Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
,		ISERTIN CONTROLLER	A. BUILDING: _		""	
		HAL060136	B. WING		01/3	0/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MINT HILL	SENIOR LIVING		YERS ROAD TE, NC 28227			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		COMPLETE DATE
D 000	Initial Comments		D 000			
		sure Section and the Department of Social an annual survey on January				
D 161	10A NCAC 13F .0504 For LHPS Tasks	1(a) Competency Validation	D 161			
	Licensed Health Prof. (a) An adult care hornon-licensed personred personred practicing in their governed by their practicensing laws are condemonstration for any specified in Subparage Rule .0903 of this Superforming the task and subparage performing the task and subparage per	nel and licensed personnel licensed capacity as lictice act and occupational mpetency validated by return y personal care task graph (a)(1) through (28) of bchapter prior to staff nd that their ongoing lictic description				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	facility failed to ensur aides (Staff A and Stavalidated by a Licens return demonstration, non-invasive ventilate	ews and interviews, the e 2 of 2 sampled medication aff E) were competency ed Health Professional, with , for the monitoring of a or.				
	The findings are:					

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

(X6) DATE TITLE

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMP	LETED
		HAL060136	B. WING		01	/30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
MINT UII I	SENIOR LIVING	10830 LA	WYERS ROAD			
IVIIIVI TILL	SENIOR LIVING	CHARLO	TTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 161	Continued From pag	e 1	D 161			
	01/10/20 revealed di chronic obstructive p centrilobular emphysiconcomitant restriction obesity hypoventilation respiratory failure within the bloodstream) a carbon dioxide (CO2 chronic congestive himology of the conference of t	agnoses included severe pulmonary disease (COPD), sema severe stage III-IV with on from obesity, suspected on syndrome, chronic th hypoxia (low oxygen levels and hypercapnia [excessive et) in the bloodstream], and eart failure (CHF). Ha's physician's order dated or order for a non-invasive octurnal and daytime use octurnal and daytime use, or napping with a duration of chronic respiratory failure, obesity hypoventilation is to the administration of without using an invasive in endotracheal tube).				
	summary dated 01/1 -Resident #4 was ho 12/29/19-01/10/20 fo	0/20 revealed:				
	with hypoxemia and -"Patient initially requ					
	-Resident #4 had "se respiratory failure red throughout the cours could lead to death. positive airway press ruled out other poter -"Arranged NIV for h	quiring NIV therapy se of 24 hours, interruption Has failed BIPAP (bi-level sure) and Pulmonary has stially effective alternative." ome use per Pulmonary. or volume targeted NIV to be				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
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		HAL060136	B. WING		01/3	0/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
MINT HILI	SENIOR LIVING		WYERS ROAD TTE, NC 28227			
(V4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	TION	(V5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 161	Continued From page	e 2	D 161			
	summary dated 01/28 was hospitalized fron	#4's hospital discharge 8/20 revealed Resident #4 n 01/25/20-01/28/20 for a severe COPD exacerbation.				
	-Staff A was hired as 01/13/20.	s personnel record revealed: a medication aide (MA) on station of competency				
	validation for License Support (LHPS) task	ed Health Professional s dated 01/14/20.				
	Interview with Staff A revealed:	on 01/29/20 at 3:35pm				
	NIV because she cou					
	operate or monitor R	d any training on how to esident #4's NIV.				
	Interview with the LH 1:48pm revealed:	PS RN on 01/30/20 at				
	Skills Competency Esatisfactory completion	r initials on Staff A's LHPS valuation form for the on of return demonstration				
	pressure devices" on	continuous positive air 01/14/20. esident #4 had a NIV until				
	today (01/30/20).	the facility had orders for a				
	continuous positive a	irway pressure (CPAP)				
	device, or NIV.	tive airway pressure (BIPAP)				
		palize to her what she would lous positive air pressure				
		not have her perform return				
		competency validated on tinuous positive air pressure n demonstration.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURV COMPLETE		
		HAL060136	B. WING		01/30/2	020
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ATE, ZIP CODE		
MINT HILL	SENIOR LIVING		VYERS ROAD TE, NC 28227			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 161	Continued From page	: 3	D 161			
		competency validated on ident #4's NIV utilizing				
	Refer to interview with 11:18am.	n Resident #4 on 01/29/20 at				
		erview with a nurse at cologist's office on 01/30/20				
	Refer to interview with Care (DRC) on 01/30	n the Director of Resident /20 at 11:15am.				
	=	erview with Resident #4's r (PCP) on 01/30/20 at				
	Refer to interview with at 1:48pm.	n the LHPS RN on 01/30/20				
	Refer to interview with 01/30/20 at 2:30pm.	n the Administrator on				
		s personnel record revealed: a medication aide (MA) on				
	-There was document validation for License Support (LHPS) tasks	d Health Professional				
	revealed: -Staff did not assist R because the durable is company remotely mo was able to apply the	d any training on how to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		HAL060136	B. WING		01/30/2	020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MINT HILL	SENIOR LIVING		WYERS ROAD			
			TE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE C	(X5) COMPLETE DATE
D 161	Continued From page	e 4	D 161			
	Interview with the LHI 1:48pm revealed: -Staff E was competer monitoring of continued devices utilizing returning another resident's CF-Staff E had not been the monitoring of Resident demonstration. Refer to interview with 11:18am. Refer to telephone interview with 10:05am. Refer to interview with 10:05am. Refer to telephone interview with 10:05am.	PS RN on 01/30/20 at ency validated in 2018 for the ous positive air pressure in demonstration with PAP device. competency validated on sident #4's NIV utilizing The Resident #4 on 01/29/20 at enclositive air nurse at enclogist's office on 01/30/20 The the Director of Resident				
	Refer to interview with at 1:48pm.	h the LHPS RN on 01/30/20				
		h the Administrator on				
	was not breathing we her bed onto the floor -Her breathing was so was intubated and "a -Upon discharge from	d on 12/26/19 because she II, passed out, and fell off r, breaking her nose. o poor in the hospital she				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		HAL060136	B. WING		01/30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
MINT HILL	SENIOR LIVING		YYERS ROAD		
	OLIMANA DV. OT		TE, NC 28227	PROVIDEDIO DI AN OF CORDECTIO	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 161	Continued From page	5	D 161		
	-She had to return to 01/24/20 due to diffice -She was supposed to slept, including naps, -She had not worn the unable to get the face -She "asked a couple her, but they didn't seput the mask on)."	ulty with breathing. o use the NIV anytime she but she had not yet worn it. e NIV because she was			
	revealed: -Resident #4's last vison 12/06/19He did not know the NIV for Resident #4, I planned to order one -The NIV would keep Resident #4's bloodst-If Resident #4 did no continue to build up ir would affect her cognability to apply the mathe expected facility simportance of using the assist her in applying	hospitalist had ordered a but the Pulmonologist had anyway. the CO2 levels down in tream. It wear the NIV, CO2 would an her bloodstream which ition, and therefore her ask herself. It was to reiterate the ne NIV to Resident #4 and			
	into acute respiratory in her death. Interview with the Dire (DRC) on 01/30/20 at -She was responsible Licensed Health Profe Registered Nurse (RN	ector of Resident Care 11:15am revealed: for communicating with the essional Support (LHPS) N) about any new tasks			
	assure staff were train	so the LHPS RN could ned properly. nicated to the LHPS RN			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
			B. WING			
		HAL060136	B. WING		0	1/30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	ZIP CODE		
MINIT LIII	L CENIOD LIVING	10830 LA	WYERS ROAD			
WINI HIL	L SENIOR LIVING	CHARLO	TTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 161	Continued From page	e 6	D 161			
	-Staff were not allowed her NIV because it we practice." -She did not think MA assisted living facilities	4 having an order for a NIV. ed to assist Resident #4 with as "outside their scope of as could assist with a NIV in es, so she did not notify the t #4's order for a NIV.				
	Care Provider (PCP) revealed: -Resident #4 had a common was supposed to weater -Resident #4 had free COPD exacerbationIt was important for I was important for I at all times while sleen to, her O2 levels wow would rise causing he with another COPD exacerbations dyingHe expected facility	Resident #4 to use the NIV eping" because if she did ould drop and her CO2 levels er to be hospitalized again exacerbation. Is could lead to Resident #4 to encourage her to wear it,				
	1:48pm revealed: -She was responsible aides (MA) were comperforming LHPS tas-The DRC was respoaresident had a new assure the MAs were validated on the task-She did not know Retoday (01/30/20)She did not always uaway of competency	nsible for alerting her when LHPS task so she could trained and competency prior to performing it. esident #4 had a NIV until use return demonstration as				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	or connection	IDENTIFICATION NOWIDER.	A. BUILDING: _		COM	LLILD
		HAL060136	B. WING		01/	30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MINT HILI	SENIOR LIVING		WYERS ROAD TTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 161	her initials for satisfar the LHPS Skills Comstaff person had succeed demonstration of the Interview with the Ad 2:30pm revealed: -The DRC was responsed when a resident I LHPS RN could train taskThe LHPS RN was recommunication foldefacility for notification -She expected the LH	she would have them orrect procedure. Only supposed to document octory completion of a task on petency Evaluation form if a cessfully completed return task. In the state of a notifying the LHPS and a new LHPS task so the staff on how to perform the responsible for checking her reach time she visited the of any new LHPS tasks. HPS RN to demonstrate	D 161			
	a return demonstration and a return demonstration are left ask, she expected the	eturn demonstration of the ne LHPS RN to not initial on on the LHPS Skills				
	medication aides were Registered Nurse, with the monitoring of Resventilator (NIV), resurable to use her NIV a hospitalization for a service This was detrimental the resident and conservice The facility provided	re competency validated by a th return demonstration, for sident #4's non-invasive lited in Resident #4 not being and resulted in another severe COPD exacerbation. to the health and safety of stitutes a Type B Violation. a plan of protection in . 131D-34 on 01/30/20 for				
	this violation. CORRECTION DATE					

