STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted an annual survey on January 28-30, 2020.	D 000		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to ensure 2 of 2 sampled medication aides (Staff A and Staff E) were competency validated by a Licensed Health Professional, with return demonstration, for the monitoring of a non-invasive ventilator. The findings are:	D 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 1 Review of Resident #4's current FL2 dated 01/10/20 revealed diagnoses included severe chronic obstructive pulmonary disease (COPD), centrilobular emphysema severe stage III-IV with concomitant restriction from obesity, suspected obesity hypoventilation syndrome, chronic respiratory failure with hypoxia (low oxygen levels in the bloodstream) and hypercapnia [excessive carbon dioxide (CO2) in the bloodstream], and chronic congestive heart failure (CHF). Review of Resident #4's physician's order dated 01/09/20 revealed an order for a non-invasive 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 hospital discharge summary dated 01/10/20 revealed: -Resident #4 was hospitalized from 12/29/19-01/10/20 for a total of 12 days due to Influenza A infection and acute respiratory failure with hypoxemia and hypercapnia. -"Patient initially required intubation as well as mechanical ventilation ...she was extubated on 01/04/20." -Resident #4 had "severe COPD, chronic respiratory failure requiring NIV therapy throughout the course of 24 hours, interruption could lead to death. Has failed BIPAP (bi-level positive airway pressure) and Pulmonary has ruled out other potentially effective alternative." -"Arranged NIV for home use per Pulmonary. Should have BIPAP or volume targeted NIV to be set up at her assisted living facility."	D 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 2 Review of Resident #4's hospital discharge summary dated 01/28/20 revealed Resident #4 was hospitalized from 01/25/20-01/28/20 for a total of 4 days due to severe COPD exacerbation. 1. Review of Staff A's personnel record revealed: -Staff A was hired as a medication aide (MA) on 01/13/20. -There was documentation of competency validation for Licensed Health Professional Support (LHPS) tasks dated 01/14/20. Interview with Staff A on 01/29/20 at 3:35pm revealed: -Staff did not assist Resident #4 with applying her NIV because she could do it herself. -She had not received any training on how to operate or monitor Resident #4's NIV. Interview with the LHPS RN on 01/30/20 at 1:48pm revealed: -She documented her initials on Staff A's LHPS Skills Competency Evaluation form for the satisfactory completion of return demonstration for the "monitoring of continuous positive air pressure devices" on 01/14/20. -She did not know Resident #4 had a NIV until today (01/30/20). -No other resident in the facility had orders for a continuous positive airway pressure (CPAP) device, a bilevel positive airway pressure (BIPAP) device, or NIV. -She had Staff A verbalize to her what she would do to monitor continuous positive air pressure devices, but she did not have her perform return demonstration. -Staff A had not been competency validated on the monitoring of continuous positive air pressure devices utilizing return demonstration.	D 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 3 -Staff A had not been competency validated on the monitoring of Resident #4's NIV utilizing return demonstration. Refer to interview with Resident #4 on 01/29/20 at 11:18am. Refer to telephone interview with a nurse at Resident #4's Pulmonologist's office on 01/30/20 at 10:05am. Refer to interview with the Director of Resident Care (DRC) on 01/30/20 at 11:15am. Refer to telephone interview with Resident #4's Primary Care Provider (PCP) on 01/30/20 at 11:30am. Refer to interview with the LHPS RN on 01/30/20 at 1:48pm. Refer to interview with the Administrator on 01/30/20 at 2:30pm. 2. Review of Staff E's personnel record revealed: -Staff E was hired as a medication aide (MA) on 03/05/18. -There was documentation of competency validation for Licensed Health Professional Support (LHPS) tasks dated 03/05/18. Interview with Staff E on 01/29/20 at 1:48pm revealed: -Staff did not assist Resident #4 with her NIV because the durable medical equipment (DME) company remotely monitored it, and Resident #4 was able to apply the face mask herself. -She had not received any training on how to operate or monitor Resident #4's NIV.	D 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 4 Interview with the LHPS RN on 01/30/20 at 1:48pm revealed: -Staff E was competency validated in 2018 for the monitoring of continuous positive air pressure devices utilizing return demonstration with another resident's CPAP device. -Staff E had not been competency validated on the monitoring of Resident #4's NIV utilizing return demonstration. Refer to interview with Resident #4 on 01/29/20 at 11:18am. Refer to telephone interview with a nurse at Resident #4's Pulmonologist's office on 01/30/20 at 10:05am. Refer to interview with the Director of Resident Care (DRC) on 01/30/20 at 11:15am. Refer to telephone interview with Resident #4's Primary Care Provider (PCP) on 01/30/20 at 11:30am. Refer to interview with the Administrator on 01/30/20 at 2:30pm. _____ Interview with Resident #4 on 01/29/20 at 11:18am revealed: -She was hospitalized on 12/26/19 because she was not breathing well, passed out, and fell off her bed onto the floor, breaking her nose. -Her breathing was so poor in the hospital she was intubated and "almost died." -Upon discharge from the hospital, the durable medical equipment (DME) company delivered a	D 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 5	D 161		

