

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 03/19/19 through 03/22/19.	D 000		
D 074	<p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain clean floors as evidenced by dirt and dust accumulation on the floor for 1 of 5 sampled residents' rooms (Resident #2).</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 02/26/19 revealed: -Diagnoses included dementia and epilepsy. -Resident #2 was incontinent of bowel and bladder. -Resident #2 was ambulatory.</p> <p>Observation of Resident #2's room on 03/20/19 at 2:33pm revealed: -There was a thick accumulation of dirt and dust under Resident #2's bed. -There was dirty tissue under Resident #2's bed. -There was dirt on the floor behind Resident #2's</p>	D 074		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	<p>Continued From page 1</p> <p>dresser.</p> <p>Interview with Resident #2's Responsible Party (RP) on 03/20/19 at 2:37pm revealed:</p> <ul style="list-style-type: none"> -She visited Resident #2 three to four times per week. -She always observed dirt/debris on the floor in Resident #2's room under his bed and on the floor. -She expressed her concerns to the Administrator in the past and the Administrator would get a staff member to come and clean up the room. -"There should be a schedule, I should not have to ask for his room to be cleaned". -The Administrator told her that there was only one housekeeper for the entire facility. <p>Interview with a personal care aide (PCA) on 03/21/19 at 11:04am revealed:</p> <ul style="list-style-type: none"> -She was filling in as a housekeeper on 03/21/19. -The facility previously had a housekeeper and he stopped working a week ago. -She filled in as a housekeeper the week of March 18, 2019 week to assist with cleaning resident rooms. -She had not cleaned Resident #2's room since she worked as a housekeeper, she thought another PCA had cleaned his room. -She was not responsible for personal care duties while completing housekeeping duties. -When completing housekeeping duties she was responsible for cleaning all of the resident floors daily. -There was no cleaning schedule that she followed. <p>Interview with another PCA on 03/21/19 at 11:50am revealed:</p> <ul style="list-style-type: none"> -The housekeeper hired to clean the building had been gone for 2 weeks. 	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	<p>Continued From page 2</p> <ul style="list-style-type: none"> -PCAs were allowed to sign up for an extra shift to serve as a housekeeper. -She had served as a housekeeper twice since the housekeeper left. -She was not given any instruction, she cleaned as many rooms as she could when she worked. <p>Interview with the Administrator on 03/21/19 at 12:58pm revealed:</p> <ul style="list-style-type: none"> -There was previously a contract with an agency to provide housekeeping services which ended on 03/01/19. -She found out the week before the contract ended that the housekeeper would no longer be employed. -There was currently no housekeeper employed to assist with housekeeping duties. -Staff have been filling in to assist with light housekeeping such as cleaning toilets, removing the trash, ensuring rooms have soap, paper towels, and cleaning incidents as they occur. -There had been no deep cleaning for the month of March 2019. -The facility had two deep cleanings with another contractor due to a low sanitation score. - She did not know Resident #2's room had dust and dirt until alerted by his RP. <p>Based on observations, interview, and record review Resident #2 was not interviewable.</p>	D 074		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to assure physician notification for 2 of 5 sampled residents (Residents #3 and #5) as related to refusals of a scheduled rapid acting insulin and a long acting insulin, scheduled fingerstick blood sugar (FSBS) readings, refusals of a medication for diabetic neuropathy, and a blood thinner used to reduce the risk of heart disease, (Resident #3) and not having an anti-anxiety medication available for administration (Resident #5).</p> <p>The findings are:</p> <p>1. Review of Resident #3's current FL2 dated 10/19/18 revealed diagnoses included Alzheimer dementia, diabetes, urinary tract infections (UTI) and dehydration.