PRINTED: 05/05/2017 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SU	
7.1.2 . 2.1.		BENTH TO THE OF THE	A. BUILDING: _			
		HAL010008	B. WING		R <b>01/27</b>	//2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		ERRY STREET			
	OLUMBA DV OT		TE, NC 28459			
(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 000	Initial Comments		D 000			
		sure Section conducted an survey on 1/24/17 through				
D 270	10A NCAC 13F .0901 Supervision	(b) Personal Care and	D 270			
		e supervision of residents in resident's assessed needs,				
	This Rule is not met a TYPE A2 VIOLATION	_				
	reviews, the facility fa for 2 of 6 sampled res known diagnoses of D which were harmful to residents; resulting in					
	The findings are:					
	09/26/16 revealed: -Diagnoses included of	t #6's current FL-2 dated  dementia and hypertension.  bulatory and intermittently				
	Observation of Reside 12:39pm revealed:	ent #6 on 01/27/17 at				

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

(X6) DATE TITLE

	A. BUILDING:		СОМ	PLETED
HAL010008	B. WING		01	R I <b>/27/2017</b>
	INDRESS CITY STATE	ZID CODE	1 -	
		, ZIP CODE		
BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
cated on the left side of the hall, away from on room, and staff sident #6 on 01/27/17 and #6 was alert and so on 01/27/16 at som #218 (not his bedside chair. hair, Resident #6 bom #218; a Personal walking down the hall arway of room #218. he couldn't be in that h." #6 down the hallway so on 01/27/17 from an the hallway towards Business Office 3:10pm and sat down so office at 3:12pm and the entered room	D 270	DETICIENC		
	STALLO ST	STREET ADDRESS, CITY, STATE,  520 MULBERRY STREET SHALLOTTE, NC 28459  NT OF DEFICIENCIES BE PRECEDED BY FULL INTIFYING INFORMATION)  D 270  D	STREET ADDRESS, CITY, STATE, ZIP CODE  520 MULBERRY STREET SHALLOTTE, NC 28459  NT OF DEFICIENCIES BE PRECEDED BY FULL NTIFYING INFORMATION)  D 270  D 270	STREET ADDRESS, CITY, STATE, ZIP CODE  520 MULBERRY STREET SHALLOTTE, NC 28459  NT OF DEFICIENCIES BE PRECEDED BY FULL TAG  D 270  D 27

Division of Health Service Regulation

STATE FORM 6899 C70G11 If continuation sheet 2 of 56

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL010008	B. WING		01/27/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CUALLOT	TE ACCIOTED I IVINO	520 MULE	BERRY STREET		
SHALLUT	TE ASSISTED LIVING	SHALLOT	TE, NC 28459		
(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 APPROPE DEFICIENCY)	BE COMPLETE
D 270	Continued From page	2	D 270		
	his room). The female Resident #6 to "get or voice; Resident #6 lef -At 3:17pm, Resident #439 but was met by doorway. The resident come in here." -Resident #6 stopped #439 and another restold him "come on I w -At 3:19pm, when Resident were near the assisting Resident #6 PCA that Resident #6 -The PCA redirected the chair in the hallwar office; the PCA left Resoutside the BOM's off -At 3:22pm, Resident began to walk around entrance between 100 -At 3:27pm, the same Resident #6 earlier gu 100/200 hall and into assisted Resident #6 in the chair in the rooi -The onlt time staff int Resident #6 was whe Resident #6 needed in Resident #6 to sit in the officeAt no time did staff in #6 from entering the control of the resident #6 from entering the control of the sident #6 from entering the contro	resident in room #435 told ut of here" in a loud, stern it room #435. #6 attempted to enter room a male resident at the t told Resident #6 "you can't in the hall outside room ident approached him and ill take you to your room." sident #6 and the other e BOM's office, the resident saw a PCA and told the needed help. Resident #6 to sit down in any outside of the BOM's esident #6 sitting in the chair rice. #6 got out of the chair and the area near the front 10/200 and 300/400 halls. resident who had assisted uided Resident #6 down his room. The resident to get in bed and sat down m with Resident #6.			
	room #107 (not his ro	vas being escorted out of			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	` '	CONSTRUCTION	(X3) DATE SU COMPLE	
					R	
		HAL010008	B. WING		01/27	//2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		ERRY STREET E, NC 28459			
0411.45	CHMMADV CT	ATEMENT OF DEFICIENCIES	1		<u> </u>	0.5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 270	Continued From page	2 3	D 270			
	down the hallway, and	d into the small dining room.				
	revealed: -When staff went to g	on 01/27/16 at 4:50om et Resident #6 for dinner he				
	common room.	he hallway, or the television				
		ng for Resident #6 and found d in room #107 (not his				
	Interview with a second PCA on 01/26/17 at 3:05pm revealed: -Resident #6 wandered but was easily redirected by staff.					
	-Resident #6 "goes in gets in their bed."	other residents'rooms and				
	<ul> <li>-It was facility procede</li> <li>each resident every to</li> <li>-Staff were always mi</li> </ul>					
	residents who wande					
	•	orienting the resident and				
	revealed:	PCA on 01/26/17 at 3:35pm				
	due to his diagnosis of					
		idents every two hours or residents were walking in				
	dated 09/14/16 at 8:4	Notes for Resident #6 5pm revealed: Registered Nurse (RN) that				
	Resident #6 "wanders -Staff reported to the	s/paces hall." RN that Resident #6 put				
	"things in his mouth i. shampoo. Will eat any	e.: soap, hand sanitizer, ything."				

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	i Health Service Regu		T		T	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	בובט
					R	,
		1141 040000	B. WING		1	
		HAL010008			01/2	7/2017
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			ERRY STREET			
SHALLOT	TE ASSISTED LIVING					
		SHALLUI	ΓE, NC 28459			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR L	LOC IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	MAIL	D/(IL
				,		
D 270	Continued From page	e 4	D 270			
	. •					
	•	nitoring and redirection."				
	-The Nurse Note was	signed by the home health				
	RN.					
	Review of the Nurses	Notes for Resident #6				
	dated 12/15/16 revea	led:				
	-Resident #6 was orie	ented to "person only, walks				
	up and down halls da					
	•	ots to open doors and leave				
	during night."	no to open deere and leave				
		food items in his mouth i.e.:				
		, and would take food off of				
	-	, and would take lood on or				
	residents' plates.					
		signed by the home health				
	RN.					
		on 01/26/17 at 6:46pm				
		was "bad to put stuff in his				
	mouth;" staff had to "\	watch him real close."				
	Interview with a Medic	caiton Aide (MA) on				
	01/26/17 at 6:55pm re	evealed:				
	-Resident #6 was "for	rgetful" and "wanders."				
		into other residents' rooms"				
	unless staff stopped h					
	-Staff redirected Resid					
	-The MA was not awa					
		toring for Resident #6; "he				
	has a wander guard."					
	Intoniou with a acces	nd MA on 01/27/17 of				
		nd MA on 01/27/17 at				
	09:18am revealed:					
		"typical dementia patient";				
		nd went in to other residents'				
	rooms, but was easily					
	-Resident #6 would "s	sometimes" put stuff in his				
	mouth "that he is not	supposed to" so staff				
	monitored him closely	<b>/</b> .				
	,	•				

Division of Health Service Regulation

Review of Resident #6's Assessment and Care

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		R
		HAL010008	B. WING		01/27/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SHALLOT	TE ASSISTED LIVING		ERRY STREET		
	,	SHALLOTT	E, NC 28459		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 270	Continued From page	5	D 270		
	Plan dated 08/01/16 r -Resident #6 was "for disoriented." -There was no docum and Care Plan of Res wandering or putting harmful items in his maddress those behaviors.  Review of the Nurse of 11/19/16 revealed: -At 1:10pm: "Residen mate (sic) drinking rull (sic) took it from himAt 8:30pm: Resident facility from the ED." [Calcohol) poisoning. V  Interview with the Adr 6:07pm revealed the	revealed: getful" and "sometimes  nentation on the Assessment ident #6's behaviors of non-food and potentially nouth or interventions to ors.  Notes for Resident #6 dated  It was noted by his room obing alcohol, room mate 911 called."  #6 returned back to the Dx (diagnosis) ETOH Vill continue to monitor."  ministrator on 01/26/17 at staff member that wrote the B/16 at 1:10pm was a MA			
	(ED) instructions for F revealed:				
	revealed: -The MA was not on or drank the rubbing alco-After Resident #6 ingwas "reiterated" to was and supplies; no extra were put in place for least to the supplies of the	gested the rubbing alcohol, it attempt the medication carts a monitoring or interventions			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER SUPPLIER (X2) MULTIPLE CONSTRUCTION A. BUILDING:  (X2) MULTIPLE CONSTRUCTION A. BUILDING:  (X3) DATE SURVEY COMPLETED  R 01/27/2017  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  SHALLOTTE ASSISTED LIVING  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 270  Continued From page 6 the rubbing alcohol.  Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' roomsSafety interventions used for Resident #6	טוטוטוטוטוט	Health Service Regu	lation				
HAL010008  B. WING B. WING B. WING COPPOVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  SHALLOTTE ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES SHALLOTTE, NC 28459   (X4) ID PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE  DATE  D 270  Continued From page 6 the rubbing alcohol.  Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.			` '	(X2) MULTIPLE	CONSTRUCTION	` '	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  SHALLOTTE ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES SHALLOTTE, NC 28459  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 270  Continued From page 6 the rubbing alcohol.  Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.	AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  SHALLOTTE ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES SHALLOTTE, NC 28459  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 270  Continued From page 6 the rubbing alcohol.  Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.						_	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  SHALLOTTE ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES SHALLOTTE, NC 28459  (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  D 270  Continued From page 6 The rubbing alcohol.  Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.				B WING		1	
SHALLOTTE ASSISTED LIVING    Continued From page 6   C			HAL010008	B. WING		01/2	7/2017
SHALLOTTE ASSISTED LIVING  SHALLOTTE, NC 28459  (X4) ID PREFIX TAG  D 270  Continued From page 6 the rubbing alcohol.  Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.	NAME OF PRO	OVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
SHALLOTTE ASSISTED LIVING  SHALLOTTE, NC 28459  (X4) ID PREFIX TAG  D 270  Continued From page 6 the rubbing alcohol.  Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.			520 MIII B	FRRY STREET			
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 270 Continued From page 6 the rubbing alcohol.  Interview with a second MA on 01/27/16 at 3:41pm revealed:Resident #6 wandered and went in to other residents' rooms.	SHALLOTTE	E ASSISTED LIVING					
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  D 270  Continued From page 6 the rubbing alcohol.  Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.				TL, NC 20439	T		
TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  D 270  Continued From page 6							
D 270 Continued From page 6		,			,		
the rubbing alcohol.  Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.	,,,,		,	,,,,,			
the rubbing alcohol.  Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.				<b>-</b>			
Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.	D 270	Continued From page	e 6	D 270			
Interview with a second MA on 01/27/16 at 3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.	1	the rubbing alcohol					
3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.	'	are rabbing alconol.					
3:41pm revealed: -Resident #6 wandered and went in to other residents' rooms.	1	Interview with a secon	nd MA on 01/27/16 at				
-Resident #6 wandered and went in to other residents' rooms.			11d 11/1/ 10 1/2// 10 dt				
residents' rooms.	I	•	ed and went in to other				
			used for Resident #6				
included checking on him every 2 hours, use of a	I	_					
wander guard, redirecting him when he went in to	I	•					
other residents' rooms, and reminding him of his							
room number.			o, and reminding min or mo				
-The MA came to work on second shift the day			k on second shift the day				
Resident #6 ingested the rubbing alcohol (on first	I		<del>_</del>				
shift on 11/19/16).			the rubbing alcohol (on hist				
-The MA "heard" from other staff that Resident #6	I	•	other staff that Resident #6				
had gone into another resident's room and drank							
the alcohol and was "trying to eat deodorant."	I	•					
-Resident #6 was sent to the hospital and poison	I						
control was contacted.							
-"[Resident #6's name] will eat anything."							
-Interventions implemented after the incident on	I	= 1					
11/19/16 to monitor and keep Resident #6 safe							
included "we tried to keep a closer eye on him" to	I						
prevent Resident #6 into going into other	I						
residents' rooms and staff "made sure" foreign							
items Resident #6 could ingest were removed							
from "his room and surrounding rooms."							
Observation of the 100/200 hall on 01/26/17 from		Observation of the 10	00/200 hall on 01/26/17 from				
6:42pm-7:00pm revealed:							
-The entrance door to the storage room identified	I						
by staff as the oxygen storage room was	I		_				
unlocked and open.	I		<b>5</b>				
-There were multiple residents on the 100/200	<b> </b>	-	residents on the 100/200				
hall between 6:42pm-7:00pm.							
-Items such as mouthwash, "liquid skin cleanser",	<b> </b>						
lotion, "surface cleaner", caulk, and "floor							
cleaner" were observed in the oxygen storage	<b> </b>						
room on the counters and floor.	<b> </b>						
-There were no staff present in the oxygen							