NIV to the facility and showed her how to use it.
-She had to return to the hospital again on 01/24/20 due to difficulty with breathing.
-She was supposed to use the NIV anytime she slept, including naps, but she had not yet worn it.
-She had not worn the NIV because she was unable to get the face mask on properly.
-She "asked a couple of staff members to help her, but they didn't seem to know either (how to put the mask on)."

Telephone interview with a nurse at Resident #4's Pulmonologist's office on 01/30/20 at 10:05am revealed:
-Resident #4's last visit to the Pulmonologist was on 12/06/19.
-He did not know the hospitalist had ordered a NIV for Resident #4, but the Pulmonologist had planned to order one anyway.
-The NIV would keep the CO2 levels down in Resident #4's bloodstream.
-If Resident #4 did not wear the NIV, CO2 would continue to build up in her bloodstream which would affect her cognition, and therefore her ability to apply the mask herself.
-He expected facility staff to reiterate the importance of using the NIV to Resident #4 and assist her in applying the face mask.
-Not using the NIV could cause Resident #4 to go into acute respiratory failure potentially resulting in her death.

Interview with the Director of Resident Care (DRC) on 01/30/20 at 11:15am revealed:
-She was responsible for communicating with the Licensed Health Professional Support (LHPS) Registered Nurse (RN) about any new tasks assigned to residents so the LHPS RN could assure staff were trained properly.
-She had not communicated to the LHPS RN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 6	D 161		

regarding Resident #4 having an order for a 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 could assist with a NIV in assisted living facilities, so she did not notify the LHPS RN of Resident #4's order for a NIV.

Telephone interview with Resident #4's Primary Care Provider (PCP) on 01/30/20 at 11:30am revealed:
-Resident #4 had a current order for a NIV and was supposed to wear it while sleeping.
-Resident #4 had frequent hospitalizations due to COPD 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 drop and her CO2 levels would rise causing her to be hospitalized again with another COPD exacerbation.
-COPD exacerbations could lead to Resident #4 dying.
-He expected facility staff to assist Resident #4 to apply the face mask, encourage her to wear it, and monitor to assure her compliance.

Interview with the LHPS RN on 01/30/20 at 1:48pm revealed:
-She was responsible for assuring medication aides (MA) were competency validated prior to performing LHPS tasks.
-The DRC was responsible for alerting her when a resident had a new LHPS task so she could assure the MAs were trained and competency validated on the task prior to performing it.
-She did not know Resident #4 had a NIV until today (01/30/20).
-She did not always use return demonstration as a way of competency validating MAs.
-If she did not have time to allow staff to return

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 7	D 161		

demonstrate a task, she would have them verbalize to her the correct procedure.
-She knew she was only supposed to document her initials for satisfactory completion of a task on the LHPS Skills Competency Evaluation form if a staff person had successfully completed return demonstration of the task.

Interview with the Administrator on 01/30/20 at 2:30pm revealed:
-The DRC was responsible for notifying the LHPS RN when a resident had a new LHPS task so the LHPS RN could train staff on how to perform the task.
-The LHPS RN was responsible for checking her communication folder each time she visited the facility for notification of any new LHPS tasks.
-She expected the LHPS RN to demonstrate each task to the staff and observe the staff doing a return demonstration.
-If staff did not do a return demonstration of the task, she expected the LHPS RN to not initial satisfactory completion on the LHPS Skills Competency Evaluation form.

