ocumentation it had not been				
	available for admining 12:07pm revealed a	ident #1's medications istration on 07/25/19 at an unopened container of a with a dispense date of				
	Telephone interview with a representative from the facility's contracted pharmacy on 07/24/19 at 9:06am revealed: -They had received only one order from the facility for Resident #1's GoLytely. -The GoLytely order was received on 05/22/19 and the pharmacy dispensed a one-time supply on the same day.					
	pharmacy on 07/25 -The facility faxed pharmacyThe pharmacy entry systemIf the order provide would enter the methat dateIf the order did not pharmacy would enter the followed in the physician's of the physician's of the order of the emaker it would populate or administration.	the facility's contracted /19 at 10:37am revealed: shysician's orders to the ered the orders into the eMAR ed a start date, the pharmacy dication onto the eMAR for provide a start date, the ster the medication onto the ring day. It is a contracted when the facility had a system and approve it before				
		5/22/19 for the following day				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF PR	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TOV	WNE		TTH SHARON TTE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	The facility had the times of scheduled to coordinate admir the scheduled color Interview with a first 11:45am revealed: She had never admir the scheduled color Interview with a first 11:45am revealed: She had never admir Resident #1. She had only seen eMAR on one occawas on 05/23/19. She asked the Lea Coordinator (RCC) GoLytely on 05/23/17. Resident #1 did not scheduled for the form the	it did not have a start date. ability to adjust dates and administration, if necessary, histration of the GoLytely with hoscopy. It shift MA on 07/24/19 at ministered GoLytely to GoLytely populated on the sion for Resident #1 and that and MA/previous Resident Care if she should administer the 19 and she was told no that have a colonoscopy ollowing day. If with a second shift MA on an revealed: Ininistered GoLytely to GoLytely populated on the sion for Resident #1 and that ster GoLytely to Resident #1 and that ster GoLytely to Resident #1 se she could not locate it in the or MA if she knew where it was, not to contact the pharmacy or a ner locate the medication. Bead MA/previous RCC on	D 358			

Division of Health Service Regulation

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		A. BUILDING:		COMPI	LETED
	HAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER	_		STATE, ZIP CODE		0/2010
NAME OF FROVIDER OR SUFFEILER		, ,	NAMITY ROAD		
EAST TOWNE		TE, NC 282			
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST I TAG REGULATORY OR LSC IDEN	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358 Continued From page 113		D 358			
Living Facility (ALF) and straining on those process working. -She did not know Reside a colonoscopy on 05/06/1 -Whomever received the given at Resident #1's GI should have faxed the ord given the colonoscopy datemployed at that time. -She knew Resident #1 has cheduled for 05/20/19 are because she had eaten because that the Colonomy of t	ent #1 was scheduled for 19. order for the GoLytely consult on 04/12/19 der to the pharmacy and ate to the RCC who was ad a colonoscopy and thought she missed it breakfast that morning. Ent #1 was not 105/19/19. esident #1's order for the had not been sent to the have been administered 19 colonoscopy esponsibility to fax the armacy because she was an order for the GoLytely 19 Resident #1's NP on 19 and an order from 19 colonoscopy on 19 col				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	_	
EAST TO	NA/NE	4815 NOR	TH SHARON	N AMITY ROAD		
EAST TO	VVVINE	CHARLOT	TE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 114	D 358			
D 358	Interview with the R revealed: -She had been the -The RCC was resp to the pharmacy and the eMAR system as pharmacyShe had the capabitimes of administratine needed so medicated be administered bated for the colonoscopy. She did not work at #1's 05/06/19 and colonoscopy appointment becaus GoLytely on 07/14/1/2 breakfast on 07/15/-Resident #1 was n 07/14/19 because to though it was in the -The MA should has pharmacy to help his she did not. Interview with the A 9:04am revealed: -She had worked at -The RCC was respetted pharmacyThe pharmacy entertains a specific response to the pharmacyThe pharmacy entertains a specific response to the pharmacyThe pharmacy entertains a specific response to the pharmacy.	RCC since 07/08/19. RCS si	D 358			
	computer profile. -Once the medication facility, it was the R and approve the order the pharmacy. -The RCC was response.	on was dispensed to the CC's responsibility to verify der entered onto the eMAR by consible for entering the date tely should be administered				

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based on the date of the colonoscopy

HAL060149 B. WING 07/29/2	/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
EAST TOWNE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(X5) COMPLETE DATE
D 358 Continued From page 115 appointment. -The RCC was responsible for assuring all instructions for colonoscopy preparation, including GoLytely administration, were followed by the MAs. -She provided oversight to the RCC. -GoLytely should not have been on the eMAR to be administered to Resident #1 on 05/23/19 because she did not have a colonoscopy scheduled for 05/24/19. -GoLytely should have been on the eMAR and available for administration on 05/05/19 and 05/19/19 for Resident #1. -She did not know the MA was unable to find the GoLytely in the medication room on 07/14/19, but she would have expected her to contact a supervisor for help. 4. Review of Resident #8's current FL-2 dated 01/16/19 revealed diagnoses included Parkinson's disease and major depression. Review of Resident #8's physician's orders dated 04/12/19 revealed a medication order from her GI (gastroenterologist) for GoLytely (a medication used to cleanse the colon prior to a colonoscopy) oral solution reconstituted; use as directed for bowel prep. Review of Resident #8's medical or emergency referral form revealed the facility had requested an order from Resident #1's Nurse Practitioner (NP) on 05/20/19 for "Gavil.yte-G (a medication used to cleanse the colon prior to a colonoscopy) to have colonoscopy done" and the NP had signed the order on 05/22/19. Review of Resident #8's colonoscopy instructions sheet from the GI dated May 2019 revealed:	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	the words "No Show was May 2019 with because it was crost-There was a hander Resident #8 had a 05/13/19 with the wit. -There was a hander Resident #8 had a 07/15/19. Attempted interview at 3:43pm was unsubstrated interview with Resident #8 had becolonoscopy by heresident #8 was a colonoscopy perforbeginning at age 50-Resident #8 was a colonoscopy appoint or a colonoscopy appoint or a colonoscopy appoint a colonoscopy appoi	w" written beside it. The date the day being illegible seed through. written note documenting colonoscopy rescheduled for rords "No Show" written beside written note documenting colonoscopy rescheduled for with Resident #8 on 07/25/19 uccessful. Ident #8's GI physician's in 07/25/19 at 11:22am Ident #8's GI physician's in 07/25/19 In o show to the GI on on or	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TTE, NC 282	NAMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	certain instructions not be performed in container of bowel starting at 5:00pm to colonoscopy. -An order for GoLyt transportation drive the day of Resident faxed to the facility show" to her colono-Representatives from the facility 2 days possible colonoscopy to vertine facility staff report bring Resident #8 to colonoscopy appoin administer her GoL Resident #8 was al morning of the schedule residents they had another consultation another consultations. -The GI was not will for another consultation another consultation assure him, they we following the preparameters on 05 scheduled colonoscoption. There was no entradministered on 05 scheduled colonoscoptions. -There was an entradministered was an entradministered on 05 scheduled colonoscoption.	or else a colonoscopy could including drinking a full prep solution (GoLytely) the evening prior to the ely was provided to the rand faxed to the facility on the staff including a state of the staff of the every day that she was a "no excopy appointments. On their office also contacted from their office also contacted from the each scheduled coally remind the staff of these ed to the GI office they did not to her three scheduled intments because they did not expect the day prior and so allowed to eat breakfast the each eduled colonoscopies. "Their office would not for another colonoscopy until consultation with the GI. Iling to reschedule Resident #8 action until the facility could could take responsibility for ration instructions. The staff of these eduled resident #8 action until the facility could could take responsibility for ration instructions. The staff of the eduled resident #8 action until the facility could could take responsibility for ration instructions. The staff of the eduled resident #8 action until the facility could could take responsibility for ration instructions. The staff of the eduled resident #8 action until the facility could could take responsibility for ration instructions. The staff of the eduled resident #8 action until the facility could could take responsibility for ration instructions.	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 118	D 358			
	administered.					
	revealed there was solution GaviLyte-G 07/14/19 at 5:00pm been administered.	#8's July 2019 eMAR an entry for the bowel prep to be administered on with documentation it had sident #8's medications				
	available for admini revealed an unoper	istration 07/25/19 at 12:07pm ned container of GaviLyte-G ense date of 05/22/19.				
	the facility's contract 10:37am revealed:	w with a representative from cted pharmacy on 07/25/19 at ohysician's orders to the				
	-The pharmacy ento system. -If the order provide	ered the orders into the eMAR ed a start date, the pharmacy				
	that date.	dication onto the eMAR for provide a start date, the				
	eMAR for the follow	iter the medication onto the ving day. rder was new, the facility had				
		R system and approve it before				
	-The pharmacy had Resident #8's GoLy					
	#8's GoLytely on 05 one-time supply to	eived an order for Resident 5/22/19 and dispensed a the facility on the same day. ered Resident #8's GoLytely				
	order onto the eMA (05/23/19) because -The facility had the	R for the following day it did not have a start date. ability to adjust dates and administration, if necessary,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
			B. WING			2/22/2
NAME OF		HAL060149			07/2	9/2019
	PROVIDER OR SUPPLIER			STATE, ZIP CODE N AMITY ROAD		
EAST TO	OWNE	CHARLO1	TE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 119	D 358			
	to coordinate admir the scheduled color	nistration of the GoLytely with noscopy.				
	(MA) on 07/25/19 a -She worked 7:00al was the only super -She was very busy Resident #8's GoLy for administrationShe did not admini	m to 12:15am on 07/14/19 and visor on staff that day. v and did not remember vtely populating on the eMAR ister the GoLytely but ad administered it probably				
	(RCC) on 07/25/19 -She had been the -The RCC was responded to the pharmacy and the eMAR system as pharmacyShe had the capable times of administratine administered based for the colonoscopy -She did not work as #8's 05/03/19 and colonoscopy appoir -Resident #8 misses appointment becaus GoLytely on 07/14/2 breakfast on 07/15/	at the facility during Resident 05/13/19 scheduled of the facility and her 07/15/19 colonoscopy se she was not administered 19 and because she ate 179. Why the MA did not administer				
	9:04am revealed: -She had worked at	dministrator on 07/25/19 at this facility for 3 weeks.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUI TIPI	E CONSTRUCTION	(X3) DATE	SURVEY	
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF PR	OVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TOW	WNE	4815 NOR	TH SHARON	N AMITY ROAD		
EAST TOWNE CHARLOT			TE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358 (Continued From pa	ge 120	D 358			
t	the pharmacy. The pharmacy entercomputer profile. Once the medication facility, it was the Research approve the ordered pharmacy. The RCC was responsthe eMAR GoLytopased on the date of appointment. The RCC was responstructions for coloncluding GoLytely above the MAs. The RCC was responstructions for coloncluding GoLytely above the MAs. The RCC was responstructions for coloncluding GoLytely above the MAs. The RCC was responstructions for coloncluding GoLytely above the MAs. The Review of Residerevealed diagnoses disease, type 2 diables as Review of Residerevealed an order for medication used to Review of an order 106/26/19 revealed as 500mg twice daily. Review of Resident Medication Administered ally at There was an entry ablet twice daily at There was documed was administered 4 out of a metallic profile and a metal	ered orders into a resident's on was dispensed to the CC's responsibility to verify der entered onto the eMAR by consible for entering the date rely should be administered of the colonoscopy consible for assuring all noscopy preparation, administration, were followed ent #3's FL2 dated 07/03/19 included chronic kidney retes, and hypertension. ent #3 dated 07/03/19 or Gemfibrozil 600mg (a treat high cholesterol) for Resident #3 dated an order for Gemfibrozil #3's June 2019 electronic tration Record (eMAR) of Gemfibrozil 600mg one 8:00am and 8:00pm. entation Gemfibrozil 600mg out of 8 opportunities from entation Gemfibrozil was not of 8 opportunities on 06/28/19 pm and 06/30/19 at 8:00pm,	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						
	HAL060149	B. WING		07/2	29/2019	
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE			
EAST TOWNE		TTE, NC 282	N AMITY ROAD 205			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
revealed: -There was an entitablet twice daily are-There was docum was administered to 7/01/19-07/19/19 06/21/19, 06/22/19 -There was docum was not administer 8:00pm, and at 8:00pm, and	at #3's July 2019 eMAR ry for Gemfibrozil 600mg one t 8:00am and 8:00pm. entation Gemfibrozil 600mg twice daily from twice daily and at 8:00am on to, and 06/23/19. entation Gemfibrozil 600mg red on 06/20/19 at 8:00am and topm on 06/21/19 and dications available for 07/23/19 at 2:50pm revealed to was not available for the facility's contracted fibrozil enly" and his dispensed from another pensed medications for the facility's requested fibrozil 600mg to be daily was received on lls (15-day supply), and was 2/19. The requests received to fill to for Resident #3. presentative with the veteran the pharmacy on 07/29/19 at the pharmacy had not received brozil 600mg. at #3's lipid panel laboratory	D 358	DEFICIENCY)			