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL010008	B. WING		01	R / <b>27/2017</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	ZIP CODE		
SHALLOT	TE ASSISTED LIVING	520 MUL	BERRY STREET			
SHALLOI	TE ASSISTED LIVING	SHALLO	TTE, NC 28459			
(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 ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 7	D 270			
	storage room or on th	e hall to monitor the storage				
	storage room located	om identified as the oxygen on 100/200 hall on 01/26/17 ne entrance door to the room d.				
	contracted home head 6:15pm revealed: -The home health/me providing home health his history of sexually -Resident #6 walked to other residents' room: -Facility staff had report Resident #6 had a his items" and "hand san was not sure of the day she had documented -Resident #6 had not behavior problems or -Staff had not notified Resident #6 drank rul	n services to Resident #6 for inappropriate behaviors. the halls and would go in to s. orted to the RN that story of placing "non-food itizer" in his mouth (the RN ates of the staff reports but it her charting notes). had any recent incidents of putting items in his mouth. the home health RN that obing alcohol and the RN the incident on 11/19/16				
	dated 01/24/17 revea inappropriate behavio nonfood items in his r	mouth."				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY PLETED
			A. BUILDING: _			
		HAL010008	B. WING		ı	R / <b>27/2017</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
			BERRY STREET			
SHALLOT	TE ASSISTED LIVING		TTE, NC 28459			
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	COMPLETE DATE
D 270	Continued From page	e 8	D 270			
	Accident/Incident Rep	port was not provided.				
		ns, record reviews, and #6 was not interviewable.				
	Attorney (POA) on 01 -Staff called the POA early December" (201 went into another resi rubbing alcohol, and c -Staff did not know ho Resident #6 drank so -Hospital staff told the	with Resident #6's Power of /27/16 at 10:45am revealed: in "November (2016) or 16) to report Resident #6 dents' room, got a bottle of drank it. It is we much rubbing alcohol he was sent to the hospital. POA that Resident #6 did ne rubbing alcohol to "harm				
	alcohol could be acce	Inderstand how the rubbing essible to Resident #6. Why staff did not see alcohol or know how he got				
	-The POA asked the fibe allowed" and was he got the alcoholThe POA was unawataken by the facility to-Facility staff had not #6's wandering behave-The POA was concermonitoring and superiors.					
	and "saw staff" or had -The POA moved out as frequently as befor from other visitors of another family members a few weeks ago", fri	of state and could not visit re but had received reports Resident #6 (to include er who visited Resident #6 ends, and pastor) that staff were hard to locate, and				

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STATE FORM 6899 C70G11 If continuation sheet 9 of 56

	or periornoise		(VO) MULTIPLE	CONCTRUCTION	(V2) DATE CLIDVEY
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		HAL010008	B. WING		01/27/2017
					1 01/21/2011
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
SHALLOT	TE ASSISTED LIVING	520 MUL	BERRY STREET		
011712201	12710010125 2111110	SHALLO'	TTE, NC 28459		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	NATE DATE
			+	,	
D 270	Continued From page	9	D 270		
	Interview with the Res	sident Care Director (RCD)			
	on 01/27/17 at 3:00pr				
		nstantly redirected by staff"			
		n every two hours and as			
	needed."	revery two flours and as			
		Resident #6 ingested			
		id not have "many details"			
		cause staff "went straight to			
	[Administrator's name	<del>-</del>			
		11/19/16, the D thought			
	"maybe 15 minute ch				
	Resident #6, but "you				
	[Admininstrator's nam	-			
		ow where Resident #6 got			
	_	r where Resident #6 was			
	found with the alcoho	I.			
	Intonvious with the Adr	ministrator on 01/26/17 at			
	6:07pm revealed:	Tillistrator on 01/20/17 at			
		the Administrator to report			
		nd by staff with an empty			
	bottle of rubbing alcol	alcohol on Resident #6's			
		ow if he drank the rubbing			
	alcohol.	Id stoff to sound Desider 440			
		d staff to send Resident #6			
		ency department (ED).			
		nt to the ED and returned			
	back to the facility the	e same day.			
	Interview with the Adr	ministrator on 01/27/17 at			
	5:22pm revealed:	ministrator on 01/21/11 at			
		wander guard to address his			
		•			
	wandering behaviors.				
		here he got the alcohol."			
		en found walking down the			
	hall with an empty rub	obing alcohol bottle			
	(11/19/16).				
	-Staff had searched a	Ill residents' rooms to			

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STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING			
		HAL010008	B. WING			R <b>27/2017</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING	520 MULE	BERRY STREET	•		
SHALLOT	TE ASSISTED LIVING	SHALLO	TTE, NC 28459			
(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 ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 10	D 270			
D 270	remove anything Res Resident #6 was on to than that, there were safety interventions in after he ingested the -Staff had not implem monitoring or safety in prior to or after 11/19/ -The Administrator wa liked to wander the ha not aware Resident # residents' roomsThe Administrator ex where residents were neededAll staff were respon- redirecting residentsWhen staff observed that did not belong to expected staff to door Accident/Incident Rep -Anything "out of the ob be documented on ar -The Administrator "w Resident #6 was wan rooms and had not se Reports about itIf the Administrator h was entering other re have assessed the sit and physician were in situationAn incident report sh for the incident that or	ident #6 could ingest and wo hour checks, but other no other monitoring or implemented for Resident #6 alcohol on 11/19/16. ented any additional interventions for Resident #6 als aware that Resident #6 alls and open doors but was 6 was entering other impected all staff to know and to redirect them as assible for monitoring and interventions for Residents going in rooms them, the Administrator in the incidents on an abort and notify her. Fordinary is was supposed to an Accident/Incident Report. It was not really aware if dering into other residents in each any Accident/Incident in ad been aware Resident #6 sidents in rooms, she would the total and assured the RN of otified to address the incident #6 sidents in the resident #6 sidents in the rooms in the RN of the RN	D 270			
	-The physician recalle	ed being notified by the months ago" of a resident				

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STATE FORM 6899 C70G11 If continuation sheet 11 of 56

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	JRVFY
	OF CORRECTION	IDENTIFICATION NUMBER:	` ′	- Gonomoonen	COMPLE	
					_	
		UAL 040000	B. WING		R	
		HAL010008			01/2	7/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING	520 MULI	BERRY STREET	•		
OHALLOT	TE AGGIOTED EIVING	SHALLO <sup>*</sup>	TTE, NC 28459		_	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
D 270	Continued From page	e 11	D 270			
	specifically if it was R	esident #6				
	, .	expect a resident who				
		residents' rooms, put harmful				
		, or ingested a potentially				
	-	be monitored "more often"				
	and expected the resi	ident to be moved to a				
		sident could be monitored				
	"more often."					
	-The physician did not recall being notified by the					
	facility of Resident #6's wandering into other residents' rooms and did not have access to					
	Residents rooms and Resident #6's medica					
	Nesident #03 medica	in records at that time.				
	2. Review of Resident #3's current FL-2 dated 10/4/16 revealed:					
	-Diagnoses included	Dementia, Coronary Artery				
		mia, Chronic Obstructive				
	Pulmonary Disease a	nd Benign Prostate				
	Hypertrophy.					
	disoriented.	bulatory and intermittently				
	disoriented.					
	8/1/16 and signed by (PCP) revealed the re	3's current care plan dated the Primary Care Provider esident was referred to 16 for dementia; no specific mented.				
	Confidential interview	with a resident revealed:				
		other residents and staff.				
	-"There are people [o	ther residents] who [were]				
	scared of him."					
	-"They [staff] don't do	nothing about it."				
	Confidential interview revealed:	with a second resident				
		the resident two times in the				
		2016 and the second time				
	about a month later.					
	-On 1/25/17, Residen	t #3 was at the kitchen				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL010008 B. WING		R 01/27/2017		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		ERRY STREET FE, NC 28459			
	OLIMAN DV OT		·	DDOUIDEDIO DI ANI OE CODDECTIO	<u> </u>	
(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 270	Continued From page 12		D 270			
	when Resident #11 ta shoulder and said he as Resident #11 pass #3 "punched him and -Resident #3 "hits eve done about it. He's all around all night; [goes we [residents] have to absolutely nothing." -Residents had to yell down to the medicatio staff did not routinely	apped Resident #3 on the needed to get by; as soon sed by Resident #3, Resident nailed him in the neck." erybody and nothing [was] lowed to walk around; walks s] in your room at night and o get him out; staff [did]  I for staff to come or go on room to get the staff; the check on residents. ally going to hurt somebody				
	revealed: -The resident got alor never been hit by Res -Resident #3 had hit a the last time he hit a r (1/24/17). -Resident #3 "had goo	ng with Resident #3 and had				
	revealed the resident [Resident #3], his min people that work here Observation on 1/24/Resident #3 was walk wander guard bracele	with a fourth resident said "You gotta be careful of ad [was] not right, he's hit and live here."  17 at 10:38am revealed king in the 100 hall with a et on his wrist and did not there was no staff observed				
	Resident #3 was walk	16 at 11:22am revealed king in the hall after lunch; served on the 100 hall.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		B. WING		R
	HAL010008	b. WINO		01/27/2017
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SHALLOTTE ASSISTED LIVING		ERRY STREET		
	SHALLOT	TE, NC 28459	-	
PREFIX (EACH DEFICIENCY	NTEMENT 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 270 Continued From page	Continued From page 13			
-A woman's voice yell bathroom on the 200 l-Resident #12 was in the sink and stated "H me again." -The Maintenance Ma #3 from the bathroom Interview with the Mai 11:01am revealed Rein there [bathroom]; he happened."  Interview with Resider 11:31am revealed: -Resident #3 had just when she was in there againHe had walked into he was asking him to lea fist just as hard as he -Resident #12 "tried" to Medication Aide (MA) she did not handle the should have went to so for her roomThe resident reported Administrator the more said she would talk to -She did not have any still hurtOther residents were "harassing" her and we Resident #3; staff did -Resident #3 hit Resident #3 hi	the bathroom standing at le's [Resident #3] harassing in was escorting Resident in tenance Man on 1/26/17 at sident #3 had "just walked e's a wanderer; nothing in the #12 on 1/26/17 at walked into the bathroom e and was "harassing" her we when he "hit me with his could on my neck." To report the incident to the but was interrupted and told e situation correctly; she taff to get Resident #3 out it is to the lincident to the ning of 1/23/17 and she			