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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	
			D. WING		
		HAL060136	B. WING		01/30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	TE, ZIP CODE	
MINT HILL	_ SENIOR LIVING	10830 LA	WYERS ROAD		
WIINT FILL	2 SENIOR LIVING	CHARLO	TTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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 APPROPE DEFICIENCY)	BE COMPLETE
D 161	Continued From page	· 8	D 161		
	VIOLATION SHALL N 2020.	OT EXCEED MARCH 15,			
D 255	10A NCAC 13F .0801	(c)(1) Resident Assessment	D 255		
	(c) The facility shall a resident is completed significant change in tusing the assessment Paragraph (b) of this I this Subchapter, signi resident's condition is (1) Significant change following: (A) deterioration in tw living; (B) change in ability to (C) change in the abil grasp small objects; (D) deterioration in be where daily problems become problematic; (E) no response by the for an identified proble (F) initial onset of unpof five percent of body period or 10 percent via six-month period; (G) threat to life such or metastatic cancer; (H) emergence of a pwhich is a superficial abrasion, blister or sh (I) a new diagnosis of the resident's physical well-being such as ini disease or diabetes;	determined as follows: is one or more of the o or more activities of daily o walk or transfer; ity to use one's hands to chavior or mood to the point arise or relationships have e resident to the treatment em; lanned weight loss or gain weight within a 30-day weight loss or gain within a as stroke, heart condition,			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED	
		HAL060136	B. WING		01	/30/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	TE ZIP CODE	1 0	100/2020
			WYERS ROAD	ic, zii oobe		
MINT HILI	L SENIOR LIVING	CHARLO	TTE, NC 28227			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 255	care no longer match (K) new onset of impa (L) continence to inco- catheter; or (M) the resident's con-	nat the established plan of es what is needed; aired decision-making; ontinence or indwelling adition indicates there may straint and there is no	D 255			
	reviews, the facility fa assessment was com significant change in	ns, interviews and record iled to ensure an upleted within 10 days of a condition for 1 of 5 sampled rders for a non-invasive				
	chronic obstructive pu centrilobular emphyse concomitant restrictio obesity hypoventilatio respiratory failure with levels in the bloodstre [excessive carbon dio	agnoses included severe ulmonary disease (COPD), ema severe stage III-IV with in from obesity, suspected on syndrome, chronic in hypoxia [low oxygen (O2) eam] and hypercapnia				
	01/09/20 revealed an ventilator (NIV) for no with distress, fatigue,	4's physician's order dated order for a non-invasive cturnal and daytime use or napping with a duration chronic respiratory failure.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			D. WILLO		
		HAL060136	B. WING		01/30/2020
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
MINT HILL	SENIOR LIVING		VYERS ROAD TE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
				DEFICIENCY)	
D 255	Continued From page	e 10	D 255		
	- ,	to the administration of thout using an invasive			
	12/31/19 revealed: -Resident #4 was on continuous O2There was no docum required any devices				
	summary dated 01/10 -Resident #4 was hos 12/29/19-01/10/20 for Influenza A infection a with hypoxemia and h -"Patient initially requ mechanical ventilation 01/04/20." -Resident #4 had "ser respiratory failure req throughout the course could lead to death. positive airway pressiruled out other potent -"Arranged NIV for hos	spitalized from r a total of 12 days due to and acute respiratory failure hypercapnia. ired intubation as well as nshe was extubated on were COPD, chronic duiring NIV therapy e of 24 hours, interruption Has failed BIPAP (bi-level ure) and Pulmonary has tially effective alternative." one use per Pulmonary. or volume targeted NIV to be			
	to Resident #4's room Observation of Resid 11:18am revealed the	enting the NIV was delivered in at the facility on 01/09/20. ent #4's room on 01/29/20 at ere was a NIV sitting on a sefect from Resident #4's			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060136	B. WING		01/30/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIP CODE	1 01/00/2020
NAME OF T	TOVIDEIT OIT OOI I EIEIT		WYERS ROAD	1.1., 211 0001	
MINT HILL	. SENIOR LIVING		TTE, NC 28227		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 255	Continued From page	e 11	D 255		
	bed.				
	was not breathing we her bed onto the floor -Her breathing was so was intubated and "all-Upon discharge from medical equipment (ENIV to the facility and -She had to return to 01/24/20 due to diffice -She was supposed to slept, including naps, -She had not worn the unable to get the face -She "asked a couple her, but they didn't see put the mask on)." -She was able to app wore her O2 at 4L/M	d on 12/26/19 because she II, passed out, and fell off r, breaking her nose. Do poor in the hospital she Imost died." In the hospital, the durable DME) company delivered a Showed her how to use it. Ithe hospital again on In the hospital series it. In the hospital series it. In the hospital she durable Ithe hospital again on In the hospital she durable Ithe hospital s			
	(MA) on 01/29/20 at 1	ing shift medication aide I:48pm revealed Resident			
	because the durable	ff did not assist her with it medical equipment (DME)			
	was able to apply the	onitored it, and Resident #4 face mask herself.			
	revealed: -Resident #4 had a cuher severe COPDThe order was received.	with Resident #4's t on 01/29/20 at 3:12pm urrent order for a NIV due to yed during Resident #4's ne NIV was delivered to the			