_____

The failure of the facility to assure 2 of 2 sampled medication aides were competency validated by a Registered Nurse, with return demonstration, for the monitoring of Resident #4's non-invasive ventilator (NIV), resulted in Resident #4 not being able to use her NIV and resulted in another hospitalization for a severe COPD exacerbation. This was detrimental to the health and safety of the resident and constitutes a Type B Violation.

_____

The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/30/20 for this violation.

CORRECTION DATE FOR THE TYPE B

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 8 VIOLATION SHALL NOT EXCEED MARCH 15, 2020.	D 161		
D 255	10A NCAC 13F .0801(c)(1) Resident Assessment 10A NCAC 13F .0801Resident Assessment (c) The facility shall assure an assessment of a resident is completed within 10 days following a significant change in the resident's condition using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows: (1) Significant change is one or more of the following: (A) deterioration in two or more activities of daily living; (B) change in ability to walk or transfer; (C) change in the ability to use one's hands to grasp small objects; (D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic; (E) no response by the resident to the treatment for an identified problem; (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period; (G) threat to life such as stroke, heart condition, or metastatic cancer; (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or higher; (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being such as initial diagnosis of Alzheimer's disease or diabetes; (J) improved behavior, mood or functional health	D 255		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 255	Continued From page 9	D 255		

status to the extent that the established plan of care no longer matches what is needed;
(K) new onset of impaired decision-making;
(L) continence to incontinence or indwelling catheter; or
(M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident.

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to ensure an assessment was completed within 10 days of a significant change in condition for 1 of 5 sampled residents related to orders for a non-invasive ventilator (Resident #4).

The findings are:

Review of Resident #4's current FL2 dated 01/10/20 revealed diagnoses included severe chronic obstructive pulmonary disease (COPD), centrilobular emphysema severe stage III-IV with concomitant restriction from obesity, suspected obesity hypoventilation syndrome, chronic respiratory failure with hypoxia [low oxygen (O2) levels in the bloodstream] and hypercapnia [excessive carbon dioxide (CO2) in the bloodstream], and chronic congestive heart failure (CHF).

Review of Resident #4's physician's order dated 01/09/20 revealed an order for a non-invasive ventilator (NIV) for nocturnal and daytime use with distress, fatigue, or napping with a duration up to 24 hours due to chronic respiratory failure,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 255	Continued From page 10	D 255		

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 current care plan dated 12/31/19 revealed:
-Resident #4 was on 4 liters per minute (L/M) of continuous O2.
-There was no documentation Resident #4 required any devices for breathing.
-There was no documentation Resident #4 had shortness of breath.

Review of Resident #4's hospital discharge summary dated 01/10/20 revealed:
-Resident #4 was hospitalized from 12/29/19-01/10/20 for a total of 12 days due to Influenza A infection and acute respiratory failure with hypoxemia and hypercapnia.
-"Patient initially required intubation as well as mechanical ventilation ...she was extubated on 01/04/20."
-Resident #4 had "severe COPD, chronic respiratory failure requiring NIV therapy throughout the course of 24 hours, interruption could lead to death. Has failed BIPAP (bi-level positive airway pressure) and Pulmonary has ruled out other potentially effective alternative."
-"Arranged NIV for home use per Pulmonary. Should have BIPAP or volume targeted NIV to be set up at her assisted living facility."

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.

Observation of Resident #4's room on 01/29/20 at 11:18am revealed there was a NIV sitting on a chair approximately 3 feet from Resident #4's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 255	Continued From page 11	D 255		

bed.