</p> <p>a. Review of Resident #3's current FL2 dated 10/19/18 revealed:</p> <ul style="list-style-type: none"> -There was a physician's order for novolog insulin (a fast acting insulin used to regulate blood glucose) 100units/ml, twenty units to be administered three times a day with meals. -There was an order for FSBS to be checked three times a day. <p>Review of Resident #3's record revealed a physicians order dated 10/30/18 increasing novolog insulin to 23 units three times a day with</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 4</p> <p>meals.</p> <p>Review of Resident #3's physician's order summary (POS) dated 02/26/19 revealed there was an order for novolog 100units/ml, 23 units to be administered three times a day with meals.</p> <p>Review of Resident #3's January 2019 electronic medication administration record (eMAR), from 01/01/19-01/31/19 revealed: -There was an entry for novolog 23 units to be administered three times a day with meals, at 7:00am, 12:00pm and 5:00pm. -There were nine documented refusals of the novolog insulin. -There were no documented FSBS readings on the eMAR.</p> <p>Review of Resident #3's February 2019 eMAR, from 02/01/19-02/28/19 revealed: -There was an entry for novolog 23 units to be administered three times a day with meals, at 7:00am, 12:00pm and 5:00pm. -There were seventeen documented refusals of the novolog insulin. -There were no documented FSBS readings on the eMAR.</p> <p>Review of Resident #3's March 2019 eMAR from 03/01/19-03/13/19 revealed: -There was an entry for novolog 23 units to be administered three times a day with meals, at 7:00am, 12:00pm and 5:00pm. -There were seven documented refusals of the novolog insulin. -There were no documented FSBS readings on the eMAR.</p> <p>Review of Resident #3's record revealed there was no documentation the prescribing physician</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 5</p> <p>was notified of the insulin refusals.</p> <p>Review of Resident #3's incident report dated 02/25/19 at 10:21pm revealed: -Resident #3 was in the day room and appeared lethargic. -Resident #3's level of consciousness was rated as "will arouse when name is called". -The FSBS recorded by the medication aide (MA) at 8:00pm was 585 mg/dl. -The on call physician was notified (no time listed) and requested Resident #3 be sent to the emergency department (ED). -The medics documented a blood sugar of 525mg/dl when they arrived at the facility at 10:21pm.</p> <p>Review of Resident #3's hospital records dated 02/26/19 at 10:27pm revealed: -There was an ED visit on 02/25/19 with a diagnosis of hyperglycemia. -The medics reported a blood sugar of 525 mg/dl when they arrived at the ED. -No further documentation was included in the discharge summary.</p> <p>Interview with the primary care physician (PCP) on 03/21/19 at 8:45am revealed: -She prescribed the insulin orders for Resident #3. -She had last visited with Resident #3 on 02/27/19. -She was told the resident had been sent to the hospital for hyperglycemia. -She had not seen the hospital report at that time. -There was no record her office had been contacted prior to the ED visit regarding Resident #3's non compliance with her insulin medications. -If she had been informed of her medication refusals, she would have intervened with</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 6</p> <p>medication adjustments, based on her review of the eMAR documentation.</p> <ul style="list-style-type: none"> -She expected the staff to inform her when a resident is routinely refusing medications, especially insulin. -She was very concerned Resident #3 was not receiving her insulin as prescribed due to her cognitive decline and her inability to accurately describe symptoms of hyperglycemia to the staff. -Not receiving her insulin routinely puts Resident #3 at risk for future hyperglycemic episodes, which can lead to serious complications. <p>Interview with the Memory Care Manager (MCM) on 03/21/19 at 10:20am revealed:</p> <ul style="list-style-type: none"> -Her responsibilities included the supervision of the care staff and the MAs, to oversee medication administration, and she was the liaison between the physicians and agency health providers, and the facility. -She knew Resident #3 was sent to the hospital for hyperglycemia on 02/15/19. -The on call physician knew Resident #3 had been sent to the ED on 02/25/19, and she thought the primary care physician would have been informed by her office staff. -She did not know until "last week and the week before" Resident #3 was refusing her insulin medications and FSBS checks. -The MCM thought the staff had informed the physician when she made her rounds the following week. -She knew Resident #3 was compliant with her medications when administered by some staff members, and not compliant with other staff. -She had not completed staff training regarding "approach to challenging residents". -The MAs should contact her and the physician when a resident routinely refused medications or treatments. 