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-Resident #4 should use the NIV anytime she

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7.1.15 . 2.1.1			A. BUILDING: _		"""	
		HAL060136	B. WING		01/3	0/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MINT HILL	SENIOR LIVING		WYERS ROAD			
		TE, NC 28227				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
D 255	Continued From page	e 12	D 255			
D 233	was sleeping because shallow during sleep a carbon dioxide (CO2) Interview with an ever 3:35pm revealed: -Resident #4 had a NO2, and she applied be-staff did not assist RIV or O2 because slinterview with the Dire (DRC) on 01/30/20 at She was responsible care plansShe knew Resident the NIV, for breathing significant change in She knew a significant required a new care plot daysShe did not complete Resident #4 within 10 change in condition a	e her breathing was very and, without the NIV, her levels would elevate. In levels would elevate. It was an	D 255			
	-It was the DRC's res resident care plans in	ponsibility to complete all cluding reassessments due				
		rent's condition. re completed a new care f Resident #4 requiring a				
	2:30pm revealed: -Her expectation was when a resident had a	for the DRC to identify a significant change in te a new care plan within 10				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED			
			B. WING		04/20/2000		
		HAL060136	B. WING		01/30/2020		
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE			
MINT HILL	SENIOR LIVING		OTTE, NC 28227				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		BE COMPLETE				
D 255	Continued From page	13	D 255				
		uld have been completed ident #4 requiring a NIV for					
D 276	10A NCAC 13F .0902	(c)(3-4) Health Care	D 276				
	following in the reside (3) written procedures a physician or other lie and (4) implementation of	ssure documentation of the					
	This Rule is not met a THIS IS A TYPE A1 V						
	reviews, the facility fa orders were implement	s, interviews, and record iled to ensure physician's nted for 2 of 5 sampled n order for a noninvasive 4) and wound care					
	The findings are:						
	01/10/20 revealed:	t #4's current FL2 dated severe chronic obstructive					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE	SURVEY LETED	
			A. BUILDING: _	A. BUILDING:		
		HAL060136	B. WING		01	/30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MINT HILL	SENIOR LIVING		WYERS ROAD ITE, NC 28227			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE
D 276	Continued From page	e 14	D 276			
5210	pulmonary disease ((emphysema severe serestriction from obesi hypoventilation syndre failure with hypoxia [Ibloodstream] and hypodioxide (CO2) in the congestive heart failure. There was an order 4 liters per minute (LAReview of Resident # 01/09/20 revealed and	copp), centrilobular stage III-IV with concomitant ty, suspected obesity rome, chronic respiratory ow oxygen (O2) levels in the percapnia [excessive carbon bloodstream], and chronic are (CHF). for continuous oxygen O2 at VM).				
	ventilator (NIV) for nocturnal and daytime use with distress, fatigue, or napping with a duration up to 24 hours due to chronic respiratory failure, severe COPD, and obesity hypoventilation syndrome (NIV refers to the administration of ventilatory support without using an invasive artificial airway like an endotracheal tube). Review of Resident #4's record revealed a delivery ticket documenting the NIV was delivered to Resident #4's room at the facility on 01/09/20.					
	February 2020 electradministration record	s (eMAR) revealed there V and no documentation the				
	dated 12/26/19 revea	t4's accident/incident report aled, at 5:20pm, Resident #4 assed out onto the floor" and ocal hospital.				
	physical dated 12/26 -Resident #4 present					