Interview with Resident #4 on 01/29/20 at 11:18am revealed:
-She was hospitalized on 12/26/19 because she was not breathing well, passed out, and fell off her bed onto the floor, breaking her nose.
-Her breathing was so poor in the hospital she was intubated and "almost died."
-Upon discharge from the hospital, the durable medical equipment (DME) company delivered a NIV to the facility and showed her how to use it.
-She had to return to the hospital again on 01/24/20 due to difficulty with breathing.
-She was supposed to use the NIV anytime she slept, including naps, but she had not yet worn it.
-She had not worn the NIV because she was unable to get the face mask on properly.
-She "asked a couple of staff members to help her, but they didn't seem to know either (how to put the mask on)."
-She was able to apply her nasal cannula and wore her O2 at 4L/M 24 hours a day.

Interview with a morning shift medication aide (MA) on 01/29/20 at 1:48pm revealed Resident #4 had a NIV, but staff did not assist her with it because the durable medical equipment (DME) company remotely monitored it, and Resident #4 was able to apply the face mask herself.

Telephone interview with Resident #4's Respiratory Therapist on 01/29/20 at 3:12pm revealed:
-Resident #4 had a current order for a NIV due to her severe COPD.
-The order was received during Resident #4's hospitalization, and the NIV was delivered to the facility on 01/09/20.
-Resident #4 should use the NIV anytime she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 255	Continued From page 12 was sleeping because her breathing was very shallow during sleep and, without the NIV, her carbon dioxide (CO_2) levels would elevate. Interview with an evening shift MA on 01/29/20 at 3:35pm revealed: -Resident #4 had a NIV and nasal cannula for O_2, and she applied both devices herself. -Staff did not assist Resident #4 with applying her NIV or O_2 because she could do it herself. Interview with the Director of Resident Care (DRC) on 01/30/20 at 11:15am revealed: -She was responsible for completing all resident care plans. -She knew Resident #4 requiring a new device, the NIV, for breathing was considered a significant change in condition. -She knew a significant change in condition required a new care plan to be completed within 10 days. -She did not complete a new care plan for Resident #4 within 10 days of her significant change in condition and she could not say why. Interview with the Executive Director (ED) on 01/30/20 at 11:25am revealed: -It was the DRC's responsibility to complete all resident care plans including reassessments due to changes in a resident's condition. -The DRC should have completed a new care plan within 10 days of Resident #4 requiring a NIV for breathing. Interview with the Administrator on 01/30/20 at 2:30pm revealed: -Her expectation was for the DRC to identify when a resident had a significant change in condition and complete a new care plan within 10 days.	D 255		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 255	Continued From page 13 -A new care plan should have been completed within 10 days of Resident #4 requiring a NIV for breathing.	D 255		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: THIS IS A TYPE A1 VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure physician's orders were implemented for 2 of 5 sampled residents related to an order for a noninvasive ventilator (Resident #4) and wound care (Resident #3). The findings are: 1. Review of Resident #4's current FL2 dated 01/10/20 revealed: -Diagnoses included severe chronic obstructive	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 14	D 276		

pulmonary disease (COPD), centrilobular emphysema severe stage III-IV with concomitant restriction from obesity, suspected obesity hypoventilation syndrome, chronic respiratory failure with hypoxia [low oxygen (O2) levels in the bloodstream] and hypercapnia [excessive carbon dioxide (CO2) in the bloodstream], and chronic congestive heart failure (CHF).
-There was an order for continuous oxygen O2 at 4 liters per minute (L/M).

Review of Resident #4's physician's order dated 01/09/20 revealed an order for a non-invasive 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.

Review of Resident #4's January 2020 and February 2020 electronic medication administration records (eMAR) revealed there was no entry for a NIV and no documentation the NIV had been applied.

Review of Resident #4's accident/incident report dated 12/26/19 revealed, at 5:20pm, Resident #4 "fell out of bed and passed out onto the floor" and was admitted to the local hospital.

Review of Resident #4's hospital history and physical dated 12/26/19 revealed:
-Resident #4 presented to the Emergency Department (ED), with shortness of breath and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 15	D 276		

an initial O2 saturation of 78% on 2 L/M of O2, after an "episode of lightheadedness and passed out, hit face and nose."
-Resident #4 reported "that while sitting in her bed, she fell forward and hit her face after a coughing spell. Patient reports during her coughing spells, she tends to feel lightheaded and dizziness and has had multiple syncopal episodes (a syncopal episode is a sudden drop in blood pressure and heart rate, because of a stressful trigger, resulting in fainting) related to this."
-Resident #4's fall resulted in a closed fracture of the nasal bone.