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 7</p> <p>-She did not know why the MAs had not informed her or the physician regarding the insulin refusals.</p> <p>Review of the facility policy for medication refusals on 03/21/19 at 10:30am revealed:</p> <ul style="list-style-type: none"> -The prescribing physician was to be notified if a medication was refused three times. -There was no reference to notifying the physician more frequently if a resident refused their insulin. <p>Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable.</p> <p>Refer to interview with the first shift MA on 03/20/19 at 11:15am.</p> <p>Refer to interview with the second shift MA on 03/20/19 at 4:01pm.</p> <p>Refer to interview with the Administrator on 03/21/19 at 11:21am</p> <p>b. Review of Resident #3's current FL2 dated 10/19/18 revealed there was a physician's order for levemir insulin (a long acting insulin used to manage blood glucose levels) 100units/ml, 30 units to be administered twice a day.</p> <p>Review of Resident #3's physician's order summary (POS) dated 02/26/19 revealed there was an order for levemir 100units/ml, 35 units to be administered twice a day.</p> <p>Review of Resident #3's March 2019 electronic administration record (eMAR) from 03/01/19-03/13/19 revealed:</p> <ul style="list-style-type: none"> -There was an entry for levemir 35 units to be administered twice a day at 8:00am and 8:00pm -There were six documented refusals of the 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 8</p> <p>levemir insulin.</p> <p>Review of Resident #3's February 2019 eMAR, from 02/01/19-02/28/19 revealed: -There was an entry for levemir 35 units to be administered twice a day at 8:00am and 8:00pm -There were nine documented refusals of the levemir insulin.</p> <p>Review of Resident #3's February 2019 progress notes from 02/23/19 - 02/25/19 revealed: -On 02/23/19 Resident #3 refused the scheduled levemir insulin injection at 9:47am. -On 02/24/19 Resident #3 refused the scheduled levemir insulin injection at 8:17am.</p> <p>Review of Resident #3's record revealed there was no documentation the prescribing physician was notified of the insulin refusals.</p> <p>Review of Resident #3's incident report dated 02/25/19 at 10:21pm revealed: -Resident #3 was in the day room and appeared lethargic. -Resident #3's level of consciousness was rated as "will arouse when name is called". -The fingerstick blood sugar (FSBS) recorded by the medication aide (MA) at 8:00pm was 585 mg/dl. -The on call physician was notified (no time listed) and requested Resident #3 be sent to the emergency department (ED). -The medics documented a blood sugar of 525mg/dl when they arrived at the facility at 10:21pm.</p> <p>Review of Resident #3's hospital record dated 02/26/19 at 10:27pm revealed: -There was an ED visit on 02/25/19 with a diagnosis of hyperglycemia.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 9</p> <ul style="list-style-type: none"> -The medics reported a blood sugar of 525 mg/dl when they arrived at the ED. -No further documentation was included in the discharge summary. <p>Interview with the Memory Care Manager (MCM) on 03/21/19 at 10:20am revealed:</p> <ul style="list-style-type: none"> -She knew Resident #3 was sent to the hospital for hyperglycemia. -The on call physician knew Resident #3 had been sent to the ED on 02/25/19, and she thought the primary care physician would have been informed by her office staff. -She did not know until "last week and the week before" Resident #3 was refusing her insulin medications and FSBS checks. -The MCM thought the staff had informed the physician when she made her rounds the following week. -The MAs should contact her and the physician when a resident routinely refused medications or treatments. -She did not know why the MAs had not informed her or the physician regarding the insulin refusals. <p>Review of the facility policy for medication refusals on 03/21/19 at 10:30am revealed:</p> <ul style="list-style-type: none"> -The prescribing physician was to be notified if a medication was refused three times. -There was no reference to notifying the physician more frequently if a resident refused their insulin. <p>Interview with the primary care physician (PCP) on 03/21/19 at 8:45am revealed:</p> <ul style="list-style-type: none"> -She prescribed the insulin orders for Resident #3. -She had last visited with Resident #3 on 02/27/19. -She was told the resident had been sent to the hospital for hyperglycemia. 