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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	
		HAL010008	B. WING	B. WING		7/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE. ZIP CODE		
			BERRY STREET			
SHALLOT	TE ASSISTED LIVING	SHALLO	TTE, NC 28459			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	Continued From page 14		D 270			
	Interview with Reside revealed: -He had been hit by F day" when he was try room at lunch time"As soon as I walked punched me good an head." -He was "shook up, b the dining roomThere was a housekdining room who with himEveryone has seen F did not do anything all about was making su was okay." -He could not rememi residents that Reside Second confidential in revealed: -Resident #3 had gott Resident #7 who livedThe "fist fight" happed 1/15/17) at lunchtime front entrance, and w Personal Care Aides -Resident #3 had hit I dining room a few day. Resident #3 "used to other residents' room -"Every now and then his moods, you could would just hit people.' -Staff did not do anyting one way and tell the state of the resident way are the resident way and tell the state of the resident way are the resident way and tell the resident way are the resident way are the resident way are the resident way and tell the resident way are	Resident #3 "just the other ing to get into the dining."  I by [Resident #3] he d hard in the back of the ut okay" after sitting down in eeping staff present in the essed Resident #3 punch.  Resident #3 hit residents and bout it; all the staff "cared re [name of Resident #3].  Deer the names of other int #3 had hit.  Interview with a resident with d on the 400 hall. Interview with a resident with a with a switnessed by MAs and (PCAs).  Resident #11 outside the yes ago (1/22/17 - 1/24/17). To be real bad, just walk into and punch them."  I, [Resident #3] would get in see it on his face and he				

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revealed:

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
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		HAL010008	B. WING		1	7/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		RRY STREET			
	OLUMBA DV OT		E, NC 28459		. 1	
(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 270	Continued From page	e 15	D 270			
	don't rightly know how -He had never gotten by another resident.	into a "fist fight" or been hit				
	Interview with a PCA on 1/27/17 at 3:15pm revealed: -Resident #7 could be confrontational and argumentative; would tell Resident #3 not to go down the 300 and 400 hallThe PCA said, "You gotta keep an eye on them [Resident #7 and Resident #3] to stop it before it starts." -The PCA had never seen Resident #3 hit anyone.					
		ns, interviews and record was not interviewable.				
	Resident #3's Power -The staff at the facilit so he wasn't "all drug a previous facility"For some reason he staff "got his medicati more aggressionThe resident had not first got to the facility -"He's never hurt any	on 1/25/17 at 4:32pm with of Attorney (POA) revealed: by worked with the resident ged up" like he had been at e got aggressive" until the ons right" then there was no been aggressive since he (June 2016).				
	-The staff had never sanother resident, the fists." -"I'm sure there [were wanted to hit [Reside when somebody hits]	with a staff revealed: seen Resident #3 actually hit staff had seen him "draw his ] a few [residents] who nt #3]; it's a natural reaction you." normally report any abuse				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		A. BUILDING:				
		HAL010008	B. WING		R <b>01/27/2017</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		520 MULBE	RRY STREET			
SHALLOT	TE ASSISTED LIVING		E, NC 28459			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	0 Continued From page 16		D 270			
	would be reported to -The staff did not hav was concerned about	had witnessed the abuse, it the Supervisor on duty. e any specific concerns but residents "wellbeing" a lot of new staff and a lot of				
	9/6/16 where staff don having aggressive be incidents of hitting oth incidents of hitting staron 9/22/16 at 9:50ar raised fist to hit [PCA] arm; obtained skin teams obtained skin teams and PCP (Primary Caron 9/22/16 (no time) that resident had enter room, told him [other chair, [the other] resident	es from 5/29/16 through cumented Resident #3 havior including five her residents and four off.  In "Resident in shower   and hit shower stall with left ar to left arm below elbow e of local hospital], family				
	-On 9/23/16 at 6:00ar aide's face and hit he continue to monitor." -On 9/26/16 at 2:00pr of aggression, PRN (agiven, will monitor." -On 9/28/16 at 9:15ar of aggression, PRN gmonitor." -On 10/3/16 at 6:15a hallway blocking entraroom, the second res move so he could get Resident [#3] he beca	m "Resident was standing in ance to another resident's ident then asked resident to in his room. This agitated				

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STATEMENT OF I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
		A. BOILDING	<del></del>			
		HAL010008	B. WING		01/2	7/2017
NAME OF PROVI	DER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SHALLOTTE /	ASSISTED LIVING	520 MULB	ERRY STREET			
SHALLOTTE	ASSISTED LIVING	SHALLOT	TE, NC 28459			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT 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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270 Co	Continued From page 17		D 270			
chi PF O exp and ME O agg O sw pro rec O of aid efff O him [Re 91' EM "Ro oro -O sig mo -Th ino do 9/2 -Th 1/2 Re da -Re ada -Re -Re -Re -Re -Re -Re -Re -Re -Re -Re	in. Resident [#3] war in. Resident [#3] war in 10/5/16 at 11:15a plained resident fell other resident's when 10/30/16 at 10:20 gression, PRN given 11/2/16 at 1:30pm rung at another residented." In 11/3/16 at 9:20am aggression. Resided in 11/3/16 at 9:20am aggression. Resided in 11/4/16 at 3:00pm in 11/4/16 at 3:00pm in 11/4/16 at 3:00pm in 11/4/16 at 3:00pm in 11/4/16 at 10:50 gression. Fonitor." In the was no documerted entries of aggression, Fonitor." In the was no documerted entries of 22/16 through 12/22 in the war in furthed to the facility in the	as redirected and scheduled ere given."  m "Spoke with Guardian, trying to put his leg on eelchairAdministrator and am "Showing signs of n."  n "Resident balled fist and dent while walking by. Not se contact and was  n "Resident showing signs nt swung at one of the on] given at 9:24am. PRN  n "Resident was not acting back sunk in. RCD or] notified, POA notified, me of local hospital] via dical Services]. At 7:00pm acility via EMS with no new changes."  am "Resident still showing PRN administered, will entation of interventions or for Resident #3 following f aggressive behaviors from 12/16.  Trentries 12/23/16 through				

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to harm others or recent assaultive behaviors."

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING: _		
	HAL010008	B. WING		R 01/27/2017
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
SHALLOTTE ASSISTED LIVING	520 MULB	ERRY STREET		
CHALLOTTE ACCIOTED EIVING	SHALLOT	TE, NC 28459		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY 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 270 Continued From page	0 Continued From page 18			
Review of a psychiate dated 1/12/17 revealed -Diagnoses included InsomniaThere were no medically aggression toward state the usual interval usual cocurs. Staff monitor mood/behavioral and Interview with a MA/S 3:50pm revealed: -Resident #12 had re #3, but no staff had we-She had never seen #7The last time Resident and Resident #11 "sw contact." -The 1st shift MA repichange of shift; "I'm standed to commented somethic concern for his [Resident #3 "was not first came to the facility they changed his mere regarding the "Nurse could not remember with the seen a while anyone; he was occar and she had seen hir stance with his fists behavior" for Resident	ric visit note for Resident #3 ed: Dementia, Anxiety and cation changes. le without reports of aff recently. Will see patient unless crisis or emergency and report changes in medication side effects."  Supervisor on 1/27/17 at  ported being hit by Resident vitnessed him hitting her. Resident #3 hit Resident ent #3 attempted to hit a "few weeks ago" on 1st #3 swung at Resident #11 vung back and made  orted what happened at sure she would have ngthere was some dent #3's] safety" of the same as was when he ity; he had been better since dications." le Note" dated 10/3/16, she who the resident was that  ' since Resident #3 hit lisionally agitated with staff m make an aggressive balled, which was "common			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S	
	A. BUILDING:		R			
		HAL010008	B. WING		01/27/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		RRY STREET			
		SHALLOTT	E, NC 28459		Т	
(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	(X5) COMPLETE DATE
D 270	Continued From page 19		D 270			
	frequentlyWhen staff made the staff would make sure their own bedsIf staff noticed one of another resident's rock wandering resident be-Residents with behard and given a PRN and whole thing." -The MA did not have any interventions or in Resident #3 had aggrander. Pesident #3's Power notified when he hit such that the sum of the sum o	eir "rounds" every two hours, ethe "wanderers" were in of the wandering residents in om, they would redirect the ack to their own room. viors were usually redirected "usually forgot about the eany further response for increased monitoring when ressive behavior. To of Attorney (POA) had been omeone.  Ind MA/Supervisor on wealed: In, out of the blue [Resident]				
	an eye the ones that Resident #3] had a briwould know." -Resident #3 did wan rooms, but staff "was kept an eye on him." -The MA did not have any specific interventisupervision of Resident supervision of Resident #3 showing documented in "Nurse and 12/22/16," usually swing towards people	ent #3. MA/Supervisor on 1/27/17 at				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
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		HAL010008	B. WING		01/2	27/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING	520 MULE	BERRY STREET	•		
OHALLOT	TE AGGIOTES EIVING	SHALLOT	TE, NC 28459			
(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
D 270	Continued From page 20		D 270			
	dining room; and Resto the MA that Reside [Resident #12] in the -The MA had not see harass any resident, anythingResident #3 would juhalls all day; he did "sme, I just tell him you okay and keep walkin -There were no reside afraid of Resident #3.	neck in her room.  n Resident #3 hit anyone or nor had anyone reported  ust walk up and down the swing at the air, he did it to can't do that and he'll saying down the hall."  ents who had reported being tanother resident, staff				
	3:20pm revealed: -She reported to the form on 1/26/17 that Residenck on 1/22/17"Like I said she [MA] should have come to wrong." -She had also reported Administrator on 1/23 to the MA/Supervisor -Resident #3 punched afternoon on 1st shift when she yelledThe PCA pulled Reseasked him if he was on Resident #12 if she well and the remarked him if he was on the right front part of where Resident #3 purchased him if he was on the right front part of where Resident #3 purchased him if he was on the right front part of where Resident #3 purchased him if he was on the right front part of where Resident #3 purchased him if he was on the right front part of where Resident #3 purchased him if he was on the right front part of where Resident #3 purchased him if he was on the right front part of which was not provided him in the right front part of the right front p	3/17 who said she would talk d in the neck in the ; there was a PCA that came ident #3 out of her room and okay; she did not ask vas okay. If her neck still hurt from unched her. Ident #3 had come up to her				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		
		HAL010008	B. WING	B. WING		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		520 MULE	ERRY STREET	•		
SHALLOT	TE ASSISTED LIVING		TE, NC 28459			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5	)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPL	ETE
D 270	Continued From page 21		D 270			
	from her on both occa	asions.				
	Staff was not available for interview regarding "Nurses Notes" entries dated 9/22/16, 9/23/16, 11/2/16 and 11/3/16.					
	Observation on 1/27/17 at 4:37pm revealed: -Resident #3 was walking out of room 323 [not his room]A male resident was lying in the bed closest to the window and yelled, "He doesn't belong in here." -Another resident said to Resident #3, "Come on [name of Resident #3] let's go watch TV" while lightly holding Resident #3's arm and guiding him					
	toward the common a -There were no staff of					
	-There were no staff observed near room 323.  Observation on 1/27/17 at 5:15pm revealed: -A resident was walking with Resident #3 down the hall, lightly holding his armThe resident said he was "keeping an eye on him" while they stopped in front of the medication cart where there were staff and other residents.					
	Provider (MHP) on 1/ -Resident #3 was usu	with the Mental Health 26/17 at 12:42pm revealed: ually calm and "just walked				
	the halls."  -The resident was dia behavior disturbance.	agnosed with Dementia with				
	-She was not aware of behaviors by Resider	of any recent aggressive				
	behaviors in the past	where he resisted care and				
	was aggressive with s	staπ. d any reports from staff that				
		laying aggressive behaviors.				
		Resident #3 to have been				
	aggressive with other					
		aff to report any aggressive				