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."

Review of Resident #4's hospital discharge summary dated 01/10/20 revealed:
-Resident #4 was hospitalized from 12/29/19-01/10/20 for a total of 12 days due to Influenza A infection and acute respiratory failure with hypoxemia and hypercapnia.
-"Patient initially required intubation as well as mechanical ventilation ...she was extubated on 01/04/20."
-Resident #4 had "severe COPD, chronic respiratory failure requiring NIV therapy

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 16	D 276		

throughout the course of 24 hours, interruption could lead to death. Has failed BIPAP (bi-level positive airway pressure) and Pulmonary has ruled out other potentially effective alternative." -"Arranged NIV for home use per Pulmonary. Should have BIPAP or volume targeted NIV to be set up at her assisted living facility."

Review of Resident #4's accident/incident report dated 01/24/20 revealed, at 9:47pm, Resident #4 reported "I can't breathe" and was admitted to the local hospital.

Review of Resident #4's progress notes dated 01/24/20 revealed:
-Resident #4 was sent to the emergency department (ED) for evaluation due to complaints of shortness of breath.
-"Gave resident an albuterol treatment (albuterol is a medication used with a special machine called a nebulizer to treat wheezing and shortness of breath) before EMS (emergency medical services) arrived. Upon arrival, with resident on 4 L/M of oxygen and having an albuterol treatment, O2 stat [sic] was at 79%."

Review of Resident #4's hospital discharge summary dated 01/28/20 revealed Resident #4 was hospitalized from 01/25/20-01/28/20 for a total of 4 days due to severe COPD exacerbation.

Observation of Resident #4's room on 01/29/20 at 11:18am revealed there was a NIV sitting on a chair approximately 3 feet from Resident #4's bed.

Interview with Resident #4 on 01/29/20 at 11:18am revealed:
-She was hospitalized on 12/26/19 because she was not breathing well, passed out, and fell off

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 17	D 276		

her bed onto the floor, breaking her nose.
-Her breathing was so poor in the hospital she was intubated and "almost died."
-Upon discharge from the hospital, the durable medical equipment (DME) company delivered a NIV to the facility and showed her how to use it.
-She had to return to the hospital again on 01/24/20 due to difficulty with breathing.
-She was supposed to use the NIV anytime she slept, including naps, but she had not yet worn it.
-She had not worn the NIV because she was unable to get the face mask on properly.
-She "asked a couple of staff members to help her, but they didn't seem to know either (how to put the mask on)."
-She was able to apply her nasal cannula and wore her O2 at 4L/M 24 hours a day.

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 herself.
-Resident #4 had never complained to her about being short of breath or having difficulty applying the face mask.

Telephone interview with Resident #4's Respiratory Therapist on 01/29/20 at 3:12pm revealed:
-Resident #4 had a current order for a NIV due to her severe COPD.
-She had visited Resident #4 during her hospitalization to educate her on the use of the NIV.
-She visited Resident #4 again at the facility shortly after her hospital discharge and educated Resident #4 and a MA on how to apply the mask.
-Information from the NIV would automatically

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 18	D 276		

download each night and was reviewed remotely by staff at the DME company.
-An email was sent to her with any issues identified during the monitoring.
-Her last visit to the facility was on 01/22/20 after receiving an email from the monitoring staff that Resident #4 had not been wearing her mask.
-When she arrived at the facility, the Director of Resident Care (DRC) also expressed to her that Resident #4 had not been wearing her mask.
-She educated Resident #4 again on applying the mask and had her apply the mask herself "at least 6 times."
-She educated Resident #4 on the importance of wearing the mask, and Resident #4 had agreed that she would begin wearing it.
-She received another email from the monitoring staff that Resident #4's NIV monitoring report had shown that "leaks were very high" from 01/20/20-01/24/20 indicating the NIV was turned on, but the resident was not wearing the face mask.
-Resident #4 should use the NIV anytime she was sleeping because her breathing was very shallow during sleep and, without the NIV, her CO2 levels would elevate.
-She expected facility staff to encourage Resident #4 to use the NIV and make sure she had the face mask on properly.
-Not using the NIV likely led to Resident #4's re-hospitalization on 01/24/20 with severe COPD exacerbation.