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STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	AN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMP	LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHAROI	N AMITY ROAD		
(Y4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
D 358	Continued From pa	ge 122	D 358			
	-The reference rang 35-150mg/dL.	ge listed for triglycerides was				
	Interview with Residue: 12:50pm revealed:	dent #3 on 07/24/19 at				
		eived his medications as time.				
	ordered.	hat medications he was				
	normal.	emed to be less pills than				
	Interview with a me 07/23/19 at 2:50pm	dication aide (MA) on revealed:				
	-She normally work -Gemfibrozil was no	ed first shift as a MA. ot available for administration				
	for Resident #3She could not rem	ember when Resident #3 ran				
	out of GemfibrozilShe called the faci	lity's contracted pharmacy to				
	get the medication	reordered, but she could not				
	-She had not conta	e called the pharmacy. cted Resident #3's contracted				
	pharmacy (VA) bec medications to com	ause it took "forever" for le into the facility.				
	-She told the RCC a remember when sh	and lead MA but she could not le notified her.				
	(MA)/previous RCC	ead medication aide con 07/29/19 at 3:20pm: what happened with Resident				
	#3's Gemfibrozil me	edication.				
	from the veteran ac	lications took a while to come Iministration (VA) pharmacy. nformed her that Resident #3's				
	Gemfibrozil was no -There was a lack of	t available for administration. of communication between her				
		ort audits before, she could not cart audit that she completed.				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TOWNE			TH SHARON	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 123	D 358			
	(RCC) on 07/25/19 -She became the R -Medication orders and to the veteran's progress note shou -She did not know (for administrationShe spoke with fac prescriber on 07/25 an order to hold Ge it was in the building -The MAs should ha Gemfibrozil was no faxed the pharmacy - "No one followed to sure it was in the building	were supposed to be faxed administration (VA) and a ld be made. Gemfibrozil was not available sility's contracted licensed /19 to notify and he provided mfibrozil for Resident #3 until g. ave notified her that the tavailable and should have //. up on the medication to make uilding".				
	(DRC) on 07/24/19 -She did not know F not available for add -MAs were expecte verbally about any i -She expected the I there were issues g from the pharmacyIf a medication after responsible for follor -There were suppose eMAR, but she was completedShe was not sure i of Resident #3's medicationer (NP) on -He ordered Gemfit	d to communicate with her ssues regarding the residents. MAs to notify her or the RCC if etting a medication delivered er 24 hours, the MAs were wing up with the pharmacy, sed to be weekly audits of the not sure if there were being f a cart audit included review				

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
	HAL060149	B. WING		07/2	9/2019	
NAME OF PROVIDER OR SUPPLIER		, ,	TATE, ZIP CODE			
EAST TOWNE		TH SHARON TTE, NC 282	I AMITY ROAD 05			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES JST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
Resident #3 would conblood sugars which costatus, confusion, and He did not know if he Gemfibrozil was not available. Interview with the regist primary care provider (07/25/19 at 10:25am reaware the resident was the facility's contracted. Interview with the Adm 4:20pm revealed: -MAs were supposed to immediately if medicated administration. -MAs were to notify the hours if the medication requesting it from the particular than the particular and particular than the particular and particular than the particular than the particular and particular than the particular and particular than the particular and particular than the particular than	riglycerides are not pars will remain t administered as ordered, nation to have elevated build result in altered mental hospitalization. was told that the vailable for administration. Stered nurse (RN) for the (PCP) for Resident #3 on evealed the PCP was not sordered Gemfibrozil by dinurse practitioner. Ininistrator on 07/25/19 at to contact the pharmacy tions were not available for example RCC or DRC within 24 in was not available after pharmacy. Were supposed to check the norning for medication example to completed weekly by the at audits "three weeks ago". The example of the example of the pharmacy of the example of the	D 358				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 125	D 358			
		50mg twice daily and begin 100mg one tablet twice daily.				
		: #3's FL2 dated 07/03/19 or metoprolol 100mg one				
		: #3's June 2019 electronic stration Record (eMAR)				
	100mg one tablet to 8:00pm.	y for Metoprolol Tartrate wice daily at 8:00am and				
		entation Metoprolol Tartrate stered twice daily from				
	07/01/19-07/23/19 -There was an entr	: #3's July 2019 eMAR from revealed: y for Metoprolol Tartrate wice daily at 8:00am and				
	8:00pmThere was docume	entation Metoprolol Tartrate stered twice daily from				
	administration for R 2:50pm revealed:	dications available for Resident #3 on 07/23/19 at				
	available for admini	of Metoprolol Tartrate 50mg istration. s remaining available for				
	outside pharmacy or revealed:	resentative with Resident #3's on 07/29/19 at 12:41pm				
	50mg twice daily or	eived an order for metoprolol n 08/03/18. d 180 metoprolol 50mg tablets				

MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 CRACH DEPICIENCY MUST BE PRECEDED BY PILL. FREETX TAG SUMMARY STATEMENT OF DEPICIENCIES FREETX TAG SUMMARY STATEMENT OF DEPICIENCIES FREETX TAG SUMMARY STATEMENT OF DEPICIENCIES FREETX TAG PROVIDERS PLAN OF CORRECTION GRACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) D 358 Continued From page 128 on 02/18/19 and on 05/16/19. -The pharmacy had not received an order for metoprotol 100 twice daily that was written on 06/26/19. Telephone interview with the facility's contracted pharmacy no 07/24/19 at 9.04am revealed'. -Resident #3 was "profile only" and his medications were primarily dispensed from another pharmacy. -The pharmacy received an order for Metoprolol Tartrate 100mg to be administered twice daily, however the medication had not been dispensed. -Medications for Resident #3 on 07/24/19 at 12:50pm revealed: -He thought he received his medications as ordered most of the time. -He was not sure what medications he was ordered. Interview with a medication aide (MA) on 07/23/19 at 2:50pm revealed: -She normally worked first shift as a MA. -She told the RCC but she could not remember when she notified her. -Resident #3 was prescribed Metoprolol Tartrate 100mg twice daily. -She administered the one tablet twice daily to Resident #3. -She had not noticed the Metoprolol Tartrate was 50mg tablets.		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER EAST TOWNE SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MAN THE PRECEDED BY FULL TAG PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MAN THE PRECEDED BY FULL TAG D 358 Continued From page 126 on 02/18/19 and on 05/16/19. -The pharmacy had not received an order for metoprolol 100 twice daily that was written on 06/26/19. Telephone interview with the facility's contracted pharmacy on 07/24/19 at 9.04am revealed: -Resident #3 was "profile only" and his medications were primarily dispensed from another pharmacyThe pharmacy had nover filled an order for Metoprolol Tartrate 100mg to be administered twice daily, however the medication had not been dispensed, if the facility called and made a request. Interview with Resident #3 on 07/24/19 at 12:50pm revealed: -He thought he received his medications as ordered most of the timeHe was not sure what medications he was ordered. Interview with a medication aide (MA) on 07/23/19 at 2:50pm revealed: -She normally worked first shift as a MAShe told the RCC but she could not remember when she notified herResident #3 was prescribed Metoprolol Tartrate 100mg twice dailyShe administered the one tablet twice daily to Resident #3She had not noticed the Metoprolol Tartrate was				A. BUILDING.			
AB15 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 CAN ID SUMMARY STATEMENT OF DEFICIENCIES CRACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE			HAL060149	B. WING		07/2	9/2019
CHARLOTTE, NC 28205 CHARLOTTE, NC 28205	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 126 on 02/18/19 and on 05/16/19. -The pharmacy had not received an order for metoprolol 100 twice daily that was written on 06/26/19. Telephone interview with the facility's contracted pharmacy on 07/24/19 at 9:04am revealed: -Resident #3 was "profile only" and his medications were primarily dispensed from another pharmacyThe pharmacy had not received an order for Metoprolol TartrateThe pharmacy received an order for Metoprolol Tartrate 100mg to be administered twice daily, however the medication had not been dispensed if the facility called and made a request. Interview with Resident #3 were only dispensed if the facility called and made a requestHe thought he received his medications as ordered most of the timeHe was not sure what medications he was ordered. Interview with a medication aide (MA) on 07/23/19 at 2:50pm revealed: -She normally worked first shift as a MAShe told the RCC but she could not remember when she notified herResident #3 was prescribed Metoprolol Tartrate 100mg twice dailyShe administered the one tablet twice daily to Resident #3She had not noticed the Metoprolol Tartrate was	EAST TO	OWNE					
on 02/18/19 and on 05/16/19. -The pharmacy had not received an order for metoprolol 100 twice daily that was written on 06/26/19. Telephone interview with the facility's contracted pharmacy on 07/24/19 at 9:04am revealed: -Resident #3 was "profile only" and his medications were primarily dispensed from another pharmacyThe pharmacy had never filled an order for Metoprolol TartrateThe pharmacy received an order for Metoprolol Tartrate 100mg to be administered twice daily, however the medication had not been dispensedMedications for Resident #3 were only dispensed if the facility called and made a request. Interview with Resident #3 on 07/24/19 at 12:50pm revealed: -He thought he received his medications as ordered most of the timeHe was not sure what medications he was ordered. Interview with a medication aide (MA) on 07/23/19 at 2:50pm revealed: -She normally worked first shift as a MAShe told the RCC but she could not remember when she notified herResident #3 was prescribed Metoprolol Tartrate 100mg twice dailyShe administered the one tablet twice daily to Resident #3She had not noticed the Metoprolol Tartrate was	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
Interview with the lead medication aide (MA)/previous RCC on 07/29/19 at 3:20pm the	D 358	on 02/18/19 and on The pharmacy had metoprolol 100 twice 06/26/19. Telephone interview pharmacy on 07/24-Resident #3 was "I medications were panother pharmacy. The pharmacy reconstruction of the Interview with Resident #3 was part of the facility called a linterview with Resident He was not sure wordered. Interview with a medoral most of the Interview with the Int	In 05/16/19. If not received an order for see daily that was written on with the facility's contracted /19 at 9:04am revealed: profile only" and his primarily dispensed from If never filled an order for seived an order for Metoprolol on administered twice daily, action had not been dispensed and made a request. Ident #3 on 07/24/19 at seived his medications as set time. That medications he was a dication aide (MA) on a revealed: sed first shift as a MA. Sout she could not remember ser. The could not remember ser. The could be admedication aide the one tablet twice daily to sed the Metoprolol Tartrate was sead medication aide.	D 358			