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PRINTED: 05/05/2017 FORM APPROVED

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
	HAL010008 B. W		B. WING		01/27/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SHALLOT	SHALLOTTE ASSISTED LIVING 520 MULE					
			TE, NC 28459			
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 270	Continued From page	e 22	D 270			
	the resident's medical may have "had some? -She would be concerresidents as well as the another resident wereHad she been notified medication evaluation on the resident and policyel of care, could hat she was at the facility not on 1/26/17; she can	have been a problem with tions and/or the resident thing physical going on." rned for the safety of other he safety of Resident #3 if to hit him back.  Id, interventions such as n, every 15 minute checks ossible re-evaluation of the lave been initiated. By weekly on Thursdays but ontacted the Resident Care 26/17; he did not report any				
	Telephone interview with the Primary Care Provider (PCP) on 1/27/17 at 4:20pm revealed: -He had seen Resident #3 at the facility, but could not remember all the details and did not have the resident's information availableIf Resident #3 were assaulting other residents, there would be a safety concern for him and other residents.					
	12:30pm revealed Re were changed in Octo hospital admission be	ministrator on 1/26/17 at esident #3's medications ober 2016 following a ecause staff and providers out why he wasn't our [name				
	5:57pm revealed: -There was no policy of residents with high -Every 15 minute che to person basis.	or procedure on supervision risk behaviors or concerns. cks were done on a person ents on every 15 minute				

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STATE FORM 6899 C70G11 If continuation sheet 23 of 56

DIVISION	or riealth Service Negu	ialion				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
					R	
		HAI 040008	B. WING		1	
		HAL010008			01/27/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	TE, ZIP CODE		
		520 MUL	BERRY STREET			
SHALLOT	TE ASSISTED LIVING		TTE, NC 28459			
			112, 110 20403			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	( /	F
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		-
1/10		,	17.0	DEFICIENCY)		
D 270	Continued From page 23		D 270			
	Interview with the Adr	ministrator on 1/27/17 at				
		Tillistrator on 1/2//1/ at				
	5:20pm revealed:	- th				
		other residents was seen or				
		spected to assess both				
		ne PCP, MHP and the				
	family.					
	-If the abuse was a or					
		peen put on a two hour				
		get the HHN to assess the				
	resident for possible infection or medication					
	issues.					
	-She was not aware of	_				
		e October 2016 when his				
	medications were cha	anged.				
	-A two hour watch me	eant that every two hours				
	staff saw the resident	and documented that they				
	laid eyes on the resid					
	-Resident #12 had no	t reported anything to her				
	about Resident #3 pu	nching her.				
	-If Resident #12 had i	reported an incident of				
	Resident #3 punching	her to the MA/Supervisor,				
	the MA would have te	exted the Administrator about				
	the incident.					
	-When Resident #3 w	alked into other resident's				
	rooms, any staff on d	uty redirect him.				
		te any resident taunting or				
	abusing another resid	,				
		ould address any concerns				
		n the PCP, MHP, DSS and				
		d to do was notify her by text				
		cident/incident report.				
		of Resident #3 allegedly				
		Resident #11 and Resident				
	#12.	and Roomon				
	The facility failed to s	upervise 2 of 3 residents (#3				
	i ine iacility lalled to S	upoi vide 4 di 0 lediuellia (#3	1			

Division of Health Service Regulation

and #6) who required increased supervision

STATE FORM 6899 C70G11 If continuation sheet 24 of 56

STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING: _			
		HAL010008	B. WING			R <b>27/2017</b>
		TIALUTUUUU			] 01/.	2112011
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
SHALLOT	TE ASSISTED LIVING		BERRY STREET	•		
	I	SHALLO	TTE, NC 28459	T		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page related to diagnoses which were harmful to facility's failure to sup known to wander and rubbing alcohol, result access to harmful subtrooms; and the failure who had a history of a resulted in the resident This failure to supervice Resident #6 resulted serious physical harm A2 Violation.  Review of the facility's 1/26/17 and 1/27/17 resident #3 and Resident #4 and room, an incident and completed immediate The Administrator, Of Attorney/Guardian will be basis and follow throoresidents on an as nesidents on an as nesidents on an as nesidents.	of Dementia with behaviors of self and others. The servise Resident #6 who was had a history of ingesting sted in the resident having obstances in other residents' to supervise Resident #3 aggressive behaviors, in thitting other residents. See Resident #3 and in substantial risk for in which constitutes a Type see self will be placed on so will be documented. Sident #6 will be moved station to protect the rights accident form will be sely.  In whether the self will be moved of the self will be notified immediately; assessed on an individual and on what is best for seded basis. Il identify all residents with	D 270			
	every two hours.  -Any resident identified checked on every 30 -Residents identified nurses' station for mo	minutes. will be moved closer to the				

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STATE FORM 6899 C70G11 If continuation sheet 25 of 56

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL010008	B. WING		0.	R 1/27/2017
NAME OF D	DOMBER OF CLIPPLIER		ADDDEGO OITY OTATE	7/0.0005	1 0	1/2//2017
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE <b>LBERRY STREET</b>	, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		OTTE, NC 28459			
(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 ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 25	D 270			
	daily to make sure all paperwork is complet -Any reports will be a Administrator immeditake action depending -The Administrator wi	residents are safe and all ted. ddressed to the ately; the Administrator will				
		DATE FOR THE TYPE A2 NOT EXCEED 2/26/17.				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	1	2 Health Care assure referral and follow-up nd acute health care needs				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	reviews, the facility factories and Most Sampled residents Dementia with behave other residents and s	ns, interviews and record illed to notify the Primary ental Health Provider for 1 of (#3) who had a diagnosis of iors and a history of hitting taff, resulting in continued without interventions.				
	The findings are:					
	10/4/16 revealed: -Diagnoses included	3's current FL-2 dated  Dementia, Coronary Artery mia, Chronic Obstructive and Benign Prostate				

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STATE FORM 6899 C70G11 If continuation sheet 26 of 56

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE		
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMP	LETED
		HAL010008	B. WING		<b>I</b>	R <b>27/2017</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		BERRY STREET			
		SHALLO	TTE, NC 28459			
(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 THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	26	D 273			
	Hypertrophy.	bulatory and intermittently				
	8/1/16 and signed by (PCP) revealed the re	3's current care plan dated the Primary Care Provider esident was referred to 16 for dementia; no specific mented.				
		with a resident revealed: other residents and staff. nothing about it."				
	Confidential interview with a second resident revealed: -Resident #3 had hit the resident two times in the past; once in August 2016 and the second time about a month laterOn 1/25/17, Resident #3 was at the kitchen when Resident #11 tapped Resident #3 on the shoulder and said he needed to get by; as soon as Resident #11 passed by Resident #3, Resident #3 "punched him and nailed him in the neck." -Resident #3 was "really going to hurt somebody one of these days."					
	never been hit by Res-Resident #3 had hit at the last time he hit at (1/24/17)Resident #3 "had go sometimes he might I never tell."	ng with Resident #3 and had				

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STATE FORM 6899 C70G11 If continuation sheet 27 of 56

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMITEET	LD
		HAL010008	B. WING		R 01/27	/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CHALLOT	TE ASSISTED I IVING	520 MULB	ERRY STREET			
SHALLUT	TE ASSISTED LIVING	SHALLOT	TE, NC 28459			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
D 273	Continued From page	27	D 273			
		nd [was] not right, he's hit				
	-A woman's voice yell bathroom on the 200 -Resident #12 was in the sink and stated "I- me again." -The Maintenance Ma #3 from the bathroom	the bathroom standing at He's [Resident #3] harassing an was escorting Resident				
	Interview with the Maintenance Man on 1/26/17 at 11:01am revealed Resident #3 had "just walked in there [bathroom]; he's a wanderer; nothing happened."					
	Interview with Resident #12 on 1/26/17 at 11:31am revealed: -Resident #3 had just walked into the bathroom when she was in there and was "harassing" her againHe had walked into her room on 1/22/17 and she was asking him to leave when he "hit me with his fist just as hard as he could on my neck." -Resident #12 "tried" to report the incident to the Medication Aide (MA) but was interrupted and told she did not handle the situation correctly; she should have went to staff to get Resident #3 out of her roomThe resident reported the incident to the Administrator the morning of 1/23/17 and she said she would talk to the MAShe did not have any bruising on her neck, but it still hurtResident #3 hit Resident #11 on 1/22/17 near the					
	when he walked by.	in the back of the head  nt #11 on 1/26/17 at 5:40pm				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		71. 501251110		R
	HAL010008	B. WING		01/27/2017
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SHALLOTTE ASSISTED LIVING	520 MULBI	ERRY STREET		
SHALLOTTE ASSISTED LIVING	SHALLOTT	E, NC 28459		
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 273 Continued From page	28	D 273		
revealed: -He had been hit by Reday" when he was tryin room at lunch time"As soon as I walked I punched me good and head." -He was "shook up, but the dining roomThere was a houseked dining room who witner himEveryone has seen Redid not do anything about was making sure was okay." -He could not rememberesidents that Resident Second confidential intrevealed: -Resident #3 had gotte Resident #7 who lived -The "fist fight" happen 1/15/17) at lunchtime in front entrance, and was Personal Care Aides (Fersident #3 had hit Redining room a few days -Resident #3 "used to lother residents' room a -"Every now and then, his moods, you could swould just hit people."	esident #3 "just the other ng to get into the dining by [Resident #3] he hard in the back of the it okay" after sitting down in eping staff present in the ssed Resident #3 punch esident #3 hit residents and out it; all the staff "cared e [name of Resident #3] er the names of other it #3 had hit.  Thereview with a resident en into a "fist fight" with on the 400 hall. Hed last week (week of hear the common area and switnessed by MAs and PCAs).  The esident #11 outside the is ago (1/22/17 - 1/24/17). The real bad, just walk into and punch them."  [Resident #3] would get in see it on his face and he it #7 on 1/27/17 at 2:40pm cility "a good long time,	D 273		