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, a soles into:			
		HAL060136	B. WING		01/30/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MINT HILL SENIOR LIVING			YERS ROAD			
			TE, NC 28227			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 276	Continued From page	e 15	D 276			
	an initial O2 saturation after an "episode of licout, hit face and nose-Resident #4 reported bed, she fell forward a coughing spell. Patien coughing spells, she hand dizziness and half episodes (a syncopal blood pressure and histressful trigger, result this." -Resident #4's fall resident hand in the stress of the sale bone.	n of 78% on 2 L/M of O2, ghtheadedness and passed" I "that while sitting in her and hit her face after a int reports during her tends to feel lightheaded is had multiple syncopal episode is a sudden drop in eart rate, because of a liting in fainting) related to sulted in a closed fracture of				
	Review of Resident #4's hospital history and physical dated 12/29/19 revealed: -Resident #4 presented with "persistent hypoxemic and hypercapnic respiratory failure, not improving since 12/26/19, now intubated." -Resident #4 was "sedated, intubated, and restrained." -"Of note, the patient had significant tussive syncope (tussive syncope is a syncopal episode which is triggered by coughing) and had several falls recently. In the emergency room, she was found to have a scalp abrasion and a nondisplaced nasal fracture."					
	summary dated 01/10 -Resident #4 was hos 12/29/19-01/10/20 for Influenza A infection a with hypoxemia and h -"Patient initially requ	spitalized from a total of 12 days due to and acute respiratory failure hypercapnia. ired intubation as well as ashe was extubated on were COPD, chronic				

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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	
		HAL060136	B. WING		01/30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MINT HILI	SENIOR LIVING		VYERS ROAD TE, NC 28227		
			TE, NC 20227		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 276	Continued From page	: 16	D 276		
	throughout the course could lead to death. I positive airway pressuruled out other potent -"Arranged NIV for ho Should have BIPAP of set up at her assisted. Review of Resident # dated 01/24/20 reveareported "I can't breat local hospital. Review of Resident # 01/24/20 revealed: -Resident #4 was sendepartment (ED) for each of shortness of breath -"Gave resident an all is a medication used called a nebulizer to the shortness of breath) by	e of 24 hours, interruption Has failed BIPAP (bi-level ure) and Pulmonary has ially effective alternative." In the use per Pulmonary. It volume targeted NIV to be living facility." 4's accident/incident report led, at 9:47pm, Resident #4 the" and was admitted to the 4's progress notes dated ut to the emergency evaluation due to complaints buterol treatment (albuterol with a special machine			
	resident on 4 L/M of o	•			
	was hospitalized from	4's hospital discharge 8/20 revealed Resident #4 001/25/20-01/28/20 for a severe COPD exacerbation.			
	11:18am revealed the	ent #4's room on 01/29/20 at ere was a NIV sitting on a feet from Resident #4's			
		nt #4 on 01/29/20 at d on 12/26/19 because she			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED
			A. BOILDING		
HAL060136			B. WING		01/30/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
A41517 1 111 1	OFNIOR LIVING	10830 LA	WYERS ROAD		
MINI HILL	. SENIOR LIVING	CHARLO	TTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 276	Continued From page	e 17	D 276		
	her bed onto the floor -Her breathing was so was intubated and "al -Upon discharge from medical equipment (E NIV to the facility and -She had to return to 01/24/20 due to diffici -She was supposed to slept, including naps, -She had not worn the unable to get the face -She "asked a couple her, but they didn't se put the mask on)." -She was able to app wore her O2 at 4L/M	r, breaking her nose. c poor in the hospital she lmost died." In the hospital, the durable DME) company delivered a showed her how to use it. the hospital again on ulty with breathing. o use the NIV anytime she but she had not yet worn it. e NIV because she was e mask on properly. of staff members to help eem to know either (how to			
	Interview with a morning shift medication aide (MA) on 01/29/20 at 1:48pm revealed: -Staff did not assist Resident #4 with her NIV because the DME company remotely monitored it, and Resident #4 was able to apply the face mask herselfResident #4 had never complained to her about being short of breath or having difficulty applying the face mask.				
	revealed: -Resident #4 had a content had visited Resident NIVShe visited Resident shortly after her hosp Resident #4 and a Market Resident Resi	t on 01/29/20 at 3:12pm urrent order for a NIV due to			

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STATEMEN [*]	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060136	B. WING		01/30/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AN	DRESS, CITY, STA	TE ZIR CODE		
NAME OF T	NOVIDER OR SOLT EIER		WYERS ROAD	TE, Zii GODE		
MINT HIL	L SENIOR LIVING		TTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 276	Continued From page	e 18	D 276			
	download each night by staff at the DME of the control of the process of the control of the cont	and was reviewed remotely ompany. The her with any issues monitoring. The acility was on 01/22/20 after om the monitoring staff that been wearing her mask. The facility, the Director of also expressed to her that been wearing her mask. The facility, the Director of also expressed to her that been wearing her mask. The mask herself "at the limportance of a land and limboring it. The mail from the monitoring report had are very high" from the limportance of a land and limboring report had are very high" from the limportance of limboring the NIV was turned as not wearing the face. The limboring staff to encourage Resident and limboring was very and, without the NIV, her wate. The staff to encourage Resident and make sure she had the limboring shift of the limboring shift MA on 01/29/20 at the li				

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-She went to Resident #4's room around 9:45pm