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		TH SHAROI TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	daily twice daily, "I g Interview with the R (RCC) on 07/25/19 -She noticed the ormetoprolol changed 100mg twice dailyShe thought Resid tablets on the cartResident #3 was "p contracted pharmac medications from a Interview with the D (DRC) on 07/24/19 -She did not know I tablets were not dis -She expected the I Metoprolol Tartrate pharmacy to 100mg -She was not sure i of Resident #3's me Interview with the fa practitioner (NP) on -He ordered Metoprolaily for Resident # -If Resident #3 was Tartrate as ordered would remain high a a stroke. Interview with the A 4:20pm revealed sh medications as order c. Review of a phys revealed an order for	guess it was not caught". Resident Care Coordinator at 11:40am revealed: der for Resident #3's of from 50mg twice daily to ent #3 had metoprolol 100mg porofile only" with the cry as he received his noutside. Director of Resident Care at 2:55pm revealed: Wetoprolol Tartrate 100mg pensed for Resident #3. MAs to administer two 50mg tablets and contact the graph tablets dispensed. If a cart audit included review	D 358			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON ITE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	age 128	D 358			
	dated 06/26/19 reve	hysician order for Resident #3 ealed an order for Artificial ohol 1.4% instill one drop in es daily.				
	Medication Adminis revealed:	t #3's June 2019 electronic stration Record (eMAR) y for Artificial Tears Polyvinyl				
	Alcohol 1.4% instill time daily at 8:00ar 8:00pm.	one drop in both eyes four n, 12:00pm, 4:00pm, and				
	administered 17 ou	entation artificial tears was not it of 120 opportunities from e reasons were not printed.				
	07/01/19-07/23/19 -There was an entr	y for Artificial Tears Polyvinyl				
	time daily at 8:00ar 8:00pm.	one drop in both eyes four n, 12:00pm, 4:00pm, and				
	administered 40 ou	entation artificial tears was not it of 90 opportunities from the reasons were not printed.				
	administration for F 2:50pm revealed th	dications available for Resident #3 on 07/23/19 at here was a one 15mL bottle of vinyl Alcohol 1.4% available for				
	outside pharmacy of revealed:	oresentative with Resident #3's on 07/29/19 at 12:41pm eived an order for artificial				
	tears, one drop in 6 12/18/19.	each eye four times daily on pensed one 15mL bottle on				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	12/19/18 and on 06 30-day supply. Telephone interview pharmacy on 07/24-Resident #3 was "I medications were panother pharmacy. The pharmacy had artificial tears for Relificial tears ordered most of the Herceived eye draws in his eyes well-he had not suffered had not suffered linterview with a melo7/23/19 at 2:50 pm. She normally work she administered documented when she could not remartificial tears were artificial tears were the artificial tears were sold not kell tears with the Relificial tears administered on the linterview with the Relification of the linterview with the Relification	with the facility's contracted /19 at 9:04am revealed: profile only" and his wimarily dispensed from a linever filled an order for esident #3. esident #3 were only dispensed and made a request. Ident #3 on 07/24/19 at revealed: esident #3 on 07/24/19 at revealed: esident #3 on official tears and made a request. Ident #3 on official tears are damaged. Ident #3 on official tears are damaged. Ident #3 on official tears are damaged. Ident #3 seye drops and administered. In the reason why the not documented in June 2019. In were administered in July now why it did not reflect the embar. It is esident Care Coordinator at 11:40am revealed: It is determined the artificial tears. It is determined the artificial tears were only in the resident care only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the revealed: It is a contracted to the artificial tears were only in the revealed: It is a contracted to the revealed:	D 358			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING	·	07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
EAST TO	OWNE		RTH SHARON TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	tears medication to -She did not know a ratificial tears in Jur -She did not know a dministrations of a the eMAR 07/02/19 -Resident #3 was p pharmacy as he red the veteran's admir Interview with the D(DRC) on 07/24/19 -She expected the as orderedShe expected the medications were n doses. Interview with the reprimary care provid 07/25/19 at 10:25ar -Resident #3 was of times per day to tree Interview with the A 4:20pm revealed she medications as ordered of the revealed diagnosis. Review of a psychological revealed by the massistant (PA) on 0 revealed: -Current medications bedtime.	administer to Resident #3. Resident #3 missed doses of the and July 2019. Why documented artificial tears did not appear on 1-07/10/19. Trofile only with the contracted between this medications from the nistration (VA) pharmacy. Director of Resident Care at 2:55pm revealed: MAs to administer medications MAs to notify her or the RCC if not administered after 3 missed the er (PCP) for Resident #3 on the revealed: Tredered artificial tears four at dry eyes. Indicate the physician of the expected MAs to administer the ered by the physician. The expected MAs to administer the ered by the physician.	D 358			

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HAL060149 B. WING 07/29/2	2019	
	29/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
EAST TOWNE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Review of psychotherapy follow-up note signed and dated by the mental health PA on 07/23/19 for Resident #13 revealed current medications included Vistaril 50mg for insomnia at bedtime. Review of Resident #13's June and July 2019 electronic Medication Administration Record (eMAR) revealed there was no entry for Vistaril 50mg at bedtime. Telephone interview with the facility's contracted pharmacy on 07/29/19 at 11:18am revealed the Vistaril 50mg order was never received. Interview with the lead medication aide/former RCC on 07/29/19 at 3:55pm revealed: -Prior to 07/08/19, she was the RCC and was responsible for receiving orders for the mental health PAShe never seen the order for the Vistaril 50mg for Resident #13The mental health PA would often write therapy notes about a medication and the order was not left in the buildingWhen she was the RCC, she would retrieve the psychotherapy notes from email and place in the residents' recordShe did not remember reviewing the psychotherapy notes for Resident #13. Interview with the Resident Care Coordinator (RCC) on 07/29/19 at 3:45pm revealed: -She became the RCC on 07/08/19She did not remember reviewing a representation of the residents' recordShe did not reviewed Resident #13 was ordered Vistaril 50mgShe did not reviewed Resident #13 was ordered Vistaril 50mgShe had not reviewed Resident #13's psychotherapy notes.		

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
						
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Interview with the D (DRC) on 07/29/19 -She became the D -Since being in the the chance to review -She had not notice not been implementable looked for the find the order writte. The PA reviewed the ther know if anytheshe would have exto review the eMAR that the medication. Interview with the massistant (PA) on 00000000000000000000000000000000000	eve the original order. irector of Resident Care at 3:50pm revealed: RC on 07/08/19. role of DRC, she had not had w Resident #13's record. d that the Vistaril ordered had ted. original order but could not n by the mental health PA. ne eMARs regularly and would hing was missed. Expected the mental health PA as and notify her or the RCC was not on the eMAR. Inental health physician 7/29/19 at 3:33pm revealed: Vistaril 50mg for Resident 2019 visit. because Resident #13 ng trouble falling asleep. Hent #13 to receive Vistaril very evening. Esident #13 was not receiving ordered. Is not administered Vistaril as ave trouble falling asleep at of sleep would cause him to uring the day". Inendications for residents, he er with the Resident Care	D 358	DEFICIENCY)		
	4:17pm revealed: -The RCC or the DI	dministrator 07/29/19 at RC should have reviewed s from their email when sent				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		TH SHAROI	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	have been caught a 7. Review of Reside revealed diagnoses failure (CHF), chror disease (COPD), hy diabetes. a. Review of Reside 05/22/19 revealed a insulin, (a medicatio blood sugar), 30 un bedtime. Review of Resident 06/19/19 revealed a insulin, administer a Review of Resident electronic Medicatio (eMAR), from 05/22 revealed: -There was an entry to be administered through 06/18/19There was docume administered 28 ou 05/22/19 through 06 Review of Resident	alth provider. order for Resident #13 should and faxed to the pharmacy. ent #4's FL2 dated 01/21/19 included congestive heart nic obstructive pulmonary ypoxia, acute renal failure and ent #4's physician order dated an order for Levemir U-100 on used to control elevated its to be administered at e. #4's physician order dated an order for Levemir U-100 en used to control elevated its to be administered at e. #4's physician order dated an order for Levemir U-100 en used to control elevated its to be administered at e. #4's physician order dated an order for Levemir U-100 en Administration Record en Administration Record en Administration Record en Administration Record en Elevation Elevemir insulin 30 units daily at 8:00pm, from 05/22/19 entation Levemir insulin was tof 28 opportunities from	D 358	DEFICIENCY		
	-There was an entry to be administered through 07/24/19. -There was docume	y for Levemir insulin 24 units daily at 8:00pm from 06/18/19 entation Levemir insulin was t of 37 opportunities from				

Division of Health Service Regulation		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	COMP	LETED
HAL060149 B. WING	07/2	9/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
4815 NORTH SHARON AMITY ROAD		
EAST TOWNE CHARLOTTE, NC 28205		
	CCTION	0/5)
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORR PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SI		(X5) COMPLETE
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE AF		DATE
DEFICIENCY)		
D 358 Continued From page 134 D 358		
Observation of medications available for		
administration on 07/23/19 at 2:55pm revealed		
there was no Levemir insulin vial or flexpen on		
the medication cart or in the medication		
refrigerator.		
Observation of medications available for		
administration on 07/24/19 at 9:10am revealed:		
-There was a 10ml vial of Levemir insulin U-100		
on the medication cart.		
-The Levemir vial had a computer generated label		
attached to the vial, which read "Inject 30 units at		
bedtime."		
-The vial was in a medication bottle with the open date handwritten as 07/08/19.		
-The insulin was pictured with the contents to the		
neck of the vial.		
Interview with the first shift Lead Medication Aide		
(MA) on 07/24/19 at 10:15am revealed:		
-She had been auditing the medications on the carts with the other Lead MA.		
-She did not remember if she had audited		
Resident #4's medications in the past month.		
-When she performed a cart audit, she would		
print the physician order summary (POS) and		
ensure the medications listed were on the cart.		
-If the medications were tablets or hand held		
inhalers, she would check the quantity remaining		
and record on the POS.		
-She submitted the POS to the Resident Care		
Coordinator (RCC) or the Administrator.		
-She did not remember checking the Levemir		
insulin vial for Resident #4.		
-She did not generally administer evening		
medications.		
medicationsShe had administered Resident #4's Levemir		
medications.		

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE			AMITY ROAD		
			TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 135	D 358			
	unused"She thought the M. #4's Novolog flexpe Levemir vial, since were sent as flexpe Interview with the P on 07/24/19 at 12:4 -Resident #4 was b diabetes. -The PCP requeste blood sugars weekl ranges. -If Resident #4's blowould become diso hospitalized. -The PCP states Rewere controlled on regiment. -He did not know R receiving the night to was ordered at 24 to -He expected his me	rimary Care Physician (PCP) 5pm revealed: eing monitored for his d a print out of Resident #4's y to evaluate the blood sugar bod sugar was too high he riented and end up esident #4's blood sugars his current medication esident #4 had not been time dose of Levemir which				
	administered. Interview with the Director of Resident Care (DRC) on 07/24/19 at 2:55pm revealed: -The MAs were expected to communicate with					
	her verbally about a residentsThere were suppose eMAR, but she was completedShe was not sure i of the medications and the medications.	sed to be weekly audits of the not sure if they were being f a cart audit included a review as to the quantity. CC was monitoring the eMARs				

Division of Health Service Regulation

assumed this position on 07/08/19.

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SUF COMPLET	
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TTE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 358	-She did not know insulin vial sent from that was almost cornon-No one had brought-She did not know was almost full whe documented as adrived had been dispensed. Telephone interview pharmacy on 07/24. Resident #4 had at Levemir 30 units to evening. -A 10ml vial of Leve evening, was sent the resident #4 had at Levemir 24 units to evening, and was the requested by the pharmacy. -The 10ml vial of Levening and was the pharmacy. -The 10ml vial of Levening and was the pharmacy. -The 10ml vial of Levening and was the pharmacy. -The 10ml vial of Levening and was the pharmacy. -The 10ml vial of Levening and was the pharmacy. -The 10ml vial of Levening and was the pharmacy. -The fill history was one vial was sent of the fill history was one vial w	Resident #4 had a Levemir in the pharmacy on 05/27/19 impletely full. In this to her attention, why the Levemir insulin vial en the medication had been ministered 58 times since it id. If with the facility's contracted with the facility's contracted with the facility's contracted with the facility on 05/22/19 for be administered in the facility on 05/27/19. In order dated 06/19/19 for be administered in the facility or dispensed from the facility with a find at the staff's request. The facility with a find at the staff's request. The facility on 03/04/19, with the second shift MA on with the second shift MA on the facility on 03/04/19, with the second shift MA on the facility on 03/04/19, with the second shift MA on the facility on 05/27/19.	D 358			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/	29/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	vial for Resident #4 -He never had a fle -She did not know of fullShe always admini Levemirinsulin from -She did not know of Resident #4. Review of Resident dated 05/01/19 reve -Resident #4's A1C -The reference rang 4.0-6.0%. Interview with the A 4:20pm revealed: -The RCC and DRC eMAR system every errorsCart audits were to RCC and MAsShe implemented of -She did not know fivial had not been us 05/27/19 for admini Attempted interview at 9:40am was unsu b. Review of Residen 05/11/19 revealed a U-100 insulin (a me elevated blood suga with meals. Review of Residen 06/19/19 revealed a	's injections. xpen for his Levemir insulin. why the insulin vial was almost istered Resident #4's in the vial. of any other Levemir insulin for a #4's A1C laboratory results ealed: on 05/01/19 was 7.6% ge listed for A1C was dministrator on 07/25/19 at C were supposed to check the y morning for medication be completed weekly by the cart audits "three weeks ago". Resident #4's Levemir insulin sed every evening since stration. with Resident #4 on 07/24/19 uccessful. eent #4's physician order on an order for a Novolog flexpen edication used to control ar), 8 units three times a day t #4's physician order on an order for a Novolog flexpen en order for a Novolog flexpen an order for a Novolog flexpen en order for a Novolog flexpen an order for a Novolog flexpen an order for a Novolog flexpen an order for a Novolog flexpen	D 358			
		its three times a day with				