Interview with an evening shift MA on 01/29/20 at 3:35pm revealed:
-She was the MA working when Resident #4 was sent to the hospital on 01/24/20.
-Another MA had seen Resident #4 in her room and reported her skin color was "off."
-She went to Resident #4's room around 9:45pm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 19	D 276		

and "she was gray."
-Resident #4 was wearing her nasal cannula but not her NIV.
-She checked Resident #4's blood pressure (BP), pulse, respirations, and temperature and then called EMS.
-Resident #4's BP was 124/80, pulse was 113, respirations were 22 and her temperature was 97.6.
-She did not check Resident #4's O2 saturation because MAs were not allowed.
-EMS instructed her to administer an albuterol treatment and she did so.
-When EMS arrived, they checked Resident #4's O2 saturation and it was low at 79%, even after the albuterol treatment and being on 4L/M of O2, so she was transported to the hospital.
-Resident #4 had not complained to her of being short of breath prior to this time.
-Resident #4 had a NIV and nasal cannula for O2, and she applied both devices herself.
-Staff did not assist Resident #4 with applying her NIV or O2 because she could do it herself.
-Resident #4 had never requested her assistance in applying the NIV face mask.
-She always checked on Resident #4 prior to leaving her shift at 11:00pm, and she was always asleep wearing her mask.
-She documented Resident #4 wore her O2 each day on the eMAR.
-She did not document Resident #4 wore her NIV during naps or at nighttime on the eMAR because there was no entry to do so.
-She had not been trained on how to apply Resident #4's face mask.

Telephone interview with Resident #4's Palliative Care nurse on 01/30/20 at 9:00am revealed:
-Resident #4 was admitted to Palliative Care on 01/22/20 primarily for education and to work with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 20	D 276		

her on her goals of care because she had been in and out of the hospital so much with her breathing issues.
-They were hoping to prevent future re-hospitalizations.
-She expected staff to encourage Resident #4 to use her NIV and to assist her with applying the mask if needed to aid in preventing hospitalizations.

Telephone interview with a nurse at Resident #4's Pulmonologist's office on 01/30/20 at 10:05am revealed:
-Resident #4's last visit to the Pulmonologist was on 12/06/19.
-He did not know the hospitalist had ordered a NIV for Resident #4, but the Pulmonologist had planned to order one anyway.
-The NIV would keep the CO2 levels down in Resident #4's bloodstream.
-If Resident #4 did not wear the NIV, CO2 would continue to build up in her bloodstream which would affect her cognition, and therefore her ability to apply the mask herself.
-He expected facility staff to reiterate the importance of using the NIV to Resident #4 and assist her in applying the face mask.
-Not using the NIV could cause Resident #4 to go into acute respiratory failure potentially resulting in her death.

Interview with the Director of Resident Care (DRC) on 01/30/20 at 11:15am revealed:
-Resident #4 had 2 hospitalizations since her admission to the facility on 12/22/19.
-After her first hospitalization, her physician ordered a NIV and the DME company came to the facility and set the equipment up for her.
-The Respiratory Therapist returned to the facility last Thursday (01/23/20) because Resident #4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 21	D 276		

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 COPD 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 drop and her CO2 levels would rise causing her to be hospitalized again with another COPD exacerbation.
-For a resident with COPD, he expected O2 saturation levels to stay between 80% and 85%.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 22	D 276		

-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'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 resident.

2. Review of Resident #3's current FL-2 dated 01/10/20 revealed diagnoses included stroke, hemiparesis, intracranial hemorrhage, dysphasia, and diabetes.

Review of Resident #3's standing physician's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 23	D 276		

orders for minor skin tears and abrasions dated 01/10/20 revealed:
-The area was to be cleansed with normal saline.
-Antibiotic ointment should be applied.
-The skin tear should be covered with a band aid or gauze and tape.
-The dressing should be changed as needed until healed.