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AND DIAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	1 ' ') DATE SURVEY COMPLETED	
		HAL060136	B. WING		01/3	0/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
MINT HILL	. SENIOR LIVING	10830 LAW	YERS ROAD			
CHARLOT		CHARLOTT	E, NC 28227			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 276	Continued From page	: 19	D 276			
D 276	and "she was gray." -Resident #4 was we not her NIVShe checked Reside pulse, respirations, ar called EMSResident #4's BP was respirations were 22 a 97.6She did not check Rebecause MAs were noted. The she was transported to the albuterol treatment and she did to a she was transported. When EMS arrived, to 20 saturation and it was the albuterol treatment so she was transported. Resident #4 had not short of breath prior to the short of breat	aring her nasal cannula but nt #4's blood pressure (BP), nd temperature and then s 124/80, pulse was 113, and her temperature was esident #4's O2 saturation ot allowed. o administer an albuterol I so. they checked Resident #4's vas low at 79%, even after and being on 4L/M of O2, ed to the hospital. complained to her of being o this time. IV and nasal cannula for ooth devices herself. esident #4 with applying her ane could do it herself. er requested her assistance ce mask. on Resident #4 prior to coppm, and she was always ask. sident #4 wore her O2 each at Resident #4 wore her NIV attime on the eMAR because do so. ained on how to apply	D 270			
	Care nurse on 01/30/ -Resident #4 was add	vith Resident #4's Palliative 20 at 9:00am revealed: nitted to Palliative Care on education and to work with				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		HAL060136	B. WING		01	/30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
MINT HIL	L SENIOR LIVING		WYERS ROAD			
	1	CHARLO	OTTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 276	her on her goals of cand out of the hospital breathing issues. -They were hoping to re-hospitalizations. -She expected staff to use her NIV and to as mask if needed to aichospitalizations. Telephone interview Pulmonologist's office revealed: -Resident #4's last vion 12/06/19. -He did not know the NIV for Resident #4, planned to order one -The NIV would keep Resident #4's bloods -If Resident #4 did not continue to build up it would affect her cognability to apply the machility to apply the machility to apply the machility to apply the machility importance of using the expected facility importance of using the assist her in applying -Not using the NIV continued to acute respiratory in her death. Interview with the Dir (DRC) on 01/30/20 are -Resident #4 had 2 had admission to the facility and set the -The Respiratory The Respiratory The Respiratory The	are because she had been in all so much with her prevent future o encourage Resident #4 to ssist her with applying the drin preventing with a nurse at Resident #4's e on 01/30/20 at 10:05am sit to the Pulmonologist was hospitalist had ordered a but the Pulmonologist had anyway. The CO2 levels down in tream. of wear the NIV, CO2 would in her bloodstream which nition, and therefore her ask herself. staff to reiterate the he NIV to Resident #4 and the face mask. buld cause Resident #4 to go of failure potentially resulting rector of Resident Care to 11:15am revealed: ospitalizations since her	D 276			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MINT HILL SENIOR LIVING 10830 LAWYERS ROAD CHARLOTTE, NC 28227 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 276 COMPLETED O 1/30/202	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10830 LAWYERS ROAD CHARLOTTE, NC 28227 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMED TO THE APPROPRIATE DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	AND PLAN OF COR	
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D 276 Continued From page 21 D 276	PREFIX	
was not using the NIV. -Resident #4 had not used the NIV since it had been ordered. -She had not asked Resident #4 why she did not use the NIV. -Staff were not allowed to assist Resident #4 with her NIV because it was "outside their scope of practice." -She did not think MAs were allowed to assist with a NIV in assisted living facilities so they had left it up to Resident #4 to apply herself. -The NIV was not on the eMAR because staff were not allowed to do anything with it. Interview with the Executive Director (ED) on 01/30/20 at 11:25am revealed: -Her understanding was she was not supposed to let staff do anything with a NIV. -The staff had received no training on the NIV. Telephone interview with Resident #4's Primary Care Provider (PCP) on 01/30/20 at 11:30am revealed: -His last visit with Resident #4 was the first week in January 2020. -Resident #4 had a current order for a NIV and was supposed to wear it while sleeping. -The DRC had alerted him that Resident #4 was not using the NIV and the DME company had returned to the facility to re-educate Resident #4 on how to apply the mask. -Resident #4 had frequent hospitalizations due to CCPD exacerbation. -It was important for Resident #4 to use the NIV "at all times while sleeping" because if she did not, her O2 levels would rise causing her to be hospitalized again with another COPD exacerbation. -For a resident with COPD, he expected O2	was -Res been -She use t -Staff her N pract -She with : left it -The were Inter 01/30 -Her let st -The Telep Care revea -His in Ja -Res was : -The not u return on ho -Res COP -It wa "at all not, I would with :	