DIVIDION	Of Fleath Service IN					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL060149	B. WING	· · · · · · · · · · · · · · · · · · ·	07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STDEET AN	DESS CITY S	STATE, ZIP CODE	-	
IVAIVIL OF I	NOVIDEN ON SOLT EIEN			N AMITY ROAD		
EAST TO	WNE		TE, NC 282			
						I
(X4) ID PREFIX		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
D 358	Continued From pa	ge 138	D 358			
	Continuou i rom pu	go 100				
	Davieus of Davidant	#41a luna 2010 alantuania				
		#4's June 2019 electronic				
	06/19/19 through 06	tration record (eMAR) from				
		y for Novolog flexpen 8 units				
		rith meals, to be administered				
	at 7:00am, 12:00pn					
		entation Novolog flexpen 8				
		ered daily at 7:00am, 12:00pm				
		6/19/19 through 06/25/19.				
		y for a Novolog flexpen 10				
		ered three times a day with				
		1:30am and 4:30pm.				
		entation Novolog 10 units was				
		times a day at 6:30am, m from 06/19/19 through				
	06/25/19.	iii iioiii oo/19/19 tiiiougii				
		1/19, 06/22/19, 06/24/19 and				
	06/25/19 at 6:30am					
		ministration of 10 units of				
	Novolog insulin to F					
		1/19, 06/22/19, 06/24/19 and				
	06/25/19 at 7:00am	the first shift MA documented				
		of 8 units of Novolog insulin to				
	Resident #4.					
		6/24/19, at 4:30pm, the				
		cumented the administration				
		og insulin to Resident #4.				
		6/24/19 at 5:00pm, another cumented the administration				
		g insulin to Resident #4.				
	of 6 utilis of Novoio	g insulin to Resident #4.				
	Interview with the fi	rst shift Medication Aide (MA)				
	on 07/24/19 at 11:1					
		the medications on her				
		en they appeared on the				
	eMAR.					
		revious shift's medication				
	administration					

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-She did not notice there were 2 entries on the

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
10 WIL 01 1	TO VIDER OR OUT FIELD			NAMITY ROAD		
EAST TO	OWNE		TTE, NC 282			
(VA) ID	CLIMMADV CTA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEFICIENCY)		
D 358	Continued From pa	ge 139	D 358			
	eMAR and 2 differe	nt dosages for administration				
	for novolog insulin.	accagos ici aaiiiiiicii aiicii				
		the 7:00am dose of 8 units of				
	Novolog insulin to F	Resident #4.				
	Tolophono intorviou	w with the facility's contracted				
		/19 at 3:30pm revealed:				
		the pharmacy from a				
	physician were ente					
		discontinued, the pharmacy				
		to have a discontinue order				
	from the physician.					
		nputer system does not				
	interface with the fa	ement staff could discontinue				
	an order from their					
		der for Novolog flexpen 10				
		ered three times a day before				
		on the eMAR on 06/19/19 by				
	the pharmacy staff.					
		or orders not specifically				
		ysician was 1:00am.				
		ibility of the facility staff to				
	aujust the tilles as	needed for administration.				
	Interview with the R	CD on 07/25/19 at 3:20pm				
	revealed:					
	-She did not review	the eMARs for accuracy.				
		CC reviewed the eMARs for				
	accuracy.					
		RCD were employed at the				
	facility in July of 201	vho entered the times for the				
	Novolog insulin to b					
	•					
		CC on 07/25/19 at 4:10pm				
	revealed:					
		orders on the eMAR before				
	approving the entry					
	-one did not review	the eMARs for accuracy with				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPL A. BUILDING:					
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	MAs to audit their conshe also had been herself. She verified the resummary with the resummary of Resided dated 06/06/19 revealed dated 06/06/19 revealed: There was an entribe administered daily at through 07/23/19. There was document administered daily at through 07/23/19. Incruse Ellipta was 48 times from 06/06/06/06/06/06/06/06/06/06/06/06/06/0	lementing and training the	D 358			

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
EAST TO	WNE			NAMITY ROAD			
		CHARLOT	TE, NC 282	05			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
D 358	Continued From pa	ge 141	D 358				
	-The number 12 was displayed on the dose counter, indicating 12 doses were left to be administered, and 18 doses had been administered since 06/06/19.						
	on 07/24/19 at 12:4 -Resident #4 had county and chronic obstruct (COPD) with difficution of breathHe was on two sch (PRN) hand held in nebulizer treatment due to his diagnose-lt was important for his scheduled breat treatmentsHe did not know Resident #4 had no breathing difficulties	ongestive heart failure (CHF) ctive pulmonary disease lty in breathing and shortness reduled and one as needed halers, and on a PRN for shortness of breath (SOB) s. If his health that he received ching treatments and his PRN resident #4 had not been a Ellipta as ordered. Out complained to him of any s.					
		24/19, Resident #4 was sent a diagnosis of dyspnea and PD.					
	pharmacy on on 07 -Resident #4 had ar for Incruse Ellipta 6 mouth dailyThe pharmacy disp with a physician's o request, when the r the medication had -One Incruse Ellipta	with the facility's contracted /24/19 at 3:30pm revealed: n active order dated 06/06/19 2.5mcg, inhale 1 puff by pensed inhalers for residents order and at the facility's nedication was completed or expired In inhaler was sent each time to be were 30 doses in each					

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-Resident #5's last Incruse Ellipta was dispensed

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SL COMPLE					
		HAL060149	B. WING		07/	29/2019
NAME OF	PROVIDER OR SUPPLIER	4815 NOI		TATE, ZIP CODE I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	on 06/06/19. -No further request Ellipta were received pharmacy. -The starting dose of dose counter windout -Each administration by 1. -If Resident #4 was Incruse Ellipta, he somedication on 07/0 Interview with a Me 07/25/19 at 10:40ard -She administered treatment to Reside this medication cardial-she did not put the that the device was -She did not known should last-she thous -She did not usually -When she did assist sure the medication check to see how not inhalers Interview with the Ellipse on 07/25/19 -She had been revisited the medication cartial-she did not known the medication cartial-she did not known the medication cartial-she expected the RCC if there was a -She expected the sharp of the received	is from the facility for Incruse and or dispensed from the was identified as "30" in the ow. In will bring this number down receiving daily doses of the should have completed the 7/19. Idication Aide (MA) on more revealed: the Incrusa Ellipta breathing and #4 when she worked on the plastic bag in. In ow long the medication aught 30 or 45 days. It is with cart audits, she made in was on the cart but did not many doses were left with the corrector of Resident Care at 3:20pm revealed: ewing the resident's records in overseeing the medications, is and the orders. The process used to audit the	D 358			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	-She did not know to Ellipta had 18 dose. Interview with the Additional aspects of too the clinical aspects of too to the RCD and the clinical aspects of too to the had requested carts to be completed week. -The completed carther RCC and hersed carts had not reviewed ate. -She had not reviewed ate. -She did not know to doses administered carts and the process of the cart and the strained the Mooversaw the cart and the	the daily scheduled Incruse is administered in 48 days. Administrator on 07/25/19 at incruse responsible for the he facility. Incruse as soon as possible last incruse as soon as possible last incruse as soon as possible last incruse as a soon as possible for the fill as a soon as possible for t	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 144	D 358			
	resident's medication audited.	ons on the carts had been				
	07/29/19 at 3:20pm -She had assisted if or the past few mo -The process in aud to print the POS an on the POS were o -She usually audite at a timeThe POS sheet wa RCD for their review-If the medications order them through -She had audited R but could not rememedicationsThe MAs should a	n auditing the medication carts onths. diting the medication cart was d determine if the medications in the cart. d 4 or 5 resident's medications as given to the Administrator or w. were not on the cart she would the pharmacy. lesident #4's medication cart, mber if she audited his lso be reviewing the MARS every day and reporting they find.				
	05/28/19 revealed a inhale 1 capsule via	•				
	electronic Medication (eMAR) from 05/28 revealed:	t #4's May and June 2019 on Administration Record /19 through 06/05/19				
	1 capsule via device administered at 8:0	0am.				
	administered from (-There was an entry via device once dai	umentation the Spiriva was 05/28/19 through 06/05/19. y for Spiriva, inhale 1 capsule ly, to be administered at iscontinued on 06/05/19.				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDING:			
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 145	D 358			
	pharmacy on on 07 there was no record Spiriva handihaler to Observation of med administration on 0 there was no Spirival medication cart. Interview with the Norevealed she did not to Resident #4. Interview with the le Coordinator on 07/2-Resident #4 had go times.					
	administered as ord including Resident chronic obstructive and missed 30 of 48 of 8 doses of Spin hospitalization for sof the facility to assadministered result Resident #4 and control The facility provided accordance with G.	assure medications were dered for several residents, #4 who had a diagnosis of pulmonary disorder (COPD) 48 doses of Incruse Ellipta and riva, resulting in a hortness of breath. The failure ure medications were ed in physical harm to enstitutes a Type A1 Violation. d a plan of protection in S. 131 D-34 on 07/24/19. TE FOR THE TYPE A1 NOT EXCEED AUGUST 26,				

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY PLETED
		HAL060149	B. WING		07/	29/2019
NAME OF	PROVIDER OR SUPPLIER	4815 NOF	DRESS, CITY, ST RTH SHARON TTE, NC 2820	AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 367	(j) The resident's n record (MAR) shall following: (1) resident's name (2) name of the me (3) strength and do administered; (4) instructions for a or treatment; (5) reason or justific medications or treadocumenting the re (6) date and time of (7) documentation of medications or treadomission, including (8) name or initials the medication or treadocumenting the residual of the medication or treadomission, including	04 Medication Administration nedication administration be accurate and include the ; dication or treatment order; sage or quantity of medication administering the medication cation for the administration of tments as needed (PRN) and sulting effect on the resident; f administration; of any omission of tments and the reason for the refusals; and, of the person administering reatment. If initials are used, a at to those initials is to be aintained with the medication	D 367			
	interviews, the facil accuracy of the ele Administration Rec sampled residents parameters for the	ons, record reviews, and ity failed to assure the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL060149	B. WING		07/	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 282	I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 147	D 367			
	medication used to procedure (Resider documenting the ac	ssure (Resident #3), a prepare for a colonoscopy at #1 and #8), and dministration of a hand held correct eMAR entry (Resident				
	The findings are:					
	07/03/19 revealed of kidney disease, typo neuropathy, history with left sided weak	ent #3's current FL-2 dated diagnoses included chronic e 2 diabetes, peripheral of cerebral vascular disease eness, and hypertension.				
	dated 12/28/18 reve -There was an orde 100 units/mL inject before meals and a -The sliding scale w units, 201-250; 4 ur	er to administer Novolog insulin 2 to 10 units (sliding scale) t bedtime for diabetes. vas as follows: 150-200; 2 nits, 251-300; 6 units, 301-350; 0 units, if greater than 401 go				
	Medication Administrevealed: -There was an entry 100unit/mL, check if and inject per slidin -The entry for 6:30a medication aide that -There was no space resultThere was no space insulin administered -There was no entry implemented before	am included the initials of the administered the medication. See to document the FSBS cee to document the units of				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	HAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TOWNE		RTH SHARON TTE, NC 282	I AMITY ROAD 05		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
sliding scale from 0 Review of Resident revealed: -There was an entry 100unit/mL, check find inject per slidingThe entry for 6:30a medication aide thatange insulin administeredThere was no space insulin administeredThere was no entry implemented before all the could not be determined in the completed on 06/25 instruction for nursing NovoLog sliding scale from 0 Review of the facility medication regiment completed on 06/25 instruction for nursing NovoLog sliding scale bedtime was entered review of the June 10 done at 6:30am, plescale is evaluated for meal and at bedtime linterview with a lead 07/24/19 at 3:53pm - When Resident #3 insulin, there was no record the blood sugadministeredShe notified the Resident #3	stered to the resident per the 5/01/19-05/31/19 at 6:30am. It #3's June 2019 eMAR If y for Novolog insulin fingerstick blood sugar (FSBS) g scale for 6:30am. If a mincluded the initials of the at administered the medication. The to document the FSBS are to document the units of the at land the initials of the at administered the medication. The to document the units of the at land the initials of the at land the initials of the elunch, dinner, or bedtime. The initial service to document the units of the elunch, dinner, or bedtime. The initial service to the resident per the 6/01/19-06/26/19 at 6:30am. The initial service initial service in the elunch at land the elu				