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STATE FORM 6899 C70G11 If continuation sheet 29 of 56

Division of Health Service Regulation					Tara, - :	
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
VIAD L FULL	S. SOMMEOTION	ADEITH IOAHON NOWIDER.	A. BUILDING:		CONTRE	
					R	
		HAL010008	B. WING		01/27	//2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	= ZIP CODE		
			BERRY STREET	., 2 332		
SHALLOT	TE ASSISTED LIVING		OTTE, NC 28459			
	CHMMADY CT	ATEMENT OF DEFICIENCIES			TION	0/5
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	ILD BE	(X5) COMPLETE DATE
			1	DEFICIENCY)		
D 273	Continued From page	e 29	D 273			
	by another resident.					
	Interview with a PCA	on 1/27/17 at 3:15pm				
	revealed:	011 1/21/17 at 0.10pm				
	-Resident #7 could be	e confrontational and				
	argumentative; would	I tell Resident #3 not to go				
	down the 300 and 40					
		gotta keep an eye on them				
	starts."	sident #3] to stop it before it				
	-The PCA had never	seen Resident #3 hit				
	anyone.	oodii reoleolie wo liik				
		ns, interviews and record				
	reviews, Resident #3	was not interviewable.				
	Telephone interview (	on 1/25/17 at 4:32pm with				
	-	of Attorney (POA) revealed:				
		ty worked with the resident				
	_	iged up" like he had been at				
	a previous facility.					
		e got aggressive" until the				
	staπ "got his medicati more aggression.	ions right" then there was no				
		t been aggressive since he				
	first got to the facility					
		one, they surely would have				
	called me if he had."					
	Confidential interview	with a staff revealed:				
		seen Resident #3 actually hit				
		staff had seen him "draw his				
	fists."					
		e] a few [residents] who				
	wanted to hit [Reside	nt #3]; it's a natural reaction				
	when somebody hits	<u> </u>				
		normally report any abuse				
	· ·	had witnessed the abuse, it				
	would be reported to	the Supervisor on duty.				

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STATEMEN	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BOILDING			
		HAL010008	B. WING		01/2	7/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CHALLOT	TE ASSISTED LIVING	520 MULE	BERRY STREET			
SHALLUI	TE ASSISTED LIVING	SHALLO	TTE, NC 28459			
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 30	D 273			
	Review of "Nurse Not revealed:  -There were 15 entrie 9/6/16 where staff do having aggressive be incidents of hitting oth incidents of hitting states on 9/22/16 at 9:50ar raised fist to hit [PCA] arm; obtained skin teattransported to [name and PCP notified."  -On 9/22/16 (no time) that resident had enteroom, told him [other chair, [the other] resident resident scratarm."  -On 9/23/16 at 6:00ar aide's face and hit he continue to monitor."  -On 9/26/16 at 2:00pr of aggression, PRN genonitor."  -On 10/3/16 at 6:15a hallway blocking enteroom, the second resmove so he could get Resident [#3] he becasecond resident strikichin. Resident [#3] wapRN [medications] was explained resident fel another resident's why MD notified."	ess from 5/29/16 through cumented Resident #3 havior including five her residents and four aff.  In "Resident in shower and hit shower stall with left ar to left arm below elbow he of local hospital], family  In "(Late entry) It was reported be entered another resident's resident] to get out of his dent told him [Resident #3] hatched resident on his right had rend to the stomach. Please her "Resident showing signs hiven, will monitor."  In "Resident was standing in ance to another resident's ident then asked resident to the in his room. This agitated arme angry and hit the nig him on the neck and as redirected and scheduled				

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aggression, PRN given."

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING		R	,
		HAL010008	B. WING		1	7/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SHALLOTTE ASSISTED LIVING			RRY STREET			
		SHALLOTT	E, NC 28459			
(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	(X5) COMPLETE DATE
D 273	Continued From page	e 31	D 273			
	swung at another resiprovoked, did not mal redirected." -On 11/3/16 at 9:20ar of aggression. Reside aides. PRN [medicative effective." -On 11/4/16 at 3:00pr himself, walking with [Resident Care Direct 911 called, sent to [nate EMS [Emergency Me "Resident arrived at forders or [medication]-On 12/22/16 at 10:50 signs of aggression, Femonitor." -There was no docum Mental Health Provide Resident #3's aggression to 12/22/16.	m "Resident showing signs ent swung at one of the on] given at 9:24am. PRN m "Resident was not acting back sunk in. RCD tor] notified, POA notified, ame of local hospital] via dical Services]. At 7:00pm acility via EMS with no new				
	dated 10/27/16 revea	ric visit note for Resident #3 led: or a new patient referral;				
	admitted to the facility	with a history of dementia. issues or concerns today."				
	-Resident #3 was "irri	table" and had "no thoughts				
		ent assaultive behaviors."				
	- i ne note was electro	onically signed by the MHP.				
	dated 1/12/17 revealed	ric visit note for Resident #3 ed: Dementia, Anxiety and				
	-There were no medic -"Patient seems stabl					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		E SURVEY PLETED	
AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING:		COM	LETED	
		HAL010008	B. WING		01	R / <b>27/2017</b>
NAME OF D				F 710 CODE		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT BERRY STREET	E, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		TTE, NC 28459			
0(1) 15	SLIMMADV ST.		<u> </u>		PRECTION	0/5)
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	Continued From page	e 32	D 273			
	at the usual interval u occurs. Staff monitor mood/behavioral and -The note was electro Review of "Nurse Not	aff recently. Will see patient unless crisis or emergency and report changes in medication side effects." onically signed by the MHP. tes" and "Accident/Incident #3 revealed there was no				
	documentation of incidents involving Resident #3 hitting or punching Resident #7, Resident #11 or Resident #12 in January 2017.					
	Interview with a MA/Supervisor on 1/27/17 at 3:50pm revealed: -Resident #12 had reported being hit by Resident #3, but no staff had witnessed him hitting herShe had never seen Resident #3 hit Resident #7.					
	-The last time Resident #3 attempted to hit another resident was a "few weeks ago" on 1st shift where Resident #3 swung at Resident #11 and Resident #11 "swung back and made contact."					
	change of shift; "I'm s documented somethin concern for his [Resident #3 "was no	ngthere was some dent #3's] safety" t the same as was when he ty; he had been better since				
	-Regarding the "Nurs could not remember versident #3 hitIt "had been a while" anyone; he was occa and she had seen hin stance with his fists behavior" for Resident	e Note" dated 10/3/16, she who the resident was that since Resident #3 hit sionally agitated with staff in make an aggressive alled, which was "common it #3.				
		nange in their condition or a accident/incident report,				

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	, ,		COMPLETED
			A. BUILDING: _		
					R
		HAL010008	B. WING		01/27/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE	
			BERRY STREET	,	
SHALLOT	TE ASSISTED LIVING		TTE, NC 28459		
			TIE, NC 20459		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF	
				DEFICIENCY)	
D 273	Continued From page	. 22	D 273		
D 213	Continued From page	; 33	0273		
	called or texted the A	dministrator, faxed the			
	report to the Departm	ent of Social Services			
		ry Care Provider (PCP),			
		fax confirmations in the			
		the medication room,			
		d documented in the record.			
		viors were usually redirected			
		"usually forgot about the			
	whole thing."				
	-When a resident hits				
		ort should have always been			
		or was notified and the			
		alth Nurse (HHN) was			
	notified.	of Attornoy (DOA) had been			
		of Attorney (POA) had been			
	notified when he hit s	omeone.			
	Interview with a secon	nd MA/Supervisor on			
	1/26/17 at 6:15pm rev	•			
		, out of the blue [Resident			
	#3] might get mad an				
		since [Resident #3] hit			
	someone."				
	Interview with a third	MA/Supervisor on 1/27/17 at			
	11:36am revealed:	·			
	-Resident #3 showing	signs of aggression			
	documented in "Nurse	e Notes on 9/26/16, 9/28/16			
	and 12/22/16," usuall	y meant Resident #3 would			
	swing towards people	e, but did not connect."			
		are of Resident #3 hitting			
	·	the last week near the			
	_	ident #12 had not reported			
	to the MA that Reside				
	[Resident #12] in the				
		n Resident #3 hit anyone or			
	-	nor had anyone reported			
	anything.				
		ist walk up and down the			
	halls all day; he did "s	swing at the air, he did it to			