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 10</p> <ul style="list-style-type: none"> -She had not seen the hospital report at that time. -There was no record her office had been contacted prior to the ED visit regarding Resident #3's non compliance with her insulin medications. -If she had been informed of her medication refusals, she would have intervened with medication adjustments, based on review of the eMAR documentation. -She expected the staff to inform her when a resident is routinely refusing medications, especially insulin. -She was very concerned Resident #3 was not receiving her insulin as prescribed due to her cognitive decline and her inability to accurately describe symptoms of hyperglycemia to the staff. -Not receiving the prescribed insulin routinely puts her at risk for future hyperglycemic episodes, which can lead to serious complications. <p>Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable.</p> <p>Refer to interview with the first shift MA on 03/20/19 at 11:15am.</p> <p>Refer to interview with the second shift MA on 03/20/19 at 4:01pm.</p> <p>Refer to interview with the Administrator on 03/21/19 at 11:21am.</p> <p>c. Review of Resident #3's current FL2 dated 10/19/18 revealed there was a physician's order for fingerstick blood sugar (FSBS) readings three times a day.</p> <p>Review of Resident #3's January 2019 electronic medication administration record (eMAR) from 01/01/19-01/31/19 revealed:</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 11</p> <p>-There was an entry for FSBS three times a day, to be administered at 8:00am, 12:00pm and 8:00pm. -There were nine documented FSBS refusals.</p> <p>Review of Resident #3's February 2019 eMAR, from 02/01/19-02/28/19 revealed: -There was an entry for FSBS three times a day to be administered at 8:00am, 12:00pm and 8:00pm. -There were twenty-four documented FSBS refusals.</p> <p>Review of Resident #3's March 2019 eMAR from 03/01/19-03/19/19 revealed: -There was an entry for FSBS three times a day to be administered at 8:00am, 12:00pm and 8:00pm. -There were six documented FSBS refusals.</p> <p>Review of Resident #3's record revealed there was no documentation the prescribing physician was ever notified of the FSBS refusals.</p> <p>Review of the facility policy for medication refusals on 03/21/19 at 10:30am revealed the prescribing physician was to be notified if a medication was refused three times.</p> <p>Interview with the primary care physician (PCP) on 03/21/19 at 8:45am revealed: -She prescribed the FSBS orders for Resident #3. -There was no record her office had been contacted regarding Resident #3's non compliance with her FSBS. -If she had been informed of her FSBS refusals, she would have made some adjustments, based on her review of the eMAR documentation. -She expected the staff to inform her when a resident was routinely refusing medications or</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 12 treatments.</p> <p>Interview with the Memory Care Manager (MCM) on 03/21/19 at 10:20am revealed: -She did not know until "last week and the week before" Resident #3 was refusing her FSBS checks. -The MCM thought the staff had informed the physician when she made her rounds the following week. -She knew Resident #3 was compliant with her medications when administered by some staff members, and not compliant with other staff. -The MAs should contact her and the physician when a resident routinely refused medications or treatments. -She did not know why the MAs had not informed her or the physician regarding the FSBS refusals.</p> <p>Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable.</p> <p>Refer to interview with the first shift medication aide MA on 03/20/19 at 11:15am.</p> <p>Refer to interview with the second shift MA on 03/20/19 at 4:01pm.</p> <p>Refer to interview with the Administrator on 03/21/19 at 11:21am</p> <p>d. Review of Resident #3's current FL2 dated 10/19/18 revealed there was a physician's order for clopidogrel (a blood thinner used to reduce the risk of heart disease) 75mg daily.