Division of Health Service Regulation

HAL060149 B. WING	
11AE000140 0112012013	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
	ME OF PROVIDER OR SUPPLIE
EAST TOWNE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205	AST TOWNE
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X: PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) X4) ID PROVIDER'S PLAN OF CORRECTION (X: COMPACTION SHOULD BE	REFIX (EACH DEFICIEN
D 367 Continued From page 149 She could not remember when she notified the RCC and DRCThe DRC told her to "give us time to get it done". Interview with the Resident Care Coordinator (RCC) on 07/24/19 at 10:05am revealed: -The fingerstick blood sugar (FSBS) order for Resident #3 was on the eMAR, however the parameters were not checked when the order was enteredThe parameters were not checked in the eMAR system therefore the orders did not appear on the eMAR. Interview with the lead medication aide/previous Resident Care Coordinator (RCC) on 07/24/19 at 10:48am revealed: -She was the RCC until 07/08/19She was the RCC until 07/08/19She approved the Novolog sliding scale order in the eMAR system for Resident #3She did not realize the sliding scale units for the Novolog were not checked in the eMAR systemThe corporate nurse gave her orders to enter into the eMAR system, seed did not have any training on the eMAR systemShe did not know the parameters for the sliding scale insulin were not enteredThere was no process to review the eMARs for accuracy. Interview with the Administrator on 07/25/19 at 4:20pm revealed: -The lead MA was the previous RCC, however she did not have the parameters populated on the eMARThe RCC and the DRC were responsible for implementing parameters populated on the eMARThe eMARs were to be checked daily by the	-She could not refered RCC and DRCThe DRC told he Interview with the (RCC) on 07/24/1 -The fingerstick boresident #3 was a parameters were was enteredThe parameters system therefore eMAR. Interview with the Resident Care Could 10:48am revealed each she was the RCC end approved that the eMAR system eMAR system entered in the eMAR system entered entered in the eMAR system entered entere

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 282	I AMITY ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	COMPLETE DATE
D 367	Continued From pa	ge 150	D 367			
	made as needed.					
	06/26/19 revealed: -There was an orde to treat high blood p hold for systolic bloostart date was 08/00 Review of Resident Medication Adminis revealed: -There was an entry	ed physician's order dated or for metoprolol tartrate (used pressure) 50mg twice daily, od pressure less than 125, the 6/18. #3's May 2019 electronic tration Record (eMAR) y for metoprolol tartrate 50mg systolic blood pressure less				
	administered from (-There was no space documented on the	ce for blood pressures to be eMAR. umentation that the resident's				
	revealed: -There was an entry twice daily hold for stan 125The metoprolol tan administered from 0-There was no space documented on the -There was no documented on the oblood pressure was 06/01/19-06/21/19. Review of Resident revealed:	ce for blood pressures to be eMAR. umentation that the resident's recorded from #3's vitals signs report				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. BOILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	Interview with a lea 07/24/19 at 3:53pm - She did not know opressures were not always check his bl - No one ever told h pressures anywher. Interview with the R (RCC) on 07/24/19 - The parameters w system therefore the eMAR She noticed that the showing up on the element of the least of the did not realize parameters were not always training on the eMAR system that the least of the eman of the ema	d medication aide (MA) on revealed: why Resident #3's blood listed on the eMAR, but "we ood pressure". er to document the blood e else. Resident Care Coordinator at 10:05am revealed: ere not checked in the eMAR er orders did not appear on the eMAR and corrected it. ead medication aide/previous rdinator (RCC) on 07/24/19 at the blood pressure of implemented on the eMAR. See gave her orders to enter em, and she did not have any	D 367			
	-The lead MA was t she did not receive step down. -The RCC and the	he previous RCC, however training and was asked to DRC were responsible for meters populated on the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TTE, NC 282	I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 152	D 367			
		to be checked daily by the DRC and changes were to be				
	01/16/19 revealed of	ent #1's current FL-2 dated diagnoses included type 2 diabetes mellitus.				
	05/06/19 revealed a (gastroenterologist) used to cleanse the	#1's physician's orders dated a medication order from her GI for GoLytely (a medication colon prior to a colonoscopy) stituted; use as directed for				
	referral form" revea order from Residen on 05/20/19 for "Ga to cleanse the color	#1's "medical or emergency led the facility requested an t #1's Nurse Practitioner (NP) wiLyte-G (a medication used n prior to a colonoscopy) to done" and the NP had signed 19.				
	physician on 07/24/ -Resident #1 had be colonoscopy by her -He saw Resident # 04/12/19An order for GoLyt transportation drive	w with Resident #1's GI 19 at 9:41am revealed: een referred to him for a Primary Care Provider (PCP). f1 for a consultation on ely was provided to the r and faxed to the facility on #1's initial consultation on				
	04/12/19, and faxed 05/06/19, 05/20/19 Review of Resident Medication Adminis revealed: -There was no entry	d to the facility again on and 07/15/19. :#1's May 2019 Electronic tration record (eMAR)				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 367	scheduled colonose -There was no entry administered on 05 scheduled colonose -There was an entry GoLytely) to be adm 05/23/19 with docume administered. Telephone interview the facility's contract 10:37am revealed: -The facility faxed p pharmacyThe pharmacy entry systemIf the order provide would enter the me that dateIf the order did not pharmacy would enter eMAR for the follow -If the physician's o to go into the eMAR it would populate or administrationThe pharmacy did order dated 04/12/1 -The pharmacy entry order received on 0 following day (05/23 start dateThe facility had the times of scheduled to coordinate admir the scheduled color Interview with the le	copy. y for GoLytely to be /19/19 prior to the 05/20/19 copy. y for GaviLyte-G (generic for ninistered at 8:00am on mentation it had not been w with a representative from cted pharmacy on 07/25/19 at ohysician's orders to the ered the orders into the eMAR ed a start date, the pharmacy dication onto the eMAR for provide a start date, the other the medication onto the ving day. rder was new, the facility had a system and approve it before not receive Resident #1's 19 or 05/06/19 for GoLytely. ered Resident #1's GoLytely 15/22/19 onto the eMAR for the 18/19) because it did not have a e ability to adjust dates and administration, if necessary, nistration of the GoLytely with noscopy. ead Medication Aide dent Care Coordinator (RCC)	D 367			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TOW	NE		TH SHARON TE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
a -V at hat hat hat hat hat hat hat hat hat	colonoscopy on 0 Whomever receive t Resident #1's GI ave faxed the orde ne colonoscopy da She did not know F dministered GoLyte vas not on the eMA She did not know v GoLytely dated 05/0 harmacy so that it nd administered the olonoscopy appoint t would have been colytely order to the ne RCC at that time terview with the R evealed: The RCC was resp the pharmacy an harmacy. She had the capab mes of administrate eeded so medicati e administered bas or the colonoscopy a second interview coordinator (RCC) evealed: She was responsible nonthly. She would compar file or physician or nsure dosages an vere correct, and s	Resident #1 was scheduled for 5/06/19. ed the order for GoLytely given consult on 04/12/19 should er to the pharmacy and given te to the RCC at that time. Resident #1 was not ely on 05/19/19 because it AR. why Resident #1's order for 06/19 had not been sent to the could be added to the eMAR ne day prior to her 05/20/19 at each pharmacy because she was e. ECC on 07/25/19 at 2:33pm consible for faxing new orders of approving those orders in after they were entered by the folions such as GoLytely could sed on the appointment date	D 367			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 0172	.072010
EAST TO	OWNE		TH SHARON	N AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	since the last FL2 of the eMAR because verified them in the have to be correct a audited. Interview with the A 9:04am revealed: -She provided over-The RCC was rest the pharmacyThe pharmacy ent computer profileOnce the medicati facility, it was the R and approve the onthe pharmacyThe RCC was rest on the eMAR GoLy based on the date of appointmentGoLytely should no be administered to because she did no scheduled for 05/22-GoLytely should ha available for admin 05/19/19 for Reside A second interview 07/25/19 at 3:57pm aides (MA), the Resand the Director of responsible for chedaily.	are any new orders received or physician's order sheet to she thought if she had computer system, they would and would not need to be deministrator on 07/25/19 at sight to the RCC. Consible for sending orders to ered orders into a resident's on was dispensed to the CC's responsibility to verify der entered onto the eMAR by consible for entering the date tely should be administered of the colonoscopy of have been on the eMAR to Resident #1 on 05/23/19 of have a colonoscopy 4/19. The entered of the email and entered the medication on 05/05/19 and entered the medication of the email of the colonoscopy entered the medication of the email	D 367			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/	07/29/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
EAST TO	OWNE		TH SHARON TTE, NC 282	N AMITY ROAD 205			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
D 367	Continued From pa	ge 156	D 367				
	Parkinson's disease	e and major depression.					
	04/12/19 revealed a (gastroenterologist) used to cleanse the	#8's physician's orders dated a medication order from her GI for GoLytely (a medication colon prior to a colonoscopy) stituted; use as directed for					
	Review of Resident #8's "medical or emergency referral form" revealed the facility had requested an order from Resident #1's Nurse Practitioner (NP) on 05/20/19 for "GaviLyte-G (a medication used to cleanse the colon prior to a colonoscopy) to have colonoscopy done" and the NP had signed the order on 05/22/19.						
	physician's Medical 11:22am revealed: -Resident #8 had be colonoscopy by her -Resident #8 had be 04/12/19 for a cons -An order for GoLyt transportation drive the day of Resident	ely was provided to the r and faxed to the facility on #8's initial consultation on to the facility again on					
	Medication Administrevealed: -There was no entry administered on 05 scheduled colonosc -There was no entry administered on 05 scheduled colonosc	702/19 prior to the 05/03/19 copy. by for GoLytely to be 7/12/19 prior to the 05/13/19					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		1141 000440	B. WING		07/00/0040	
NAME OF	PROVIDER OR SUPPLIER	HAL060149		STATE, ZIP CODE	07/2	9/2019
EAST TO		4815 NOR	TH SHARON	AMITY ROAD		
LAGITO			TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 367	Continued From page 157		D 367			
	GoLytely) to be administered on 05/23/19 at 1:00am with documentation it had not been administered.					
	revealed there was solution GaviLyte-G	#8's July 2019 eMAR an entry for the bowel prep to be administered on with documentation it had				
	Telephone interview with a representative from the facility's contracted pharmacy on 07/25/19 at 10:37am revealed: -The facility faxed physician's orders to the pharmacy. -The pharmacy entered the orders into the eMAR system. -If the order provided a start date, the pharmacy would enter the medication onto the eMAR for that date. -If the order did not provide a start date, the pharmacy would enter the medication onto the eMAR for the following day. -If the physician's order was new, the facility had to go into the eMAR system and approve it before it would populate onto the eMAR for administration. -The pharmacy did not receive Resident #8's					
	order received 05/23 following day (05/23 start dateThe facility had the times of scheduled to coordinate admir the scheduled color	ered Resident #8's GoLytely (2/19 onto the eMAR for the (3/19) because it did not have a eability to adjust dates and administration, if necessary, histration of the GoLytely with noscopy.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE	•	
EAST TOWNE		TH SHARON TE, NC 282	NAMITY ROAD 05		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE
was the only supery-She was very busy Resident #8's GoLy for administrationShe did not adminidocumented she had because she was sometimes of or 07/25/19 -The RCC was responsive to the pharmacy and the eMAR system as pharmacyShe had the capable times of administratine of administratine of administratine of administered bate of the colonoscopy. She did not know with she administered of the colonoscopy. She did not know with administered of the colonoscopy. She was responsive monthlyShe was responsive monthlyShe would compare FL2 or physician or ensure dosages and were correct, and separameters requiring been reportedShe did not compare since the last FL2 of the eMAR because verified them in the	m to 12:15am on 07/14/19 and visor on staff that day. and did not remember stely populating on the eMAR sister the GoLytely but ad administered it probably to busy. Resident Care Cooordinator at 2:33pm revealed: consible for faxing new orders did approving those orders in after they were entered by the bility of adjusting dates and tion in the eMAR system, if tions such as GoLytely could sed on the appointment date	D 367			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	7 Continued From page 159		D 367			
	9:04am revealed: -She provided over -The RCC was responsible for che daily.	ered orders into a resident's on was dispensed to the CC's responsibility to verify der entered onto the eMAR by consible for entering the date tely should be administered				
	revealed diagnoses failure (CHF), chror	s included congestive heart nic obstructive pulmonary ypoxia, acute renal failure and				
	05/11/19 revealed a U-100 insulin (a me	ent #4's physician order on an order for a Novolog flexpen edication used to control ar), 8 units three times a day				
	06/19/19 revealed a	at #4's physician order on an order for a Novolog flexpen nits three times a day with				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/29/2019	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 4=	
EAST TO	OWNE		TH SHAROI TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 367	Medication Adminis 06/19/19 through 06/19/19 through 06/19/19 through 06/19/19 through 06/19/19 three was an entry three times a day wat 7:00am, 12:00pm. There was docume units was administered sand 5:00pm from 06/10 there was an entry units to be administered three administered three 11:30am and 4:30pm 06/25/19. For seven days the 2019 eMAR, from 06/25/19. There was no days the 2019 eMAR, from 06/25/19. There was the RCC -She had received when she began we she had received when she began we she was not sure was no production of the eMAR with the finon 07/24/19 at 11:11. The administered three admin	a #4's June 2019 electronic stration Record (eMAR) from 6/25/19 revealed: by for Novolog flexpen, 8 units with meals, to be administered in and 5:00pm. Centation Novolog flexpen 8 ered daily at 7:00am, 12:00pm 6/19/19 through 06/25/19. by for a Novolog flexpen 10 tered three times a day with 1:30am and 4:30pm. Centation Novolog 10 units was etimes a day at 6:30am, in from 06/19/19 through 06/25/19, for 8 units and 10 units, to be times a day with meals Cead Medication Aide/previous redinator (RCC) on 07/24/19 at until 07/08/19. Cess to review the eMARs for who discontinued the Novolog a day with meals, or why it MAR for 7 days. Cest Shift Medication Aide (MA)	D 367			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A BOLEBING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	administrationShe did not notice eMAR and 2 differed for Novolog insulin 06/25/19She administered insulin, 10 units, to Telephone interview pharmacy on 07/24-Orders received by physician were entered from the physicianThe pharmacy con interface with the farmacy staffThe physician's or units to be administ meals was entered the pharmacy staffThe default time for indicated by the physiciated by the physician adjust the times as Interview with the Discovery of the pharmacyShe did not review she thought the ReaccuracyShe did not know through 06/25/19.	there were 2 entries on the ent dosages for administration from 06/19/19 through the 7:00am dose of Novolog Resident #4. w with the facility's contracted /19 at 3:30pm revealed: w the pharmacy from a ered on the eMAR. discontinued, the pharmacy to have a discontinue order enputer system does not acility's computer software. ement staff could discontinue	D 367			
	revealed:	100 on 07/20/10 at 7. 10pill				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 0172	0/2010
EAST TO	OWNE		TH SHARON	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 367	approving the entry-She did not review existing ordersShe did not know to documented as adrunits on the eMAR 06/25/19. Interview with the A4:20pm revealed: -The lead MA was to she did not receive step downThe eMARs were to MAS, RCC, and the made as needed. b. Review of Resided dated 06/06/19 revealed: -The lead MA was to she did not receive step downThe eMARs were to MAS, RCC, and the made as needed. b. Review of Resident dated 06/06/19 revealed: -There was an entrolead be administered daily at through 07/23/19There was document administered daily at through 07/23/19Incruse Ellipta was 48 times from 06/06/06/06/06/06/06/06/06/06/06/06/06/0	orders on the eMAR before	D 367			
		use Ellipta hand held device				