Review of Resident #3's primary care provider's (PCP) visit note dated 01/14/20 revealed:
-Resident #3 indicated he had a small open wound on his left ankle.
-Resident #3 stated the wound was healing.
-Resident #3 did not remember how the wound came about and it looked like a diabetic ulcer.

Interview with Resident #3's PCP on 01/28/20 at 12:00pm revealed:
-When he saw Resident #3 on 01/14/20 his wound was not closed.
-He dressed Resident #3's wound and instructed the MA to continue dressing the wound.
-He signed Resident #3's standing order which included wound care at his first visit with him on 01/10/20.
-He expected the MA to follow the standing order and contact him with any questions.
-He did not know Resident #3's wound was still open until he saw him today.

Review of Resident #3's nursing notes revealed:
-On 01/22/20, there was an entry documenting "resident complained of swelling and pain on his ankle, has swelling and redness around a closed wound."
-On 01/27/20, there was an entry documenting "resident's ankle still swollen and red around wound, put antibiotic cream on and dressing."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 24 Review of Resident #3's January 2020 electronic Medication Administration Record (eMAR) revealed: -There was no entry for the physician's standing order for minor skin tears and abrasions. -There was no documentation wound care had been administered on 01/27/20. 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. Interview with the Director of Resident Care (DRC) on 01/28/20 at 3:00pm revealed: -The MA's should follow the physician's standing orders. -The physician's standing order was sent to the pharmacy and a faxed confirmation was kept in a notebook. -The physician order was placed back in Resident #3's record. -The physician order was added to resident profile by the pharmacy. -She did not verify the physician order to implement the order for the MA to administer the wound care order. -She did not go back to the physician order to verify it because she did not keep the order	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 25	D 276		

available as a reminder.
-She was not required to have someone else to check after her once she reviewed a physician order and verified it.

Interview with the Executive Director (ED) on 01/28/20 at 3:45pm revealed:
-She did not know Resident #3's standing order for wound care was not implemented until today (01/28/20).
-She expected the DRC to utilize the bucket system to ensure physician orders were verified after they were sent to the pharmacy.
-The bucket system allowed for physician's orders remain in a file basket to be reviewed once the eMAR system alerted the DRC to verify them.
-The DRC was to use a two person check to verify the physician's orders.
-The DRC did not follow the bucket system to ensure the wound care order was followed until verified.

Interview with the Administrator on 01/29/20 at 3:00pm revealed:
-The DRC and Memory Care Manager (MCM) were responsible for ensuring Resident #3's wound care order was verified.
-After the order was verified the MAs were able to see the order in the eMAR system to administer it.
-The DRC and MCM failed to use the bucket system to track and verify Resident #3's wound care order.