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10830 LAWYERS ROAD CHARLOTTE, NC 28227 [X4] ID FREFIX TAG SUMMARY STATEMENT OF DEPOLENCES (FREE TAGES AND TAGE AND THE STREET ADDRESS, CITY, STATE, ZIP CODE 10830 LAWYERS ROAD CHARLOTTE, NC 28227 D 276 COMPLITE NC 28227 D 276 CONTINUED FROM SUPPLIER CANDS REFERNATION OF LOCASECTION MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 276 CONTINUED FROM SUPPLIER CANDS REFERNATION SHOULD BE COMPLITE ON THE APPROPRIATE OF COMPLIT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE :		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY. STATE, ZIP CODE 10830 LAWYERS ROAD CHARLOTTE, NC 28227 (A4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCISS TAG CHARLOTTE, NC 28227 (PART OF TREGULATORY OR LSC IDENTIFYING INFORMATION) D 276 Continued From page 22 -If O2 saturation levels dropped below 80%, the resident would have anxiety, shortness of breath, and would end up in the hospital. -COPD exacerbaidons could lead to Resident #4 dyingHe expected facility staff to assist Resident #4 with applying the face mask, encourage her to wear it, and monitor to assure her compliance. Interview with the Administrator on 01/30/20 at 2:30pm revealed: -Her expectation when a new physician's order was received was for the DRC (or the Memory Care Manager (MCM) in her absence) to fax the order to the contracted pharmacyThe contracted pharmacy would enter the order onto the eMARThe DRC would then have to verify the entry was correct so it would populate on the computer system for Mas to seeShe expected the DRC to have faxed the order for Resident #4 so seeShe expected the DRC to have faxed the order for Resident #4 swearing the face mask and document her doing so or any refusals to wear itWhen a resident had orders for a new Licensed Health Professional Support (LHPS) task such as a NIV, the DRC was responsible for alerting the LHPS nurse so she could asserts staff were trained on its use, and they could asserts the	ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:		COMIT	LLILD
ININT HILL SENIOR LIVING CALID SUMMARY STATEMENT OF DEFICIENCIES CARACTER, NC. 28227 CALID REFEIX TAG CARACTER CARA			HAL060136	B. WING		01/	30/2020
CHARLOTTE, NC 28227	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CHARLOTTE, NC 28227 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES BY FULL TAG SECONDATE TO SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE D PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 276 Continued From page 22 -If O2 saturation levels dropped below 80%, the resident would have anxiety, shortness of breath, and would end up in the hospital. -COPD exacerbations could lead to Resident #4 dying. -He expected facility staff to assist Resident #4 with applying the face mask, encourage her to wear it, and monitor to assure her compliance. Interview with the Administrator on 01/30/20 at 2:30pm revealed: -Her expectation when a new physician's order was received was for the DRC [or the Memory Care Manager (MCM) in her absence] to fax the order to the contracted pharmacy. -The contracted pharmacy would enter the order onto the eMAR. -The DRC would then have to verify the entry was correct so it would populate on the computer system for MAs to see. -She expected the DRC to have faxed the order for Resident #4 was wearing the face mask and document her doing so or any refusals to wear it. -When a resident had orders for a new Licensed Health Professional Support (LHPS) task such as a NIV, the DRC was responsible for alerting the LHPS nurse so she could assire staff were trained on its use, and they could assire staff were trained on its use, and they could assire staff were trained on its use, and they could assire staff were trained on its use, and they could assire staff were trained on its use, and they could assire staff were trained on its use, and they could assire staff were trained on its use, and they could assire staff were trained on its use, and they could assire staff were trained on its use, and they could assire staff were trained on its use, and they could assire staff were trained on its use, and they could assire staff.	MINT HILL	SENIOR LIVING					
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 276 Continued From page 22 If O2 saturation levels dropped below 80%, the resident would have anxiety, shortness of breath, and would end up in the hospital. -COPD exacerbations could lead to Resident #4 dying. -He expected facility staff to assist Resident #4 with applying the face mask, encourage her to wear it, and monitor to assure her compliance. Interview with the Administrator on 01/30/20 at 2:30pm revealed: -Her expectation when a new physician's order was received was for the DRC [or the Memory Care Manager (MCM) in her absence] to fax the order to the contracted pharmacy would enter the order onto the eMAR. -The DRC would then have to verify the entry was correct so it would populate on the computer system for MAs to see. -She expected the DRC to have faxed the order for Resident #4 sNIV to the pharmacy so it could be implemented and added to her eMAR. -When a deed to the eMAR, the MAs could check to make sure Resident #4 was wearing the face mask and document her doing so or any refusals to wear it. -When a resident had orders for a new Licensed Health Professional Support (LHPS) task such as a NIV, the DRC was responsible for alerting the LHPS nurse so she could assure staff were trained on its use, and they could assist the		Г		TE, NC 28227			
If O2 saturation levels dropped below 80%, the resident would have anxiety, shortness of breath, and would end up in the hospital. -COPD exacerbations could lead to Resident #4 dying. I-the expected facility staff to assist Resident #4 with applying the face mask, encourage her to wear it, and monitor to assure her compliance. Interview with the Administrator on 01/30/20 at 2:30pm revealed: I-ther expectation when a new physician's order was received was for the DRC [or the Memory Care Manager (MCM) in her absence] to fax the order to the contracted pharmacy. -The contracted pharmacy would enter the order onto the eMAR. -The DRC would then have to verify the entry was correct so it would populate on the computer system for MAs to see. -She expected the DRC to have faxed the order for Resident #4's NIV to the pharmacy so it could be implemented and added to her eMAR. -When added to the eMAR, the MAs could check to make sure Resident #4 was wearing the face mask and document her doing so or any refusals to wear it. -When a resident had orders for a new Licensed Health Professional Support (LHPS) task such as a NIV, the DRC was responsible for alerting the LHPS nurse so she could assure staff were trained on its use, and they could assist the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETE
resident would have anxiety, shortness of breath, and would end up in the hospital. -COPD exacerbations could lead to Resident #4 dying. -He expected facility staff to assist Resident #4 with applying the face mask, encourage her to wear it, and monitor to assure her compliance. Interview with the Administrator on 01/30/20 at 2:30pm revealed: -Her expectation when a new physician's order was received was for the DRC for the Memory Care Manager (MCM) in her absence] to fax the order to the contracted pharmacy. -The contracted pharmacy would enter the order onto the eMAR. -The DRC would then have to verify the entry was correct so it would populate on the computer system for MAs to see. -She expected the DRC to have faxed the order for Resident #4's NIV to the pharmacy so it could be implemented and added to her eMAR. -When added to the eMAR, the MAs could check to make sure Resident #4 was wearing the face mask and document her doing so or any refusals to wear it. -When a resident had orders for a new Licensed Health Professional Support (LHPS) task such as a NIV, the DRC was responsible for alerting the LHPS nurse so she could assure staff were trained on its use, and they could assist the	D 276	Continued From page	e 22	D 276			
2. Review of Resident #3's current FL-2 dated 01/10/20 revealed diagnoses included stroke, hemiparesis, intracranial hemorrhage, dysphasia, and diabetes.	D 2/6	-If O2 saturation level resident would have a and would end up in the COPD exacerbations dyingHe expected facility with applying the face wear it, and monitor the Interview with the Adr 2:30pm revealed: -Her expectation where was received was for Care Manager (MCM order to the contracted phant onto the eMARThe DRC would there correct so it would posystem for MAs to see She expected the Dr for Resident #4's NIV be implemented and the was and document to wear itWhen a resident had Health Professional Standard on its use, and resident. 2. Review of Residen 01/10/20 revealed dia hemiparesis, intracrations.	Is dropped below 80%, the anxiety, shortness of breath, the hospital. Is could lead to Resident #4 staff to assist Resident #4 staff to fax the staff pharmacy. In have to verify the entry was appulate on the computer staff to the pharmacy so it could added to her eMAR. BEMAR, the MAS could check in #4 was wearing the face her doing so or any refusals and orders for a new Licensed Support (LHPS) task such as responsible for alerting the sould assure staff were do they could assist the staff were staff surrent FL-2 dated agnoses included stroke,	D 276			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
HAL060136		B. WING		01/3	0/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MINT HILL	SENIOR LIVING		VYERS ROAD			
			TE, NC 28227			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 276	Continued From page	23	D 276			
D 276	orders for minor skin on 01/10/20 revealed: -The area was to be on -Antibiotic ointment slands are should or gauze and tapeThe dressing should healed. Review of Resident # (PCP) visit note dated resident #3 indicate wound on his left ank resident #3 stated the resident #3 stated the resident #3 did not recame about and it local line in the saw Resident wound was not closed resident the MA to continue dresided wound care on the signed Resident included wound care on the word wound was not closed resident wound was not closed resident wound wound care on the MA to continue dresided wound care on the word resident wound word resident word resident word resident word resident word.	cleansed with normal saline. hould be applied. be covered with a band aid be changed as needed until 3's primary care provider's d 01/14/20 revealed: d he had a small open le. he wound was healing. he wound was healing. he member how the wound ked like a diabetic ulcer. Int #3's PCP on 01/28/20 at ent #3 on 01/14/20 his d. t #3's wound and instructed hessing the wound. #3's standing order which hat his first visit with him on to follow the standing order hany questions. hident #3's wound was still h today. 3's nursing notes revealed: has an entry documenting of swelling and pain on his had redness around a closed	D 276			
	"resident's ankle still s	as an entry documenting swollen and red around cream on and dressing."				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '			(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOWIDER.	A. BUILDING: _		COM	LETED
		HAL060136	B. WING			/30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
		10830 LA	WYERS ROAD			
MINT HILI	_ SENIOR LIVING		TTE, NC 28227			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE
D 276	Continued From page	2 4	D 276			
	Medication Administrative revealed: -There was no entry forder for minor skin to the arms of the arms	or the physician's standing ears and abrasions. nentation wound care had				
	Interview with a medication aide (MA) on 01/28//20 at 3:35m revealed: -She was the MA who dressed Resident #3's wound on his ankle on 01/27/20. -Resident #3 began complaining about the area on his ankle on 01/22/20. -She applied some antibiotic cream and covered it with gauze on 01/27/20. -She thought she was following the facility's policy when she treated Resident #3's wound and documented it in the nurse's notes. -She did not notify Resident #3's PCP of the wound. -When Resident #3 saw his PCP today Resident #3 told him about the wound on his ankle.					
	(DRC) on 01/28/20 at -The MA's should follo ordersThe physician's stand pharmacy and a faxed notebookThe physician order was recordThe physician order was profile by the pharmacy and a faxed notebookThe physician order was recordThe physician order was recordShe did not verify the implement the order faxed wound care orderShe did not go back	ow the physician's standing ding order was sent to the d confirmation was kept in a was placed back in Resident was added to resident cy.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL060136	B. WING		01/30/2020
	NAME OF PROVIDER OR SUPPLIER STREET ADD 10830 LAW CHARLOT			TE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 276	available as a remind -She was not required check after her once order and verified it. Interview with the Exco 1/28/20 at 3:45pm reshe did not know Refor wound care was responsible for wound care was responsible for wound care orders remain in a file the eMAR system ale -The DRC was to use verify the physician's -The DRC did not foll ensure the wound car verified. Interview with the Add 3:00pm revealed: -The DRC and Memowere responsible for wound care order was each order in the edit. -The DRC and MCM system to track and wo care order. The facility failed to infor a non-invasive verified to the content of the content of the care order.	der. d to have someone else to she reviewed a physician ecutive Director (ED) on evealed: esident #3's standing order not implemented until today RC to utilize the bucket visician orders were verified to the pharmacy. Allowed for physician's to basket to be reviewed once exted the DRC to verify them. The a two person check to orders. The own the bucket system to be order was followed until to the pharmacy of the pharmacy or the bucket system to the pharmacy. The order was followed until to the pharmacy of the pharmacy or the pharmacy. The pharmacy of the pharmacy. The pharmacy of the pharmacy o	D 276		