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DIVIDION	of Fleath Service INC	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL060149	B. WING		07/29/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			, ,	NAMITY ROAD		
EAST TOWNE		TE, NC 282				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				,		
D 367	Continued From pa	ge 163	D 367			
	inside a plastic bag	with a computer generated				
	pharmacy label.	1 3				
		on the label was 06/06/19				
		n open date was 06/06/19.				
		ses in the device to be				
	administered.					
	-The number 12 wa	as displayed on the dose				
	counter, indicating	12 doses were left to be				
	administered, and 1					
	administered since 06/06/19.					
	Telephone interview	v with the facility's contracted				
		/24/19 at 3:30pm revealed:				
		n active order dated 06/06/19				
		2.5mcg, inhale 1 puff by				
	mouth daily.	2.omog, imale i pair by				
		pensed inhalers for residents				
		rder and at the facility's				
		nedication was completed or				
	the medication had					
		a inhaler was sent each time to				
	•	e were 30 doses in each				
	device.	s were 50 doses in each				
		Incruse Ellipta was dispensed				
	on 06/06/19.	morade Empla was disperided				
		s from the facility for Incruse				
		ed or dispensed from the				
	pharmacy.	a or dispensed from the				
		was identified as "30" in the				
	dose counter windo					
		n will bring this number down				
	by 1.	ir wiii briing tille namber dewir				
		receiving daily doses of the				
		should have completed the				
	medication on 07/0					
		dication aide (MA) on				
	07/25/19 at 10:40ar					
	-She administered to	the Incrusa Ellinta breathing				

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treatment to Resident #4 when she worked on

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			D WING			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
EAST T	OWNE		RTH SHARON ITE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	this medication car-She did not put the that the device was-She did not know should last-she tho-She did not usually-When she did ass sure the medication check to see how rinhalers. Interview with the E (DRC) on 07/25/19-She has been revifor complianceThe Resident Care overseeing the medication carts in She expected the RCC if there was a -She expected the medications as ord practitionerShe did not know doses administered c. Review of Resident Medication Adminis 07/01/19 through 0-There was an entrought twice a day, to and 8:00pm.	t. e open date on the plastic bag in. how long the medication ught 30 or 45 days. y assist with cart audits. ist with cart audits, she made n was on the cart but did not many doses were left with the Director of Resident Care at 3:20pm revealed: ewing the resident's records e Coordinator (RCC) had been dications, the medication carts the process used to audit the this facility. MAs to report to her or the problem with medications. MAs to administer the ered by the licensed the Incruse Ellipta had 18 d in 48 days. ent #4's physician's order ealed an order for an Advair device, 250-50mcg/dose, the lungs twice a day. tt #4's July 2019 electronic estration Record (eMAR) from	D 367			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	EAST TOWNE 4815 NO CHARLO			N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	puff twice a day was 8:00pm from 07/01/1-There was an entry diskus administer a -There was an entry 250-50mcg, inhale administered at 8:00 07/12/19 through 07/12/19 on 07/12/19 on the pla -There was an Adva in a plastic bag with label and directions -There was a handwor/04/19 on the pla -The dose counter was 142". Telephone interview pharmacy on on 07 -Resident #4 had a for Wixela 250-50m twice daily. The pharmacy disp with a physician's o request, when the request, when the reference in the place of the Advair -Wixela Inhaler was 07/12/19 for Reside 07/12/12/19 fo	s administered at 8:00am and /19 through 07/12/19. y for the end date of Advair t 8:00pm on 07/12/19. y for Wixela blister with device, one puff twice a day, to be 0am and 8:00pm, from 7/24/19. entation Wixela blister with diministered at 8:00am and /19 through 07/24/19. dications on hand on 07/23/19: air diskus 250-50mcg device a computerized pharmacy -1 puff twice a day. written opened date of stic bag. window on the Advair diskus ela blister with device on the v with the facility's contracted /24/19 at 3:30pm revealed: n active order dated 07/12/19 acg, inhale 1 puff by mouth opensed inhalers for residents reder and at the facility's medication was completed or expired ntacted and it was explained aler (Wixela) would be sent in diskus for insurance reasons. is sent to the facility on	D 367			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	29/2019
NAME OF	PROVIDER OR SUPPLIER	4815 NOF		STATE, ZIP CODE N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	Resident #4 was lou- She had not seen and the pharmacist had wixela inhaler was diskus. Since she had the administered the Adsir Diskus under eMAR because the discontinued. Interview with the Agroup of the pharmacy. The RCC was respected the pharmacy. The pharmacy entercomputer profile. Once the medication facility, it was the R and approve the ord the pharmacy. The eMARs were the made as needed. She did not know the Advair breathing the Wixela breathing the series.	revealed: where the Wixela inhaler for cated. the Wixela inhaler. d conveyed to the MA the a generic form of the Advair Advair diskus on the cart, she dvair to Resident #4. hat she administered the reference to the Advair diskus entry was dministrator on 07/25/19 at consible for sending orders to dered orders into a resident's con was dispensed to the CC's responsibility to verify derentered onto the eMAR by to be checked daily by the DRC and changes were to be the MAS were administering the eatments and documented the eatments were administered. TE FOR THE STANDARD LL NOT EXCEED	D 367			
D 375	Medications	05(a) Self-Administration Of	D 375			
	⊢ IUA NGAG 13E 10	05 Self -Administration Of	11			I

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUI IDENTIFICATION		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/29/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
EAST TO	OWNE		RTH SHARON TTE, NC 282	I AMITY ROAD 05			
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 375	Medications (a) An adult care h who are competent self-administer their requirements are m (1) the self-adminis physician or other p prescribe medicatio documented in the (2) specific instructi	ome shall permit residents and physically able to medications if the following	D 375				
	This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure 1 of 5 sampled residents with an order for a hand held inhaler, used to treat shortness of breath (SOB), had a physician's order to self administer the medication, (Resident #4).						
	The findings are:						
	Review of Resident #4's current FL2 dated 01/21/19 revealed diagnoses included congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), hypoxia, acute renal failure and diabetes.						
	Review of Resident #4's physician order on 06/19/19 revealed an order for Albuterol Sulfate inhaler, 90mcg, inhale 2 puffs every 4-6 hours as needed for shortness of breath.						
		#4's June and July 2019 on administration record					

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(eMAR) from 06/19/19 through 07/24/19

STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	N AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 375	revealed: -There was an entry 90mcg, inhale 2 put 4-6 hours as neede -There was no dock inhaler was adminis 07/24/19. Observation of the Resident #4 on 07/2 Albuterol inhaler was administration. Interview with the fi on 07/23/19 at 2:55 -Resident #4 kept the person to self admi breathThe MA did not keemedication cartResident #4 did not the medication cartResident #4 did not used the Albuterol inhere was no dock frequency of usage Interview with Residence with the inhale breathHe did not report to the inhalerHe did not know he albuterol inhaler even	y for Albuterol Sulfate inhaler ffs, to be administered every d for shortness of breath. Immentation the Albuterol stered from 06/19/19 through medications on hand for 23/19 at 2:55pm revealed the is not available for rest shift Medication Aide (MA) pm revealed: he Albuterol inhaler on his nister when he felt short of the pthe Albuterol inhaler on the st self administer any of his treport to the MAs when he inhaler. Immentation of Resident #4's for the Albuterol inhaler. Indent #4 on 07/23/19 at 1:05pm arol handheld inhaler in a cloth	D 375			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		1141.000440	B. WING		07/6	00/0040
NAME OF		HAL060149			0712	29/2019
	PROVIDER OR SUPPLIER			STATE, ZIP CODE N AMITY ROAD		
EAST T	OWNE		TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 375	revealed: -There was a hand in the cloth bagThe inhaler did not the device nor the cadministration. Review of the facilit Resident Self-Admirevealed: -Residents would mrequirements for semedications: -The resident would ableThe resident would to self administer, a recordSpecific instruction medication would be-The physician would a change in mental compliant with the policies. Interview with the Pon 07/23/19 at 1:35-The PCP had president #4 also with the policies medication in the facilityThe Albuterol inhaltimes the resident leaverience shortnees the resident leaverience shortneesThe Albuterol inhaltimes the resident leaverience shortnees the resident leaverience shortneesThe Albuterol inhaltimes the resident leaverience shortnees the resident leaverience	held Albuterol sulfate inhaler thave Resident #4's name on directions for proper by's policy and procedure for inistration of Medications neet the following elf administration of the competent and physically thave an order by a physician and kept in the resident's as for administration of the e printed on the label. Id be notified if a resident had or physical ability or was non orbysicians orders or facilities Primary Care Provider (PCP) from revealed: cribed the Albuterol inhaler as as of breath for Resident #4. It was prescribed an Albuterol or, administered with a mask, as as of breath. Iter was prescribed for the eft the facility and may	D 375			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 375	treatment with the reffectiveness. -Due to Resident #4 want to review the Resident #4 was retreatments. -He did not know Radministering the A Interview with the Revealed: -She had been imp MAs to audit their construction. -She also had been herself. -She verified the resummary with the recart. -She did not know Radministering his Alaministering his Alaministering his Alaministering his Alamedication cart. -She did not know the medication cart in the Polymer of the Market Hamiltonian as order practitioner. -She did not know the medications as order practitioner. -She did not know the medication carts in the medication carts in the medication carts in the medication carts in the wall and the medications as order practitioner. -She did not know the did n	inister the Albuterol nebulizing mask for maximum I's diagnoses, the PCP would eMARs to determine how often questing prn breathing esident #4 was self libuterol inhaler. ICC on 07/25/19 at 4:10pm lementing and training the arts weekly. auditing the medication carts esident's physician order esident's medications on the Resident #4 was self buterol inhaler. Why that was not observed desident #4's medications. Irrector of Resident Care at 3:20pm revealed: n overseeing the medications, and the orders. he process used to audit the this facility. MAs to administer the ered by the licensed the Resident #4 was self buterol inhaler. dministrator on 07/25/19 at RCC were responsible for the	D 375			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON FTE, NC 282	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 375	-She had requested carts to be completed weekThe completed carthe RCC and herse -She had not review dateShe did not know Fadministering his Al-She expected the las ordered by the p	I audits of the medication ed as soon as possible last torder forms were given to lf. Wed the current cart audits to Resident #4 was self buterol inhaler as needed. WAs to administer medications hysician. TE FOR THE STANDARD LL NOT EXCEED	D 375			
D 444	Requirements 10A NCAC 13F .12 Requirements (g) With regard to a circumstances desortacility shall notify the enforcement author of the county in whin notified. Document be maintained by the available for review This Rule is not me Based on interviews facility failed to assign enforcement for 1 certains.	any resident death under cribed in G.S. 130A-383, a ne appropriate law rities so the medical examiner ch the body is found may be ation of such notification shall be facility and be made by the Division upon request.	D 444			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL060149	B. WING		07/	29/2019	
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
NA/NE	4815 NOI	RTH SHARON	AMITY ROAD			
OWNE	CHARLO	TTE, NC 2820)5			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETE DATE	
The findings are: Review of Resident 02/07/19 revealed of diabetes, cerebral of depression. Review of Accident #9 dated 06/25/19 and -The location of the bathroom. -The incident was nown in the type of injury of type of the type of injury of the type of the type of injury of the type of injury of the type of injury of the type of type	#9's current FL2 dated diagnoses included dementia, vascular accident, and vascular accident, and vascular accident, and vascular accident, and vascular accident for Resident at 10:03pm revealed: incident was in the resident's non witnessed. vas documented as "no injury. mented as administered by tion was documented as dent has expired". the family were notified.	D 444				
Review of Resident dated 06/24/19 at 5 passed away in the Telephone interview the medication aide 06/24/19 when Res unresponsive revea -She was unsure whon 06/24/19 around -The policy is when do CPR until EMS a over CPR. -The residents were and documented or -She had charted in 5:15am "Resident p	#9's electronic progress note :15am revealed "Resident bathroom." y on 07/25/19 at 9:00am with (MA) who worked on ident #9 was found aled: hat happened to Resident #9 15:00am. a resident is a full code you arrived in the facility to take to be check every 2 hours a facility 2-hour check log. the computer system at bassed away in the bathroom."					
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa The findings are: Review of Resident 02/07/19 revealed of diabetes, cerebral of depression. Review of Accidenta #9 dated 06/25/19 a -The location of the bathroomThe incident was n -The type of injury of -First aid was docur "medics"The resident condituresponsive; "resident condituresponsive; "resident condituresponsive; "resident dated 06/24/19 at 5 passed away in the Telephone interview the medication aide 06/24/19 when Resulted of 06/24/19 when Resulted of -She was unsure w on 06/24/19 around -The policy is when do CPR until EMS a over CPRThe residents were and documented or -She had charted in 5:15am "Resident p -Resident #9 was o	PROVIDER OR SUPPLIER STREET AE 4815 NOI CHARLO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 172 The findings are: Review of Resident #9's current FL2 dated 02/07/19 revealed diagnoses included dementia, diabetes, cerebral vascular accident, and depression. Review of Accident/Incident Reports for Resident #9 dated 06/25/19 at 10:03pm revealed: -The location of the incident was in the resident's bathroomThe incident was non witnessedThe type of injury was documented as "no injuryFirst aid was documented as administered by "medics"The resident condition was documented as unresponsive; "resident has expired"The physician and the family were notifiedThere was no documentation the local law enforcement were contacted. Review of Resident #9's electronic progress note dated 06/24/19 at 5:15am revealed "Resident passed away in the bathroom." Telephone interview on 07/25/19 at 9:00am with the medication aide (MA) who worked on 06/24/19 when Resident #9 was found unresponsive revealed: -She was unsure what happened to Resident #9 on 06/24/19 around 5:00amThe policy is when a resident is a full code you do CPR until EMS arrived in the facility to take over CPRThe residents were to be check every 2 hours and documented on a facility 2-hour check logShe had charted in the computer system at 5:15am "Resident passed away in the bathroom."	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' 4815 NORTH SHARON CHARLOTTE, NC 2820 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 172 The findings are: Review of Resident #9's current FL2 dated 02/07/19 revealed diagnoses included dementia, diabetes, cerebral vascular accident, and depression. 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PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) The findings are: Review of Resident #9's current FL2 dated 02/07/19 revealed diagnoses included dementia, diabetes, cerebral vascular accident, and depression. Review of Accident/Incident Reports for Resident #9 dated 06/25/19 at 10:03pm revealed: -The location of the incident was in the resident's bathroom. The resident was documented as administered by "medics"The resident condition was documented as unresponsive; resident as expired"The physician and the family were notifiedThere was no documentation the local law enforcement were contacted. Review of Resident #9's electronic progress note dated 06/24/19 at 5:15am revealed "Resident passed away in the bathroom." 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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	OWNE		TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 444	#9's] body." -"Maybe she choke -She did not think s law enforcement. Review of the EMS revealed: -The facility had not -There was docume doing CPR for Resi Telephone interview 07/29/19 at 3:30pm -He was dispatched of 06/24/19 for Res -He found Resident floor near the toilet -There was no staff #9's code status or of death. Interview with the L 3:00pm revealed: -She completed an when Resident #9 v gave it to the forme -She was not aware was to be called in unresponsive on the -She completed the present at the facilit found unresponsive -She completed the former Administrato formShe was not sure e morning on 06/24/1	on the floor near [Resident d." he needed to contact the local call report dated 06/24/19 to contacted EMS until 5:26 am. entation there were no staff dent #9. If with the Lead Crew Medic on revealed: If to the facility on the morning ident #9. If #9 laying on the bathroom on her back. If available to report Resident to report the cause or the time ead Supervisor on 07/25/19 at Incident Accident Report was found unresponsive and regards to Resident #9 found the bathroom floor. If the local law enforcement regards to Resident #9 found the bathroom floor. Incident form but was not the ty when Resident #9 was	D 444			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 444	Interview with the R (RC) on 07/26/19 a -She was unsure w were not notifiedShe was unsure w documentation by t morningThe MA should corenforcement when unresponsive on th Interview with the A 11:45 am revealed: -She had been wor 2019She did not know t not notified regardir unresponsive on th -She thought if Emerican were contacted, the contact the local law neededShe relied on her leall incidents reports authority if needed Telephone interview on 07/29/19 at 12:1 -His last day as Adr 06/28/19The night shift MA between 4:30 am a #9 had expiredHe did not know if because he did not	ncident report but did not think enforcement. Resident Care Coordinator to 10:25 am revealed: hy the local law enforcement thy there was no he MA that was working that entacted the local law she found Resident #9 to bathroom floor. Idministrator on 07/26/19 at king in the facility since July 1, the local law enforcement were not resident #9 found to bathroom floor. The engancy Medicinal Services by would be the ones to any enforcement, if they were the ead supervisor to follow up on and to contact the proper for any death or injury. In with the former Administrator revealed: Ininistrator of this facility was called him on 06/24/19 and 5:30am to report Resident to the end of the end	D 444			

6899

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 444	Continued From pa	ge 175	D 444			
	REFER TO TAG 27 CORRECTION DAT DEFICIENCY SHALL SEPTEMBER 1, 20	TE FOR THE STANDARD LL NOT EXCEED				
D 451	10A NCAC 13F .12 and Incidents	12(a) Reporting of Accidents	D 451			
	Incidents (a) An adult care he department of social incident resulting in accident or incident resident requiring resident requiring resident.	12 Reporting of Accidents and ome shall notify the county al services of any accident or resident death or any resulting in injury to a eferral for emergency medical ization, or medical treatment				
	facility failed to assu social services (DS which resulted in de	s and record reviews, the ure the county department of S) was notified of an incident eath to 1 of 1 sampled resident unresponsive on the				
	The findings are:					
	02/07/19 revealed of	#9's current FL2 dated liagnoses included dementia, ascular accident, and				

Division of Health Service Regulation STATE FORM

PHEM11 If continuation sheet 176 of 187

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
,	0. 00.11.120.10.1		A. BUILDING:			
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	NAMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 451	Continued From pa	ge 176	D 451			
	Review of Accident #9 dated 06/25/19 and the location of the bathroom. The location of the bathroom. The incident was reflected to the location of the bathroom. The type of injury of the location of the	/Incident Reports for Resident at 10:03pm revealed: incident was in the resident's non witnessed. was documented as "no injury. mented as administered by tion was documented as dent has expired". The family were notified. Lumentaion the incident report local county DSS. #9's electronic notes dated in revealed "Resident passed om."				
	county DSS on 04/ -There was no door faxed incident reportunesponsive without emergency medicates. The had not receive Reports related to be sometimes. The completed and when Resident #9 with gave it to the formet and the sometimes. The completed and the sometimes are the sometimes. The completed and the sometimes are the sometimes are the sometimes. The sometimes are the sometimes are sometimes and the sometimes are sometimes. The sometimes are sometimes are sometimes are sometimes are sometimes. The sometimes are sometimes are sometimes are sometimes are sometimes. The sometimes are sometimes are sometimes are sometimes are sometimes. The sometimes are sometimes are sometimes are sometimes are sometimes. The sometimes are sometimes are sometimes are sometimes are sometimes are sometimes are sometimes. The sometimes are sometimes are sometimes are sometimes are sometimes are sometimes are sometimes. The sometimes are sometimes. The sometimes are sometimes. The sometimes are sometimes. The sometimes are so	l evaluation on 04/24/19. yed any Incident and Accident Resident #9. ead Supervisor on 07/25/19 at Incident Accident Report was found unresponsive and or Administrator. policy to notify a e local county DSS through an ent report when a resident				