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OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED
				<u> </u>
	HAI 010008	B. WING		R <b>01/27/2017</b>
<u> </u>	TIALUTUUU			01/2//2017
OVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
E ASSISTED LIVING				
	SHALLO	TTE, NC 28459		
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
Continued From page	: 34	D 273		
okay and keep walkin -If Resident #3 did hit would give him a PRN	g down the hall." another resident, staff			
3:20pm revealed: -She reported to the Mon 1/26/17 that Residence on 1/22/17"Like I said she [MA] should have come to wrong." -She also reported the Administrator on 1/23 to the MA/SupervisorResident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched where Resident #3 punc	MA/Supervisor interviewed ent #3 had punched her the kept arguing with me that I get her [MA] and that I did it e incident to the /17 who said she would talk d in the neck in the there was a PCA that came f her neck still hurt from inched her.			
"Nurses Notes" entrie 11/2/16 and 11/3/16.  Interview with the Res on 1/27/17 at 11:10an -He was not aware of available for Resident might have more infor -In the case of a resid staff was to complete report, write a note in Administrator or Supe -That was the comple expected to follow.	s dated 9/22/16, 9/23/16, sident Care Director (RCD) n revealed: any further documentation #3 but the Administrator mation. lent hitting another resident, and accident/incident the chart, notify the ervisor on duty. te process staff was			
	Continued From page me, I just tell him you okay and keep walkin-If Resident #3 did hit would give him a PRN Administrator.  Second interview with 3:20pm revealed: -She reported to the Non 1/26/17 that Residneck on 1/26/17 that Residneck on 1/26/17"Like I said she [MA] should have come to wrong." -She also reported the Administrator on 1/23 to the MA/Supervisor. Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of where Resident #3 punched afternoon on 1st shift; when she yelledThe right front part of the Name of the	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 34  me, I just tell him you can't do that and he'll say okay and keep walking down the hall."  -If Resident #3 did hit another resident, staff would give him a PRN and notify the Administrator.  Second interview with Resident #12 on 1/27/17 at 3:20pm revealed:  -She reported to the MA/Supervisor interviewed on 1/26/17 that Resident #3 had punched her the neck on 1/22/17.  -"Like I said she [MA] kept arguing with me that I should have come to get her [MA] and that I did it wrong."  -She also reported the incident to the Administrator on 1/23/17 who said she would talk to the MA/Supervisor.  -Resident #3 punched in the neck in the afternoon on 1st shift; there was a PCA that came when she yelled.  -The right front part of her neck still hurt from where Resident #3 punched her.  Staff was not available for interview regarding "Nurses Notes" entries dated 9/22/16, 9/23/16, 11/2/16 and 11/3/16.  Interview with the Resident Care Director (RCD) on 1/27/17 at 11:10am revealed:  -He was not aware of any further documentation available for Resident #3 but the Administrator might have more information.  -In the case of a resident hitting another resident, staff was to complete and accident/incident report, write a note in the chart, notify the Administrator or Supervisor on duty.  -That was the complete process staff was	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 34  me, I just tell him you can't do that and he'll say okay and keep walking down the hall."  If Resident #3 did hit another resident, staff would give him a PRN and notify the Administrator.  Second interview with Resident #12 on 1/27/17 at 3:20pm revealed:  She reported to the MA/Supervisor interviewed on 1/26/17 that Resident #3 had punched her the neck on 1/22/17.  "Like I said she [MA] kept arguing with me that I should have come to get her [MA] and that I did it wrong."  She also reported the incident to the Administrator on 1/23/17 who said she would talk to the MA/Supervisor.  -Resident #3 punched in the neck in the afternoon on 1st shift; there was a PCA that came when she yelled.  -The right front part of her neck still hurt from where Resident #3 punched her.  Staff was not available for interview regarding "Nurses Notes" entries dated 9/22/16, 9/23/16, 11/2/16 and 11/3/16.  Interview with the Resident Care Director (RCD) on 1/27/17 at 11:10am revealed:  -He was not aware of any further documentation available for Resident #3 but the Administrator might have more information.  -In the case of a resident hitting another resident, staff was to complete and accident/incident report, write a note in the chart, notify the Administrator or Supervisor on duty.  -That was the complete process staff was expected to follow.	STREET ADDRESS, CITY, STATE, ZIP CODE  STANLOTTE, NC 28459  SUMMARY STATEMENT OF DEFICIENCES  CROSS-REFERENCED TO THE APPROPP  DEFICIENCY)  CROSS-REFERENCED TO THE APPROPP  DEFICIENCY)  DEFICIENCY  TAX  D 273  D 273

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STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL010008	B. WING		R <b>01/27/201</b>	7
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE		
		520 MULB	ERRY STREET	•		
SHALLOT	TE ASSISTED LIVING	SHALLOT	TE, NC 28459			
(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 APPROPR DEFICIENCY)	BE CON	X5) IPLETE IATE
D 273	Continued From page	35	D 273			
	Provider (MHP) on 1/2-Resident #3 was usus the halls."  -The resident was diabehavior disturbanceShe was not aware of behaviors by Resident behaviors in the past was aggressive with season and the resident was displeshe had not received the resident was displeshe had not known aggressive with other. She would expect stabehaviors because the concern, there could be the resident's medicat may have "had somet. She would be concerned as well as the another resident were. Had she been notified medication evaluation on the resident and polevel of care, could has staff contacted the Maystem that would ser Practitioner, Psychiatric There was also a visit the MHP each week who were going to be provide input and report of the Psychiatric HHN agency and did not root. The MHP was at the but not on 1/26/17; she	ally calm and "just walked gnosed with Dementia with of any recent aggressive t #3; he had those where he resisted care and staff. If any reports from staff that aying aggressive behaviors. Resident #3 to have been residents. If to report any aggressive at would be a safety nave been a problem with thing physical going on." Intend for the safety of other he safety of Resident #3 if to hit him back. If the physical going a pager had a notification to the Nurse rist and Psychotherapist. If list sent to the facility by which listed the residents seen so that staff could out any concerns. If was not part of the same utinely contact the MHP. If facility weekly on Thursdays he contacted the Resident				
	the MHP each week who were going to be provide input and reportant and reportant agency and did not roughly agency and did not roughly at the but not on 1/26/17; she	which listed the residents seen so that staff could out any concerns.  was not part of the same utinely contact the MHP. facility weekly on Thursdays the contacted the Resident on 1/26/17; he did not report				

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Telephone interview with the Primary Care

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		R
		HAL010008	B. WING		01/27/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SHALLOT	TE ASSISTED LIVING	520 MULBI	ERRY STREET		
OHALLO	TE AGGIOTED EIVING	SHALLOT	TE, NC 28459		
(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 SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 273	Continued From page	e 36	D 273		
	Provider (PCP) on 1/2 -He had seen Reside not remember all the resident's information -The facility notified h the time." -There were also forn waiting in the office at thereHe did not know whe signed documents he -If Resident #3 were a	27/17 at 4:20pm revealed: nt #3 at the facility, but could details and did not have the available. im by fax and sent "stuff all ns for review and signing t the facility for when he was			
	"Accident/Incident Re revealed there was no was notified of any in- hitting Resident #7, R	mmunication" forms and aport" forms for Resident #3 to documentation the PCP cidents of Resident #3 tesident #11, Resident #12 ring aggressive behaviors 16 and January 2017.			
	5:20pm revealed: -If residents abusing of reported: staff was extresidents and notify the familyShe was not aware of another resident sincomedications were characteristications were characteristications were characteristications. We sident #12 had not about Resident #3 purelif Resident #12 had not resident #13 had not resident #14 had not resident #14 had not resident #15 had not r	e October 2016 when his anged.  It reported anything to her inching her.  It reported an incident of gone her to the MA/Supervisor, exted the Administrator about			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL010008	B. WING		01/27/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SHALLOT	TE ASSISTED LIVING		RRY STREET		
			E, NC 28459		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 273	rooms, any staff on di-The Administrator wo of resident abuse with family; all the staff ha and completing an acida -She was not aware of hitting Resident #7, Rimiting Resident #7, Rimiting Resident #7, Rimiting Resident #12.  The facility failed to complete the provider of Resident Dementia and a historand staff, to the Primar Mental Health Provider communicate Resident behaviors to provider aggressive behaviors failure to notify medic providers was detrimed wellbeing of residents Violation.  Review of the facility's 1/27/17 revealed: -The Administrator with process of health cardinal family is notified immediately.	ralked into other resident's uty redirect him. buld address any concerns in the PCP, MHP, DSS and id to do was notify her by text cident/incident report. If Resident #3 allegedly resident #11 and Resident was always and a diagnosis of ry of hitting other residents ary Care Provider and er. The facility's failure to int #3's ongoing aggressive is resulted in continued without intervention. This	D 273		
	within 72 hours by the	reports will be reviewed e Administrator. Il make sure all areas of			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
			A. BUILDING		R
		HAL010008	B. WING		01/27/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SHALLOT	TE ASSISTED LIVING		ERRY STREET		
	OLIMAN DV OT		TE, NC 28459	DDO//DEDIO DI ANI OF CODDECTIO	.,
(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 APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page	: 38	D 273		
	incident/accident repo agencies, physician a notified.	orts and that the appropriate nd family have been			
		DATE FOR THE TYPE B OT EXCEED 3/13/17.			
D 287	10A NCAC 13F .0904 Service	(b)(2) Nutrition And Food	D 287		
	<ul><li>(b) Food Preparation Homes:</li><li>(2) Table service shal non-disposable place a knife, fork, spoon, p</li></ul>	s may be made on an hall be based on			
	failed to assure all me non-disposable tables serving water using d meals observed and s	es and interviews, the facility eals were served using ware as evidenced by isposable cups for 3 of 3			
	The findings are:				
	the large dining room served water in dispo	::45pm revealed: eating of the lunch meal in 14 of 15 residents were			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	
			A. BUILDING: _		F	2
		HAL010008	B. WING		1	27/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		RRY STREET			
	OLUMBA DV OT		E, NC 28459			1
(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	(X5) COMPLETE DATE
D 287	Continued From page	e 39	D 287			
		ining rooms, all residents (sliced mandarin oranges) s and bowls.				
	4:56pm-5:30pm reveation of the lurge dining room was served to 16 of 1 disposable cups and Observation of the lurs 1:10am -12:46pm re-During the second set the large dining room was served to 16 of 1 disposable cups and Observation of the lurs 1:10am -12:46pm re-During the second set dining room, 13 of 13 water using disposable cups addining room, 21 of 22 water using disposable cups about 10 of 10 disposable cups and 10 water using disposable cups and 10	and of the dinner meal in the later was served to 16 of 17 sable cups.  Ing of the dinner meal in the later was served to 16 of 17 sable cups.  Ing of the dinner meal in the large residents using disposable lating of the dinner meal in lating water was served to 15 of lating of the dinner meal in lating dessert (sliced peaches) in the dinner meal in lating bowls.  Inch meal on 01/25/17 lating lating of lunch in the small later lating of lunch in the large residents were served le cups.				
	plates on 01/25/17.  Interview with a residence revealed: -Water was "sometime for meals.	ent on 01/25/17 at 11:35am es" served in plastic cups				
	served in disposable -The resident "preferr	know how often water was cups. red" having water served in ause the resident could take				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		HAL010008	B. WING		R <b>01/27/2017</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SHALLOT	TE ASSISTED LIVING		ERRY STREET		
			TE, NC 28459		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 287	Continued From page	÷ 40	D 287		
	the water with them wafter eatingThe resident did not tableware was used to dessert.				
	8:50am revealed: -Water was not routing served if the resident	nd food were served in			
	Interview with a Personal Care Aide (PCA) on 0°/24/17 at 5:05pm revealed water was normally served in non-disposable cups at meals, but the dishwasher "runs a little behind sometimes"; therefore, water was "sometimes" served in "plastic cups" at meals.				
	12:00pm revealed: -Water was served at -Water was usually se lunch and dinner beca non-disposbale water -Dessert was "sometii	all meals; "it's mandatory." erved in disposable cups at ause there were not enough cups. mes" served in disposable se there were not enough			
	revealed: -Dessert was served of "sometimes" because non-disposable tablesThe cook did not knot served in disposable of the cook.	w how often water was			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:	
					R
		HAL010008	B. WING		01/27/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE	
			ERRY STREET		
SHALLOT	TE ASSISTED LIVING		E, NC 28459		
0/0.15	STIMMADV ST.	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	1 0/5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 287	Continued From page	e 41	D 287		
	revealed: -There were 85 non-cidentified by the Admion handThere were more that dessert bowls on handThe Administrator stathe cycle started and approximately one mi	d. arted the dishwasher and was completed after nute.			
	Interview with the Administrator on 01/25/17 at 3:05pm revealed: -About one to two weeks ago, kitchen staff notified her of a shortage in non-disposable water cups/glassesThe Administrator placed an order for 48 non-disposable water glasses one to two weeks ago after being notified by staff of the shortageA total of 24 non-disposable water glasses were delivered to the facility the previous day (01/24/17) and 24 more non-disposable water glasses were expected "any day." -There were enough bowls to serve dessert at all meals, -The Administrator expected kitchen staff to run the dishwasher between each meal service and serve all meals in non-disposable tablewareThe Administrator would assure non-disposable tableware was used to serve all meals.				
D 309	Service  10A NCAC 13F .0904 (e) Therapeutic Diets (3) The facility shall r current listing of resid	P(e)(3) Nutrition and Food  Nutrition and Food Service in Adult Care Homes: maintain an accurate and ents with physician-ordered guidance of food service	D 309		