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exacerbations and who had to be intubated

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL060136	B. WING		01	/30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MINT HILI	SENIOR LIVING		AWYERS ROAD OTTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 276	during a hospital stay NIV, resulting in anot COPD exacerbation. physician's orders reharm and neglect of Type A1 Violation. The facility provided accordance with G.S this violation. CORRECTION DATE	and then required a home ther hospitalization for severe Failure to implement sulted in serious physical a resident and constitutes a plan of protection in . 131D-34 on 01/30/20 for	D 276			
D 358	(a) An adult care hor preparation and adm prescription and non-by staff are in accord (1) orders by a licens which are maintained (2) rules in this Sectionard procedures. This Rule is not met Based on observation review, the facility fair medications as order residents (Resident # used to treat hyperte.)	4 Medication Administration me shall assure that the inistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and ion and the facility's policies as evidenced by: as evidenced by: as, interviews and record led to administer red for 1 of 5 sampled (1) related to a medication ansion.	D 358			

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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	
		HAL060136	B. WING		01	/30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
MINIT LIII I	CENIOD LIVING	10830 LA	WYERS ROAD			
MINT HILL SENIOR LIVING CHARLO			TTE, NC 28227			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 27	D 358			
	hypertension.					
	01/10/20 revealed a r	treat hypertension) 50mg to				
	summary dated 01/24 order to change the d	1's hospital discharge 4/20 revealed a medication losage of metoprolol tartrate netoprolol tartrate 25mg				
		2's written prescriptions led a medication order for tablet twice daily.				
		y 2020 electronic medication s (eMARs) for Resident #1				
		or metoprolol tartrate 50mg twice daily scheduled at				
	-Metoprolol tartrate 50 administered twice da	Omg was documented as aily from 01/09/20 to ne days Resident #1 was				
		ening on 01/21/20 through				
	-Metoprolol tartrate 50 administered 7 out of	Omg was documented as 7 opportunities after the 01/24/20 to metroprolol				
	_	or metoprolol tartrate 25mg twice daily.				
	Observation of Residmedications on hand	ent #1's available on 01/28/20 revealed:				
		ole packs of metoprolol with 33 out of 60 tablets or administration.				

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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	
	HAL060136		B. WING		01/30/2020
NAME OF D			DDEGG OITY OTA	TE 7/D 00DE	1 01/00/2020
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
MINT HILL	. SENIOR LIVING		WYERS ROAD ITE, NC 28227		
	CUMMADY CT			DDOV/DEDIC DI AN OF CODDECTION	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	28	D 358		
	-There was one bubb tartrate 25mg tablets available for administ	with 2 tablets remaining			
	the facility's contracte 10:47am revealed:	with a representative from ad pharmacy on 01/29/20 at			
	-Resident #1 had a current physician order for metoprolol tartrate 25mg one tablet twice daily beginning on 01/24/20.				
	on 01/24/20.	s was delivered to the facility			
		ically "crosses over" the new d must then be verified by ill show on the eMAR.			
	Interview with a Media 01/28/20 at 3:45pm re	evealed:			
	-She administered medications according to the medication orders entered on Resident #1's eMARResident #1's eMAR had instructions to administer 50mg of metoprolol tartrate twice a day and that was what she administered to him.				
	-She could not recall tartrate she used to a	which card of metoprolol dminister the medication to			
		ertain she gave the correct ons listed on the eMAR.			
	Interview with a MA o revealed:	n 01/29/20 at 8:55am			
	according the entries				
	Resident #1 until the	etoprolol tartrate 50mg to morning dose on 01/29/20.			
	changed yesterday to	orolol tartrate dosage was metroprolol tartrate 25mg Director of Resident Care			
twice daily when the Director of Resident Care found the order.					