Division of Health Service Regulation

STATE FORM 6899 PHEM11 If continuation sheet 177 of 187

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	HAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FAST TOWNF		TH SHARON TTE, NC 282	NAMITY ROAD 05		
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
incident report for Relocal DSS. Interview with the Rec (RCC) on 07/26/19 are. The lead Supervisor completing Incident a faxing the report to the lincident and Accident Administrator after the Interview with the Administrator after the Incident and Supervisor responsible for notifying reports of incidents and accident faxed or emailed to a county DSS. -She did not know the been notified regarding unresponsiveIt was the facility's perepresentative of the Incident and Accident required anything oth the Incident and Accident required anything oth the Incident and Accident required anything oth the Incident and Accident required anything that the Incident faxed to the Incident faxed faxed to the Incident faxed faxed to the Incident faxed	county DSS. The fax confirmation the resident #9 was sent to the resident #9 was sent to the resident Care Coordinator at 10:25am revealed: The would be responsible for and Accident Reports and the local DSS. The reports were given to the responsible for and Accident Reports and the local DSS. The reports were given to the responsible for and the Administrator were ring the local county DSS of and accidents. The Reports were usually a representative of the local are local county DSS had not not report when a resident report when a resident the resident the resident ment to the local county DSS. The population of the local county DSS through an are report when a resident report when a resident report when a resident report of the local county DSS. The population of the local county DSS was available for review are incident report for 06/24/19 are local county DSS. The formation the fax confirmation report for 06/24/19 are local county DSS. The formation the fax confirmation report for 06/24/19 are local county DSS. The formation the fax confirmation report for 06/24/19 are local county DSS. The formation the fax confirmation report for 06/24/19 are local county DSS.	D 451			

	AND DUAN OF CORRECTION TO TRANSPORT TO THE CATION NUMBERS		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF I			DDECC CITY (STATE ZID CODE	0112	3/2013
	PROVIDER OR SUPPLIER			STATE, ZIP CODE NAMITY ROAD		
EAST TO	OWNE		TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D912	Continued From pa	ge 178	D912			
D912	G.S. 131D-21(2) De	eclaration of Residents' Rights	D912			
	Every resident shall 2. To receive care a adequate, appropria	aration of Residents' Rights have the following rights: and services which are ate, and in compliance with distate laws and rules and				
	reviews, the facility had the right to rece are adequate, appro- relevant state laws	ons, interviews and record failed to assure every resident eive care and services which opriate and in compliance with and rules related to tration, personal care,				
	The findings are:					
	review, the facility fa assistance to 2 of 5 sampled related to post-surgical care a [Refer to Tag 0269,	ion, interviews, and record ailed to provide personal care residents (#2 and #5) colostomy care, bathing and ifter a knee replacement. 10A NCAC 13F. 0901(a) Supervision (Type B				
	reviews, the facility orders were implem	ons, interviews, and record failed to assure physicians' nented for 3 of 7 sampled s #1, #3, #8) related to ions for scheduled				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TOWNE			TH SHARON TTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D912	colonoscopies (#1 a administration, fingle and blood pressure 0276, 10A NCAC 13 (Type A2 Violation)] Based on observati review, the facility fastaffing hours were shifts (7:00am-3:00 11:00pm-7:00am) I residents, with 29 o 06/24/19 through 03 Tag 0219, 10A NCA (Type B Violation)]. Based on observati reviews, the facility referral and follow-tor 4 of 7 sampled refollowing up with a consult after a hosp (Resident #2), not remissed appointment an endocrinology conotifying the physiciappointments (Resident #2)	and #8), medication er stick blood sugar checks, checks (#3). [Refer to Tag 3F. 0902(c)(4) Health Care l. on, interviews and record ailed to assure the required met on first, second and third pm, 3:00pm to 11:00pm and based on a census of 69 -72 of 49 shifts sampled from 7/14/19 understaffed. [Refer to AC 13F. 0606 Staffing Chart long, interviews and record failed to assure healthcare up to meet the medical needs residents related to not cardiology and pulmonology bitalization for chest pain notifying the physician of a lat and delayed rescheduling of onsult (Resident #3), and not ian of 3 missed colonoscopy idents #1 and #8). [Refer to AC 13F. 0902(b) Health Care	D912			
D914	G.S. 131D-21 Decl	eclaration of Residents' Rights laration of Residents' Rights I have the following rights: ntal and physical abuse, eation.	D914			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	29/2019
	FAST TOWNE 4815 NOR			TATE, ZIP CODE Amity Road 5		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D914	This Rule is not me Based on observati reviews, the facility free of neglect in co state laws and rules		D914			
	review, the facility fastaffing hours were shifts (7:00am-3:00 11:00pm-7:00am) residents, with 29 0 06/24/19 through 0	on, interviews and record ailed to assure the required met on first, second and third pm, 3:00pm to 11:00pm and based on a census of 69 -72 f 49 shifts sampled from 7/14/19 understaffed.[Refer to 13F .0606 Staffing Chart]				
	review, the facility fassistance to 2 of 5 sampled according Resident #5 colostor and Resident #2 poreplacement.[Reference to 2 of 5 sampled according to 2 of 5 sampled a	on, interviews, and record ailed to provide personal care residents (#2 and #5) to the care plans related to amy care and personal care ast-surgical care after a knee to tag 269,10A NCAC 13F. are and Supervision (Type A2				
	reviews, the facility was provided to 2 con (Resident #12 and a history of substant knife, beer and mar returned to the facility intoxicated and small intimidated staff and	ons, interviews, and record failed to assure supervision f 7 sampled residents #13) related to a resident with ice abuse, found to have a rijuana in his room, who ity on several occasions elled of marijuana, frequently d residents, threatening and resident (Resident #13), and a				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060149	B. WING		07/2	9/2019
NAME OF	PROVIDER OR SUPPLIER	4815 NOR		STATE, ZIP CODE N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D914	#13, in the back conthreatened and assadditional supervision the staff (Resident RNCAC 13F .0901(b) Supervision (Type A) Based on record refacility failed to respand in accordance policy and procedur (Resident #9) as excardiopulmonary refound unresponsive	on the same hall as Resident riner of the facility, who was aulted by him, with no on provided for her safety by #12)[Refer to tag 270, 10A) Personal Care and A2 Violation).] views and interviews, the cond to incidents immediately with the facility's established res for one resident sampled ridenced by failing to perform suscitation (CPR) who was e.[Refer to tag 271, 10A NCAC nal Care and Supervision	D914			
D980	this Article shall res facility. Each facility training to staff to in residents' rights inc. This Rule is not me TYPE A1 VIOLATION Based on other recand record reviews assure the manage of the facility were i maintained for persand follow-up, healt	ementation Inplementing the provisions of twith the administrator of the y shall provide appropriate inplement the declaration of luded in G.S. 131D-21.	D980			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/29/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
EAST TO	OWNE		TH SHARON	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D980	Continued From pa	ge 182	D980			
	electronic medication administration record (eMAR), resident rights, staffing, self administration, reporting of accidents and incidents, and death reporting.					
	The findings are:					
	Interview with the Administrator on 07/26/19 at 11:45am revealed: -She started as the Administrator 3 weeks agoShe knew Resident #5 had a foul body odor around July 4, 2019 when Resident #5's family member contacted herShe did not know that staff were not assisting Resident #5 with colostomy care. Interview with the Administrator on 07/29/19 at 10:20am revealed:					
	-The Administrator had not been overseeing the scheduling since she had delegated this to the RCCShe did not know there were several shifts that					
	Interview with the A 9:22am revealed, "V	dministrator on 07/24/19 at We don't have the staff to" one calls to the physicians - t".				
	responsible party or revealed: -There were so man that "no one seems -When she came to weekends, she cou -"It appears that the themselves."	visit after 5:00pm and on				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EAST TO	WNE		TH SHARON TTE, NC 282	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D980	reviews, the facility referral and follow-to for 4 of 7 sampled of following up with a consult after a hosp (Resident #2), not of missed appointment an endocrinology conotifying the physic appointments (Resident #2), and NCAC (Unabated Type A1 2. Based on record facility failed to respand in accordance policy and procedur (Resident #9) as excardiopulmonary refound unresponsive 13F .0901(c) Perso (Type A2 Violation). 3. Based on observing and proceduring an	reas: rations, interviews and record failed to assure healthcare up to meet the medical needs residents related to not cardiology and pulmonology bitalization for chest pain notifying the physician of a not and delayed rescheduling of consult (Resident #3), and not ian of 3 missed colonoscopy idents #1 and #8). [Refer to color 13F.0902(b) HealthCare Violation).] reviews and interviews, the cond to incidents immediately with the facility's established res for one resident sampled videnced by failing to perform suscitation (CPR) who was e.[Refer to tag 271, 10A NCAC anal Care and Supervision	D980			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* *	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		HAL060149	B. WING		07/2	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		TH SHARON TTE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	(Resident #4), a merelaxant (Resident at reat seizures and band a medication usual #13). [Refer to tag 3 Medication Adminis 4. Based on observe reviews, the facility was provided to 2 of (Resident #12 and a history of substank hife, beer and marreturned to the facility assaulting another assaulting another assaulting another aresident who lived of #13, in the back conthreatened and assaultional supervision the staff (Resident and NCAC 13F .0901(b) Supervision (Type #5. Based on observe reviews, the facility orders were implementation instruct colonoscopies (Resident preparation instruct colonoscopies (Resident and blood pressure to tag 276, 10A NCAC and Supervision (Based on observition) and blood pressure to tag 276, 10A NCAC are and Supervision (Based on observition).	o prevent difficulty in breathing edication used as a muscle #10), a medication used to bipolar disorder (Resident #11) sed for agitation (Resident 858, 10A NCAC 13F .1004(a) tration (Type A1 Violation).] ations, interviews, and record failed to assure supervision of 7 sampled residents #13) related to a resident with the eabuse, found to have a rijuana in his room, who ity on several occasions celled of marijuana, frequently did residents, threatening and resident (Resident #13), and a conthe same hall as Resident riner of the facility, who was aulted by him, with no con provided for her safety by #12). [Refer to tag 270, 10A of the provided for her safety by #12). [Refer to tag 270, 10A of the provided for her safety by #12). [Refer to tag 270, 10A of the provided for 3 of 7 sampled is #1, #3, #8) related to	D980			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	· ´COM		SURVEY LETED
	HAL060149	B. WING		07/2	9/2019
NAME OF PROVIDER OR SUPPLIER			TATE, ZIP CODE		
EAST TOWNE		TH SHARON TTE, NC 2820	I AMITY ROAD 05		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
11:00pm-7:00am) residents, with 29 or 06/24/19 through 07 tag 219, 10A NCAC (Type A2 Violation). 7. Based on observing review, the facility facts assistance to 2 of 5 #5) sampled according to Resident #5's colding care and Resident review. The Administrator's for the overall operasignificant noncompregulations regarding readmission to the Resident #2 not so pulmonology appoint readmission to the Resident #3 missing treatment of uncontain an elevated A1C encephalopathy and and Residents #1 as scheduled colonosore. Resident #9 who wow CPR was not attempreparation; Resident #1 and Resi	pm, 3:00pm to 11:00pm and based on a census of 69 -72 of 49 shifts sampled from 7/14/19 understaffed. [Refer to 2:13F.0606 Staffing Chart] ration, interviews, and record ailed to provide personal care of residents (Residents #2 and ding to the care plans related lostomy care and personal #2's post-surgical care after a [Refer to tag 0269, 10A NCAC anal Care (Type A2 Violation)]. failure to assure responsibility ation of the facility resulted in obliance with state rules and hig: sheduled for cardiology and antments leading to a local hospital for chest pains; g an endocrinology consult for trolled diabetes which resulted and hospitalization for d a blood glucose of 60mg/dL, and #8 each missing three copy appointments.	D980			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060149	B. WING		07/2	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE			N AMITY ROAD		
EASTIC	VVVINE	CHARLOT	TE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D980	Continued From pa	ge 186	D980			
	Gemfibrozil and wa dose of Metoprolol diabetes and high be #4 who missed 30 cmissed 9 of 9 doses documentation of attreatment or as need breathing treatment hospitalization for depropriate care of noticeable foul body receiving proper caresulting in risk of fanon-mobility. -Lack of sufficient services for 20 of 46 shifts receiving the necessafter surgery; a lack who demonstrated attreatening behavior a resident being four	s needed Albuterol nebulizing ded Albuterol hand held administered resulting in a				
	the facility resulted					
		d a plan of protection in S. 131 D-34 on 07/26/19.				
		TE FOR THE TYPE A1 NOT EXCEED AUGUST 26,				

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