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STATE FORM 6899 C70G11 If continuation sheet 42 of 56

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		D
		HAL010008	B. WING		R <b>01/27/2017</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
SHALLOT	TE ASSISTED LIVING		ERRY STREET FE, NC 28459		
	CLIMMADY CT		·	DDOVIDEDIS DI ANI OF CORDECTIO	N are
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 309	Continued From page	e 42	D 309		
	staff.				
	interviews, the facility therapeutic diet list wa	ns, record reviews, and failed to assure a has maintained for the aff for 3 of 3 residents			
	The findings are:				
	Observation of the kitchen on 01/24/16 at 11:10am revealed: -There was a list posted on the door that had the names of the residents who received dietary supplemental shakesThere was not a therapeutic diet list posted.				
	Review of Resident #2's current FL-2 dated 10/11/16 revealed: -Diagnoses included dysphagia and Parkinson's diseaseThere was an order for a pureed diet.				
		lers for Resident #2 dated sident #2 was ordered a			
	01/19/17 revealed:				
	Review of Resident # 12/01/16 revealed: -Resident #9 was ord -Resident #9 required	ered a pureed regular diet.			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE			
			A. BUILDING: _			
		HAL010008	B. WING		01	R / <b>27/2017</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		BERRY STREET			
			TTE, NC 28459			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 309	Continued From page	e 43	D 309			
	Review of Resident # 10/04/16 revealed: -Diagnoses included hypertensionThere was an order of Review of Resident # 12/01/16 revealed: -Resident #10 was or -Resident #10 required Interview with two die 01/24/17 at 11:10am -Residents #2, #9, an regular diet with pure-There was not a list presidents who received -All kitchen staff "know -All kitchen staff were Resident Care Director pureed diet.	dementia, anorexia, and for a pureed diet.  10's diet order dated dered a pureed regular diet. defeeding assistance. tary staff members on revealed: d #10 were ordered a ed texture. posted with the names of the ed the pureed diets.				
	at 11:30am revealed a posted in the kitchen was posted), but staff happened to the list.  Observation of the lur room on 01/24/16 from revealed Residents # served a regular pure meatballs and noodle applesauce.  Interview with the RC revealed:	nch meal in the small dining m 11:10am -11:40am 2, #9, and #10 were all ed diet consisting of pureed				

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		TED
					R	
		UAL 040000	B. WING		1	
		HAL010008			01/2	7/2017
NAME OF PR	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
		520 MIII	BERRY STREET			
SHALLOT	TE ASSISTED LIVING		TTE, NC 28459			
			112, 140 20433			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		DATE
IAO		,	IAG	DEFICIENCY)		
			+			
D 309	Continued From page	e 44	D 309			
	the facility on therape	utic diets				
		an working in the facility (in				
	_	ere was a therapeutic diet list				
	posted in the kitchen					
	•	he damaged diet list and				
	was going to make a					
		placed the theraoeutic diet				
		placed the theraoeutic diet				
	list yet.	rapeutic diet list posted in				
		•				
	the kitchen at that tim	ie (01/24/17 at 3:40pm).				
	Interview with the Adr	ministrator on 01/24/17 at				
	4:00pm revealed:	Tillistrator on 01/24/17 at				
	•	t was supposed to be posted				
	in the kitchen.	i was supposed to be posted				
		as not aware a diet list was				
	not posted in the kitch	ien.				
	Intonvious with the Ac	dministrator on 01/24/17 at				
	4:30pm revealed:	diffillistrator on 01/24/17 at				
	•	as responsible for assuring				
		st was posted for guidance				
	for kitchen staff.	st was posted for guidance				
		ould assure a therapeutic				
		d posted in the kitchen that				
	day (01/24/17).	a posted in the kitchen that				
	uay (01/24/17).					
	Observation on 01/24	1/17 at 5:10pm revealed:				
		t was posted on the door in				
	the kitchen.	t was posted on the door in				
		lent #9's, and Resident #10's				
		s were documented on the				
	therapeutic diet list.	3 WOIE GOCGINEINEG OII ME				
	merapeune diet list.					
D 050	404 NOAC 405 400	4/-> NA - P (*	D 050			
D 358	10A NCAC 13F .1004	+(a) Medication	D 358			
	Administration					
	404 NOAC 407 477					
		Medication Administration				
	(a) An adult care hor	ne shall assure that the				

Division of Health Service Regulation

STATE FORM 6899 C70G11 If continuation sheet 45 of 56

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  \$20 MULBERRY STREET  SHALLOTTE ASSISTED LIVING  S20 MULBERRY STREET  SHALLOTTE ASSISTED LIVING  S10 MULBERRY STREET  SHALLOTTE, NC 28459  PROVIDERS PLAN OF CRESSCOTON  PREPLY  REQUIATORY OR I.SC IDENTIFYING INFORMATION)  D 358  Continued From page 45  preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:  (1) orders by all Icensed 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 reviews, the facility failed to administer medications as ordered by a Physician for 2 of 8 residents with orders for Proscar (Resident #8) and for Levenir insulin (Resident #7).  The findings are:  1. Review of Resident #8's record revealed a multi paged physician's order dated 10/26/16 for Proscar (used to decrease the urge to urinate and decrease ingittime urination), 5mg once daily.  Observation during the medication pass on 0/125/17 at 11:15am revealed.  She did not remember administering Proscar to Resident #8.  She did not remember administering Proscar to Resident #8.  She did not remember administering Proscar to Resident #8.  She did not remember administering Proscar to Resident #8.		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	1 ' '	SURVEY
NAME OF PROVIDER OR SUPPLIER  SHALLOTTE ASSISTED LIVING  SHALLOTTE ASSISTED LIVING  SHALLOTTE, NC 28459  PROVIDER'S TIREET  SHALLOTTE, NC 28459  PROVIDER'S PLAN OF CORRECTION  (EACH DORIGINATIVE MIST BE PERCECEDED BY FULL  REGULATORY OR ISC IDENTIFYING INFORMATION)  D 358  Continued From page 45  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 reviews, the facility failed to administer medications as ordered by a Physician for 2 of 8 residents with orders for Proscar (Resident #8) and for Levemir insulin (Resident #7).  The findings are:  1. Review of Resident #8's Ft-2 dated 10/04/16 revealed diagnoses included mental retardation and adenocarcinoma.  Review of Resident #8's record revealed a multi paged physician's order dated 10/26/16 for Proscar (used to decrease the urge to urinate and decrease nighttime urination), 5mg once daily.  Observation during the medication pass on 01/25/17 at 8.25am revealed that Proscar was not listed on the Medication Adde (MA) on 01/25/17 at 1.15am revealed.  She did not remember administration Record (MAR).  Interview with the Medication Aide (MA) on 01/25/17 at 1.15am revealed.  She did not remember administrating Proscar to Resident #8.  She did not remember administration for the proscar in the proscar and the proscar a			HAL010008	B. WING		01	
CALIFORM	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	•	-
PREFIX TAG    CACH DEPICIENCY MUST BE PRECEDED BY FULL TAG   REGULATORY OR U.S. DEPITIFYING INFORMATION    PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE DATE	SHALLOT	TE ASSISTED LIVING			•		
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 reviews, the facility failed to administer medications as ordered by a Physician for 2 of 8 residents with orders for Proscar (Resident #8) and for Levemir insulin (Resident #7).  The findings are:  1. Review of Resident #8's FL-2 dated 10/04/16 revealed diagnoses included mental retardation and adenocarcinoma.  Review of Resident #8's record revealed a multi paged physician's order dated 10/26/16 for Proscar (used to decrease the urge to urinate and decrease nighttime urination), Smg once daily.  Observation during the medication pass on 01/25/17 at 8:25am revealed that Proscar was not listed on the Medication Administration Record (MAR).  Interview with the Medication Administration Resident #8.  She did not remember administering Proscar to Resident #8.  She did not realize that Proscar had been	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE IE APPROPRIATE	COMPLETE
l l	D 358	preparation and admi prescription and non-by staff are in accorda (1) orders by a licens which are maintained (2) rules in this Section and procedures.  This Rule is not met a Based on observation reviews, the facility farmedications as orders residents with orders and for Levemir insulation. The findings are:  1. Review of Resident revealed diagnoses in and adenocarcinoma.  Review of Resident # paged physician's order proscar (used to decrease nighttime undecrease nighttime undecrease nighttime undecrease of the Media Record (MAR).  Interview with the Media Record (MAR).  Interview with the Media Resident #8.  -She did not realize the state of the state of the state of the state of the Media Resident #8.	nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by: as, interviews and record illed to administer ed by a Physician for 2 of 8 for Proscar (Resident #8) in (Resident #7).  It #8's FL-2 dated 10/04/16 included mental retardation  8's record revealed a multiple dated 10/26/16 for rease the urge to urinate and cination), 5mg once daily.  The medication pass on everaled that Proscar was cation Administration  dication Aide (MA) on revealed: er administering Proscar to that Proscar had been	D 358	DEFICIENCY		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		
		HAL010008	B. WING		R 01/27/2017	
					01/2//2017	-
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	•		
SHALLOT	TE ASSISTED LIVING		ERRY STREET	,		
	I		TE, NC 28459			_
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETI	E
D 358	Continued From page	e 46	D 358			
	pharmacy on 01/25/1	7 at 3:40pm revealed that for Resident #8 was never				
	revealed: -Resident #8 had can -The Proscar had bee reduce lower urinary in nocturia (excessive u urgency during the da -The peak effect of th to 6 months after med -The physician expect be started within 48-7 writtenThe possible effects medication included u to urinate) and contin nocturia and urinary u -Resident #8's follow- scheduled 6 months a	on/26/17am at 9:00am  forcer of the bladder.  for ordered on 10/26/16 to tract symptoms including rination at night) and urinary ay.  e medication would occur 3 dication was started. Ited that medication would a red that medication would are hours after the order was for not starting the urinary retention (the inability uation or worsening of urgency.  The proposition of the process of the starting the order was the effectiveness of the starting the order was the process of the starting the process of				
	Based on observation review, Resident #8 v	n, interviews and record was not interviewable.				
	Supervisor.  -The Supervisor faxes -Once the medication transcribes the order medication in the medication page of the lorder form is then pla	revealed: orders are given to the s the order to the pharmacy. I has arrived, the Supervisor on the MAR and puts the				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		HAL010008	B. WING		01/27/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		ERRY STREET			
			E, NC 28459			
(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 APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 47	D 358			
	order form is sent to t -The Administrator co process was not follor ordered medicationThe Administrator co complete multi paged resident's record with -The Administrator se photograph of the me hard copy of the orde	he providing pharmacy. uld not explain why this wed for Resident #8's uld not explain how the order was placed in the out being ordered.				
	2. Review of Resident #7's FI-2 dated 01/10/17 revealed:  -Diagnoses included diabetes mellitus (unspecified) and dementia.  -An order for Levemir insulin, 24 units injected subcutaneously (SQ) twice a day with meals.  Observation during the 4:00pm medication pass on 01/25/17 revealed:  -An entry on the Medication Administration Record (MAR) for Resident #7 to receive Levemir insulin, 24 units SQ twice a day with meals.  -The Medication Aide (MA) injected the ordered amount of insulin.  -The MA depressed the insulin pen plunger and held it in place for 2-3 seconds and then withdrew					
	revealed: -Once the medication plunger should be hel seconds before withd -If the insulin pen is n	is injected, the insulin pen ld in place for at least 6 rawing the needle. ot held in place with the r at least 6 seconds, the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL010008	B. WING		01/27/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING		ERRY STREET TE, NC 28459			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		
D 358	Continued From page 48		D 358			
	total dosage of insulir	n may not be administered.				
	Interview with the MA revealed:	on 01/25/17 at 4:37pm				
	<ul> <li>The MA explained th Levemir insulin pen for</li> </ul>	e steps of preparing the				
	-The MA could not sta	ate the correct number of				
	seconds the insulin pen must be held in place after the injection.  Interview with the Administrator on 01/26/17 at 9:27am revealed:					
		hat the MA was not using				
	via the pen delivery s	n injecting Levemir insulin ystem.				
		ll review proper insulin MA's as soon as possible.				
D911	G.S. 131D-21(1) Dec	laration of Residents' Rights	D911			
		ration of Resident's Rights ave the following rights:				
	1. To be treated with	respect, consideration,				
	dignity, and full recog individuality and right					
	, 5	•				
	This Rule is not met a	as evidenced by: as and interviews, the facility				
	failed to assure each	residents' right to privacy				
	was maintained as ev supervise Resident #6	ridenced by the failure to 6, who was a known				
	wanderer and had a h	nistory of entering other				
		eatedly entering other getting into their beds.				
	The findings are:					
	Review of Resident #	6's current FL-2 dated				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					<sub>B</sub>	
		HAI 040009	B. WING		R	
		HAL010008			01/27/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		520 MULB	ERRY STREET			
SHALLOT	TE ASSISTED LIVING		ΓE, NC 28459			
	OUR MAR DV OT			DDOLUDEDIO DI AMOS CODDECTION		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		
TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
D044	, <u>-</u>		1 2014			
D911	Continued From page	e 49	D911			
	09/26/16 revealed:					
		dementia and hypertension.				
	_	bulatory and intermittently				
	disoriented.	bulatory and intermittently				
	uisonenteu.					
	Interview with resider	nt on 01/26/17 at 8:50am				
	revealed:	II 011 0 1/20/17 at 0.50am				
		ad the hell "constantly."				
		ed the hall "constantly."				
		the halls at night and came				
		om and got in his bed "last				
	night" (01/25/16).	CO				
		the resident by entering his				
		as not able to go back to				
	sleep					
	-Staff "don't do nothin	ıg to stop him."				
	l					
		nd resident on 01/26/17 at				
	11:08am revealed:					
		wander around" and "walk				
	everywhere."					
	-Resident #6 "came in					
		and I yelled to get him out."				
		ed" and would get on the				
	resident's "nerves" by	entering the resident's				
	room.					
		Resident #6 or do anything to				
	keep him from coming	g into her room.				
	I					
		resident on 01/27/17 at				
	2:20pm revealed:					
		to her room and tried to get				
	in her bed; the last in	cident occurred three weeks				
	ago.					
	-It was an invasion of	f the resident's privacy, but				
	Resident #6 "don't kn	now what he's doing. He's				
	pitiful. I feel sorry for I	him."				
		anything" to keep Resident				
	#6 out of her room.	, ,				