The facility failed to implement physician's orders for a non-invasive ventilator (NIV) for Resident #4, who had frequent hospitalizations for chronic obstructive pulmonary disease (COPD) exacerbations and who had to be intubated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 26 during a hospital stay and then required a home NIV, resulting in another hospitalization for severe COPD exacerbation. Failure to implement physician's orders resulted in serious physical harm and neglect of a resident and constitutes a Type A1 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/30/20 for this violation. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED FEBRUARY 29, 2020.	D 276		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to administer medications as ordered for 1 of 5 sampled residents (Resident #1) related to a medication used to treat hypertension. The findings are: Review of Resident #1's current FL-2 dated 01/10/20 revealed diagnoses included	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 27 hypertension. Review of Resident #1's physician orders dated 01/10/20 revealed a medication order for metoprolol tartrate (to treat hypertension) 50mg to be taken by mouth twice daily. Review of Resident #1's hospital discharge summary dated 01/24/20 revealed a medication order to change the dosage of metoprolol tartrate 50mg twice daily to metoprolol tartrate 25mg twice daily. Review of Resident #2's written prescriptions dated 01/23/20 revealed a medication order for metoprolol 25mg one tablet twice daily. Review of the January 2020 electronic medication administration records (eMARs) for Resident #1 revealed: -There was an entry for metoprolol tartrate 50mg tablet take one tablet twice daily scheduled at 8:00am and 8:00pm. -Metoprolol tartrate 50mg was documented as administered twice daily from 01/09/20 to 01/27/20 except for the days Resident #1 was hospitalized in the evening on 01/21/20 through the morning dose on 01/24/20. -Metoprolol tartrate 50mg was documented as administered 7 out of 7 opportunities after the dosage was changed 01/24/20 to metroprolol tartrate 25mg. -There was no entry for metoprolol tartrate 25mg tablet take one tablet twice daily. Observation of Resident #1's available medications on hand on 01/28/20 revealed: -There were two bubble packs of metoprolol tartrate 50mg tablets with 33 out of 60 tablets remaining available for administration.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 28 -There was one bubble pack of metoprolol tartrate 25mg tablets with 2 tablets remaining available for administration. Telephone Interview with a representative from the facility's contracted pharmacy on 01/29/20 at 10:47am revealed: -Resident #1 had a current physician order for metoprolol tartrate 25mg one tablet twice daily beginning on 01/24/20. -A quantity of 8 tablets was delivered to the facility on 01/24/20. -The system automatically "crosses over" the new order to the eMAR and must then be verified by the facility before it will show on the eMAR. Interview with a Medication Aide (MA) on 01/28/20 at 3:45pm revealed: -She administered medications according to the medication orders entered on Resident #1's eMAR. -Resident #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 which card of metoprolol tartrate she used to administer the medication to Resident #1 but felt certain she gave the correct dose per the instructions listed on the eMAR. Interview with a MA on 01/29/20 at 8:55am revealed: -She administered medications to Resident #1 according the entries on the eMAR. -She administered metoprolol tartrate 50mg to Resident #1 until the morning dose on 01/29/20. -Resident #1's metroprolol tartrate dosage was changed yesterday to metroprolol tartrate 25mg twice daily when the Director of Resident Care found the order.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 29	D 358		

Interview with Director of Resident Care (DRC) on 01/29/20 at 9:38am revealed:
-She knew about the change in dosage of metoprolol tartrate for Resident #1 on 01/24/20 because she reviewed the hospital discharge summary.
-It was the Memory Care Manager's (MCM) responsibility to review and implement medication order changes for the residents who resided in the memory care unit.
-She knew the MCM was aware of the change for Resident #1's metoprolol tartrate because she saw the fax that was sent to the pharmacy by the MCM requesting the new dose of metoprolol tartrate.
-The pharmacy would update the eMAR according to the discharge summary that was faxed to them and once an eMAR was updated the "system" would flag it which required either herself or the MCM to verify the order and approve it. Once the order was approved it would show up on the eMAR for the MA to administer.
-She was unsure how the 50mg dose of metoprolol tartrate for Resident #1 remained on the eMAR after 01/24/20.
-She felt the MAs administered the 50mg dose to Resident #1 until a change was made in the eMAR system for the evening dose on 01/28/20.

Interview with MCM on 01/29/20 at 9:45am revealed:
-She reviewed the hospital discharge summary dated 01/24/20 for Resident #1 which indicated a change in the dose of metoprolol tartrate and faxed a copy to the pharmacy.
-On 01/24/20, a medication aide asked her a question about the medication order change which prompted her to go into the "system" to discontinue the previous order for 50mg but made an error and discontinued the new order for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 30	D 358		

the 25mg of metoprolol tartrate.
-She saw the order for Resident #1's metoprolol tartrate as a duplicate order and failed to notice the dosage was different.
-She 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 eMAR.
-She 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 overlooked.
-The DRC and MCM were expected to use the bucket system to process physician's orders.
-The 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 MCM.
-She was not sure why the DRC was not using the facility's protocol but that was an expectation to help avoid medication errors.
-The 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 31 interviewable.	D 358		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 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].	D912		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation.	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	01/30/2020

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D914	Continued From page 32 This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure residents were free of neglect, abuse and exploitation related to health care. The findings are: Based on observations, interviews, and record reviews, the facility failed to implement physician's orders for 2 of 5 sampled residents (#4 and #2) related to a non-invasive ventilator (Resident #4) and wound care (Resident #2) [Refer to tag 0276, 10 A NCAC 13F .0902(c3-4) Health Care, Type A1 Violation].	D914		