STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345495	A. BUILDING _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE STEWART HEALTH CENTER	6920 MARCHING DUCK DRIVE CHARLOTTE, NC 28210

(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) COMPLETION DATE
E 000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 5/12/25 through 5/16/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 6KZP11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 5/12/25 through 5/16/25. Event ID# 6KZP11. The following intakes were investigated NC00229026 and NC00228250. 1 of the 4 complaint allegations resulted in deficiency.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, and Responsible Party, Pharmacist, Hospice Nurse and staff interviews, the facility failed to administer a probiotic ordered for 1 of 5 residents reviewed for unnecessary medications (Resident #7). The findings included:	F 684	Preparation and/or submission of the Plan of Correction does not constitute an admission or agreement by this provider that the violations existed, exist, or that the deficiencies are correctly cited. The preparation and/or submission is not to be construed as an admission of guilt against the facility, affiliates, employees, or other	6/20/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/09/2025

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F 684	Continued From page 1 Resident #7 was admitted to the facility on 3/27/24 with a diagnosis of dementia. Review of physician order dated 1/14/2025 revealed, Saccharomycesboulardii 250 Milligram (MG) Oral Capsule (a probiotic). Give one capsule by mouth one time a day until 01/21/2025. Review of physician order dated 1/15/25 revealed, Doxycycline Hyclate Oral Tablet 100 MG (an antibiotic). Give one tablet by mouth two times a day for upper respiratory infection. Review of the quarterly Minimum Data Set (MDS) dated 2/12/25 revealed she was moderately cognively impaired, her diagnoses were Alzheimer's disease, dementia, anxiety and depression, lobar pneumonia. Review of the medication administration record (MAR) dated January 2025 revealed Nurse #1 had initialed the (MAR) on 1/15/25 for the probiotic administration and Nurse #2 had initialed the MAR for the probiotic administration on 1/16/25, 1/17/25, 1/18/25, 1/19/25, 1/20/25, 1/21/25. An interview with Nurse #1 via telephone on 5/15/25 at 7:00 PM indicated she was familiar with Resident #7 and had no memory of the probiotic order in January. Several attempts were made to contact Nurse #2 with no success. An interview with the Responsible Party on 5/15/25 at 11:15 AM revealed Resident # 7 was prescribed a course of antibiotics to treat	F 684	individuals who prepared or submitted the Plan of Correction. This submission of the Plan of Correction is for the sole purpose to abide by the requirements of federal and/or state law. Resident #7s Medication Record was reviewed by the physician on 6/9/2025. No additional recommendations were indicated at this time and no adverse effects were noted. It is the practice of the Stewart Health Center to ensure all medications are administered per physician orders. The Director of Nursing or Assistant Director of Nursing completed a review of all active residents' physician orders on 6/9/2025 to verify alignment with the medication administration records and identify any discrepancies. The community has added a performance improvement project (PIP), Medication Administration, under the quality assurance performance improvement (QAPI) plan to improve compliance regarding the Quality of Care provided to residents. The Director of Nursing or Assistant Director of Nursing will report findings to QAPI for two quarters. The Director of Nursing or designee will complete medication pass audits weekly for 4 weeks, and then monthly for two quarters. The Director of Nursing or designee will review the audit findings and present them during the monthly QAPI meetings.	

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F 684	Continued From page 2 pneumonia. Resident #7 had a history of developing yeast infections when taking antibiotics and a probiotic was prescribed to prevent a yeast infection. On 1/20/25 Resident #7 verbalized she was "itching down there" the nurse on duty checked and Resident #7 had a red rash in her groin area. She indicated she had not provided the facility with any probiotics. An interview with the Pharmacist, on 5/16/25 at 10:30 AM revealed a Physician order for probiotics was received on 1/14/25 for six capsules. On 1/31/25 six capsules were returned to the pharmacy by a staff nurse, unopened. An interview on 5/16/25 at 1:30 PM with a Hospice Nurse revealed a probiotic was ordered on 1/14/25 and discontinued on 1/20/25. The Hospice Nurse revealed a medicated vaginal cream was ordered on 1/21/25 to treat an active yeast infection caused by the administration of an antibiotic. An interview with Director of Nursing (DON) on 5/16/25 at 1:16 PM revealed she "felt like" the Responsible Party brought in the probiotic from home and that was why the medication from the pharmacy was not used. She reported there was documentation on the January MAR that the probiotic was administered. The DON indicated she could not explain the discrepancy with the MAR and the unused probiotic that the pharmacy received.	F 684	The Pharmacy Consultant will complete ongoing medication cart audits monthly during visits and will report findings to the Director of Nursing and/or Administrator. Education was provided via online education to all licensed nursing staff on the "Administering Medications" policy and "Documentation of Medication Administration" policy on 6/9/2025 with a due date of 6/20/2025. Administrator to verify completion of education is achieved by 6/20/2025.	