Interview with a fourth resident on 01/27/17 at

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
,		.52	A. BUILDING:			
		HAL010008	B. WING		01/2	7/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SHALLOT	TE ASSISTED LIVING	520 MULBI	ERRY STREET			
	127,00,0125 2,711,0	SHALLOT	E, NC 28459			
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D911	Continued From page	e 50	D911			
	3:13pm revealed: -Resident #6 "goes in in their bed." -Resident #6 bothered-The resident did not Resident #6 in his ownother residents would back to his own room Interview with a fifth rown 3:15pm revealed: -Resident #6 went intitude he's out in the had-"It bothers me." -Staff "don't do nothing." -Staff "don't do not	d her "sometimes." know why staff did not keep rn room. Id tell Resident #6 to go  esident on 01/27/17 at  o the resident's room "every all."  g to keep him out."  ent #6 on 01/27/16 at d: into room #218 (not his in the bedside chair. the chair, Resident #6 y of room #218; a Personal was walking down the hall le doorway. ent #6 "this is not your room." sident #6 down the hallway  ent #6 on 01/27/17 from aled he entered two different om #430 and Room #435)	Dell			
	Observation of Reside 4:50pm revealed he v room #107 (not his ro	vas being escorted out of				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL010008	B. WING	B. WING		
					01/27/2017	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
SHALLOT	TE ASSISTED LIVING		ERRY STREET			
	Г	SHALLOT	TE, NC 28459			
(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	
D911	Continued From page	e 51	D911			
	revealed: -When staff went to g dinner he was not in I television common ro -The PCA went lookin him asleep on the beroom)The PCA guided Resand into the small din Interview with a second 3:05pm revealed: -Resident #6 wandered by staffResident #6 "goes in gets in their bed." -It was facility proceding resident every two horen included resident every two horen included resident every two horen included resident wandered included resident wandered included resident #6 was "foren included resident #6 was "foren included foren included foren included resident #6 was "foren included foren in	ang for Resident #6 and found d in room #107 (not his sident #6 out of room #107 ing room.  and PCA on 01/26/17 at ed but was easily redirected a other residents' rooms and the for staff check on every eurs.  The enter of the				
	in to other residents' in redirected.	walked the halls and went rooms, but was easily				

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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		
		HAL010008 B. WING			R 01/27/2017	
	ROVIDER OR SUPPLIER	520 MULB	DRESS, CITY, STA ERRY STREET TE, NC 28459			
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D911	revealed: -Resident #6 wanders residents' roomsOther residents had Resident #6 coming is to their bedIntervention impleme #6 included checking redirected him when I rooms, and reminded Review of the Nurses documented by the consequence of the Nurse (RN-On 09/14/16: "Staff wanders/paces hall and redirection." -On 12/15/16: Reside "person only, walks unight with sundowning and leave during night-On 12/26/16: "Staff wander halls at night." -On 01/02/17: "Staff rwander halls at night." -On 01/17/17: "Patien on other patients' bed wheelchair-reminded lie in his bed or on so Based on observation interviews, Resident #1.	MA on 01/27/16 at 3:41pm  ed and went in to other  complained to the MA about in to their room and getting in  ented by staff for Resident on him every 2 hours, he went in to other residents' him of his room number.  Notes for Resident #6 contracted home health N) revealed: reports patient needs frequent monitoring  ent #6 was oriented to p and down halls days and gattempts to open doors it." reports patient continues to Re-directable during the eport patient continues to in thas a habit of lying around ls, floor, him if he's tired he needs to fa. Staff will monitor."  ins, record reviews, and #6 was not interviewable.  ministrator on 01/27/17 at  wander guard to address his	D911			

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-The Administrator was aware that Resident #6

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DIVISION	n nealth Service Regu	lation					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
			- I				
		HAL010008	B. WING		01/27/20	17	
NAME OF D	ROVIDER OR SUPPLIER	STDEET A	DDRESS, CITY, STA	TE ZID CODE			
NAIVIE OF FI	NOVIDER OR SUFFLIER						
SHALLOT	TE ASSISTED LIVING		BERRY STREET				
		SHALLO	TTE, NC 28459				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)	
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		MPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	IATE	DATE	
				DEI IGIENCI)			
D911	Continued From page	- 53	D911				
		alls and open doors but was					
	not aware Resident #	6 was entering other					
	residents' rooms.						
	-The Administrator ex	pected all staff to know					
	where residents were	and to redirect them as					
	needed.						
	-All staff were respon-	sible for monitoring and					
	redirecting residents.	3					
		ordinary" was supposed to					
	, ,	Accident/Incident Report.					
		residents going in to rooms					
		them, the Administrator					
		ument the incidents on an					
	Accident/Incident Rep						
	· · · · · · · · · · · · · · · · · · ·	report should have been					
		Resident #6 was found in					
	other residents' room						
	-The Administrator "w	•					
		dering into other residents'					
		een any Accident/Incident					
	Reports about it.						
		nt/incident Reports for					
	Resident #6 revealed	there were not any					
	Accident/incident Rep	oorts documenting Resident					
	#6 going into other re	sidents' rooms.					
D912	G.S. 131D-21(2) Dec	laration of Residents' Rights	D912				
20.2	5.5. 1015 £1(£) 500		• · <u>-</u>				
	G.S. 131D-21 Declar	ration of Residents' Rights					
		ave the following rights:					
	2. To receive care an						
		e, and in compliance with					
		state laws and rules and					
	regulations.						
	This Rule is not met	as evidenced by:					

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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	
	HAL010008		B. WING		R <b>01/27/2017</b>
					01/2//2017
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	·	
SHALLOT	TE ASSISTED LIVING		BERRY STREET TE, NC 28459		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D912	Continued From page	: 54	D912		
	reviews, the facility fa received care and ser appropriate and in col federal and state laws related to health care	is, interviews and record iled to ensure residents vices which were adequate, impliance with relevant and rules and regulations referral and follow up.			
	The findings are:				
	reviews, the facility fa Care Provider and Me 5 sampled residents ( Dementia with behavi other residents and st aggressive behaviors	NCAC 13F .0902(b) Health			
D914	G.S. 131D-21(4) Decl	aration of Residents' Rights	D914		
		s, interviews and record iled to ensure residents			
	The findings are:				
	reviews, the facility fa for 2 of 6 sampled res known diagnoses of E which were harmful to	is, interviews and record iled to provide supervision idents (#3 and #6) with Dementia and behaviors themselves and other Resident #6 wandering			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		HAL010008	B. WING		R 04/07/2047				
NAME OF B	DOVIDED OD SLIDDI IED			TE ZID CODE	01/27/2017				
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  520 MULBERRY STREET								
SHALLOT	TE ASSISTED LIVING	SHALLOTT	E, NC 28459						
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE				
D914	Continued From page	÷ 55	D914						
D914	unsupervised into oth ingesting rubbing alcowandering unsuperviseresidents. [Refer to Ta	er residents' rooms and bhol; and Resident #3	D914						
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Division of Health Service Regulation