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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
, with the contraction	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLE	- ובט	
	HAL060136	B. WING		01/3	0/2020	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	TE, ZIP CODE			
MINT HILL SENIOR LIVING	10830 LAW	YERS ROAD				
MINT HILL SENIOR LIVING	CHARLOTT	TE, NC 28227				
PREFIX (EACH DEFICIENCY MUST	ENT OF DEFICIENCIES T BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 358 Continued From page 29		D 358				
Interview with Director of Ron 01/29/20 at 9:38am revishe knew about the change metoprolol tartrate for Resibecause she reviewed the summary. It was the Memory Care Maresponsibility to review and order changes for the reside the memory care unit. She knew the MCM was a Resident #1's metoprolol to saw the fax that was sent to MCM requesting the new of tartrate. The pharmacy would update according to the discharge faxed to them and once and the "system" would flag it wherself or the MCM to verificate approve it. Once the order show up on the eMAR for the She was unsure how the sent metoprolol tartrate for Resident #1 until a change eMAR system for the even Interview with MCM on 01/revealed: She reviewed the hospital dated 01/24/20 for Resider change in the dose of metofaxed a copy to the pharmatic control of the medical which prompted her to go in discontinue the previous of discontinue the previous of discontinue the previous of the control of the prompted her to go in discontinue the previous of discontinue the previous of the previous of discontinue the previous of discontinue the previous of	ge in dosage of ident #1 on 01/24/20 hospital discharge Manager's (MCM) dimplement medication dents who resided in aware of the change for artrate because she to the pharmacy by the dose of metoprolol ate the eMAR summary that was a eMAR was updated which required either fy the order and awas approved it would the MA to administer. 50mg dose of ident #1 remained on the eming dose on 01/28/20. Manager's (MCM) dimplement medication dents who resided in the summary that was a portion of the series of ident #1 remained on the eming dose on 01/28/20. Manager's (MCM) dimplement medicated a portion of the series and series and action order change into the "system" to	D 358				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060136	B. WING		01/	30/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
MINT HILI	MINT HILL SENIOR LIVING						
		CHARLO	TTE, NC 28227				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	2 30	D 358				
	the 25mg of metoprolol tartrateShe saw the order for Resident #1's metoprolol tartrate as a duplicate order and failed to notice the dosage was differentShe had not pulled the "old card" of 50mg metoprolol tartrate off the medication cart after making a change in the "system". Interview with Resident #1's primary physician on 01/29/20 at 11:41am revealed he did not know Resident #1 had not been getting his correct dose of metoprolol tartrate until this morning.						
	Interview with Administrator on 01/30/20 at 2:30pm revealed: -She expected the MAs to administer medications according to orders entered onto the eMARShe expected the DRC and MCM to implement the physician orders as prescribed and verify orders in a timely manner to ensure changes in dosages are not overlookedThe DRC and MCM were expected to use the bucket system to process physician's ordersThe bucket system used per the facility's protocol would require a medication order that was faxed to the pharmacy and entered into the eMAR to be placed in a specified location until the medication order was reviewed and verified by the DRC and MCMShe was not sure why the DRC was not using the facility's protocol but that was an expectation to help avoid medication errorsThe metoprolol tartrate order change from 50 mg to 25mg should have been on the eMAR and the old medication (50mg) cards should have been removed from the medication cart at the time of the order change.						
	Based on observations, interviews, and record reviews, it was determined Resident #1 was not						

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FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL060136	B. WING		01/30/2020	
ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
SENIOR LIVING					
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
Continued From page	: 31	D 358			
interviewable.					
G.S. 131D-21(2) Decl	aration of Residents' Rights	D912			
Every resident shall h 2. To receive care an adequate, appropriate	ave the following rights: d services which are e, and in compliance with				
Based on observation interviews, the facility received care and ser appropriate, and in co federal and state laws	s, record reviews, and failed to ensure residents vices which are adequate, empliance with relevant and rules and regulations				
The findings are:					
reviews, the facility fa sampled medication a were competency vali Care Professional. [R NCAC 13F .0504(a) L	iled to ensure 2 of 2 hides (Staff A and Staff E) idated by a Licensed Health efer to tag 0161, 10 A icensed Health Professional				
G.S. 131D-21(4) Decl	aration of Residents' Rights	D914			
Every resident shall h 4. To be free of menta	ave the following rights: al and physical abuse,				
	ROVIDER OR SUPPLIER SENIOR LIVING SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page interviewable. G.S. 131D-21 (2) Declar Every resident shall h 2. To receive care an adequate, appropriate relevant federal and s regulations. This Rule is not met a Based on observation interviews, the facility received care and ser appropriate, and in co federal and state laws related to staff compe The findings are: Based on observation reviews, the facility fa sampled medication a were competency vali Care Professional. [R NCAC 13F .0504(a) L Support (LHPS) tasks Violation]. G.S. 131D-21 (4) Declar Every resident shall h 4. To be free of menta	This Rule is not met as evidenced by: Based on observations. This Rule is not met as evidenced by: Based on observations, record reviews, the facility failed to ensure residents related to staff competency validation The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 sampled medication aides (Staff A and Staff E) were competency validated by a Licensed Health Care Professional. [Refer to tag 0161, 10 A NCAC 13F .0504(a) Licensed Health Professional Support (LHPS) tasks competency, Type B Violation].	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 10830 LAWYERS ROAD CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 31 Interviewable. G.S. 131D-21(2) Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure residents received care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to staff competency validation The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 sampled medication aides (Staff A and Staff E) were competency validated by a Licensed Health Care Professional. [Refer to tag 0161, 10 A NCAC 13F. 0504(a) Licensed Health Professional Support (LHPS) tasks competency, Type B Violation]. G.S. 131D-21(4) Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse,	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10830 LAWYERS ROAD CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC DEBNIFYMS INFORMATION) CROSS-REFERENCES TO THE APPROPR DEFICIENCY) COntinued From page 31 Interviewable. G.S. 131D-21(2) Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure residents received care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to staff competency validation. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 sampled medication aides (Staff A and Staff E) were competency validated by a Licensed Health Care Professional, [Refer to tag 0161, 10 A NCAC 13F .0504(a) Licensed Health Professional Support (LHPS) tasks competency, Type B Violation]. G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse,	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED	
		HAL060136	B. WING		01	/30/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
MINT HILI	L SENIOR LIVING		AWYERS ROAD OTTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D914	This Rule is not met Based on observation review, the facility fai free of neglect, abuse health care. The findings are: Based on observation reviews, the facility fai physician's orders for (#4 and #2) related to (Resident #4) and we	as evidenced by: n, interview and record led to ensure residents were e and exploitation related to ns, interviews, and record ailed to implement 2 of 5 sampled residents o a non-invasive ventilator yound care (Resident #2) 0 A NCAC 13F .0902(c3-4)	D914			

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