</p> <p>Review of Resident #3's physician's order summary (POS) dated 02/26/19 revealed there was an order for clopidogrel 75 mg daily.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 13</p> <p>Review of Resident #3's February 2019 electronic medication administration record (eMAR), from 02/01/19-02/27/19 revealed: -There was an entry for clopidogrel 75mg to be administered daily at 8:00am. -There were four documented clopidogrel refusals.</p> <p>Review of Resident #3's March 2019 eMAR, from 03/01/19-03/19/19 revealed: -There was an entry for clopidogrel 75mg to be administered daily at 8:00am. -There were three documented clopidogrel refusals.</p> <p>Review of Resident #3's record revealed no documentation the prescribing physician was ever notified of the clopidogrel refusals.</p> <p>Interview with the primary care physician (PCP) on 03/21/19 at 8:45am revealed: -She prescribed the clopidogrel medication for Resident #3. -There was no record her office had been contacted to notify her of the clopidogrel refusals. -If she had been informed of the refusals, she would have made some adjustments, based on her review of the eMAR documentation. -She expected the staff to inform her when a resident was routinely refusing medications or treatments.</p> <p>Interview with the Memory Care Manager (MCM) on 03/21/19 at 10:20am revealed: -She knew Resident #3 was compliant with her medications when administered by some staff members, and not compliant with other staff. -She did not know Resident #3 had been refusing her clopidogrel medication.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 14</p> <p>-The MAs should contact her and the physician when a resident routinely refused medications or treatments.</p> <p>-She did not know why the MAs had not informed her or the physician regarding the medication refusals.</p> <p>Review of the facility policy for medication refusals on 03/21/19 at 10:30am revealed the prescribing physician was to be notified if a medication was refused 3 times.</p> <p>Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable.</p> <p>Refer to interview with the first shift medication aide (MA) on 03/20/19 at 11:15am.</p> <p>Refer to interview with the second shift MA on 03/20/19 at 4:01pm.</p> <p>Refer to interview with the Administrator on 03/21/19 at 11:21am.</p> <p>e. Review of Resident #3's current FL2 dated 10/19/18 revealed there was an order for gabapentin, (used to treat diabetic neuropathy), 300mg daily in the evening.</p> <p>Review of Resident #3's physician's order summary (POS) dated 02/26/19 revealed there was an order for gabapentin 300mg twice a day.</p> <p>Review of Resident #3's subsequent physician's order dated 03/14/19 revealed an order for gabapentin 600mg three times a day.</p> <p>Review of Resident #3's January 2019 electronic medication administration record (eMAR), from</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 15</p> <p>01/19/19-01/31/19 revealed: -There was an entry for gabapentin 300mg to be administered at 8:00pm. -There was documentation the gabapentin was not available to be administered on seven occasions.</p> <p>Review of Resident #3's February 2019 eMAR, from 02/05/19-02/28/19 revealed: -There was an entry for gabapentin 300mg to be administered twice daily at 8:00am and 8:00pm. -There were seven documented refusals.</p> <p>Review of Resident #3's February 2019 eMAR, from 02/09/19-02/28/19 revealed: -There was an entry for gabapentin 300mg, two capsules, to be administered at 8:00pm. -There was documentation the gabapentin was not available to be administered on four occasions. -There were six documented refusals of gabapentin.</p> <p>Review of Resident #3's March 2019 eMAR, from 03/01/19-03/19/19 revealed: -There was an entry for gabapentin 300mg, to be administered at 8:00am and 2:00pm. -There were six documented refusals.</p> <p>Review of Resident #3's record revealed there was no documentation the prescribing physician was ever notified the gabapentin was not administered as prescribed.</p> <p>Interview with the primary care physician (PCP) on 03/21/19 at 8:45am revealed: -She prescribed the gabapentin medication for Resident #3 for neuropathy pain. -She had last visited with Resident #3 on 02/27/19.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 16</p> <ul style="list-style-type: none"> -Resident #3 had been complaining of increased foot pain. -She had increased the gabapentin to 600mg three times a day in an attempt to provide Resident #3 with relief from the pain in her feet. -There was no record her office had been contacted regarding Resident #3's non compliance with her gabapentin medication. -If she had been informed of her medication refusals, she would have intervened with medication adjustments, based on her review of the eMAR documentation. -She expected the staff to inform her when a resident was routinely refusing medications. -She was very concerned Resident #3 was not receiving her pain medication as prescribed. <p>Interview with the Memory Care Manager (MCM) on 03/21/19 at 10:20am revealed:</p> <ul style="list-style-type: none"> -She did not know Resident #3 routinely refused some of her medications. -She knew Resident #3 was compliant with her medications when administered by some staff members and not other staff. -She did not know Resident #3 was refusing the gabapentin medication. -She expected the medication aides (MAs) to inform her when a resident routinely refused medication and to inform the prescribing physician, per facility policy. -She did not know why the MAs had not informed her or the physician regarding the medication refusals. <p>Review of the facility policy for medication refusals on 03/21/19 at 10:30am revealed the prescribing physician was to be notified if a medication was refused 3 times.</p> <p>Attempted telephone interview with the</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 17</p> <p>responsible party on 03/21/19.</p> <p>Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable</p> <p>Refer to interview with the first shift MA on 03/20/19 at 11:15am.</p> <p>Refer to interview with the second shift MA on 03/20/19 at 4:01pm.</p> <p>Refer to interview with the Administrator on 03/21/19 at 11:21am.</p> <hr/> <p>Interview with the first shift medication aide (MA) on 03/20/19 at 11:15am revealed:</p> <ul style="list-style-type: none"> -Resident #3 refused her medications "a lot." -"You sometimes have to ask her (Resident #3) more than once (to administer the prescribed medications)." -She documented refusals and informed her supervisor. -She did not contact the physician for Resident #3's refusals - "I think she already knows." -She thought the Memory Care Manager (MCM) contacted the physician. -The MC and Administrator knew Resident #3 was refusing her medications. <p>Interview with the second shift MA on 03/20/19 at 4:01pm revealed:</p> <ul style="list-style-type: none"> -If there were three or more refusals of a medication staff should contact the physician. -Staff were responsible for documenting all physician notification on the eMAR progress notes. -She informed her supervisors, the Memory Care Manager and the Administrator, when a resident 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 18</p> <p>refused their medications three times or more. -She had not contacted the physician because Resident #3 had not refused her medications three times for her. -Resident #3 could be challenging to administer medications. -Sometimes it was the approach of the MA. -Sometimes staff had to have another MA approach Resident #3 at a later time to administer medications. -The Memory Care Manager and the Administrator knew she refused her medications frequently.</p> <p>Interview with the Administrator on 03/21/19 at 11:21am revealed: -She assisted the Memory Care Manager in the supervision of the care staff. -She knew Resident #3 refused her medications at times. -It was her expectation the MAs and the MCM would notify the physician if this occurred regularly. -The medication policy stated after 3 refusals the physician was to be notified. -Notification of physicians should be documented on the eMAR progress notes.</p> <p>2. Review of Resident #5's current FL2 dated 01/22/19 revealed: -Diagnoses included depression and dementia. -There was an order for lorazepam 0.5mg (used to treat anxiety) tablet three times per day.</p> <p>Review of the hospital discharge summary dated 01/22/19 revealed: -The discharge summary was electronically signed by the attending physician.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 19</p> <p>-Resident #5 was hospitalized from 01/20/19-01/22/19 due to atrial fibrillation, shortness of breath, chest pressure, and hypertension.</p> <p>-There was an order for lorazepam 0.5mg tablets three times daily.</p> <p>-There was a signature of the primary care provider (PCP) on summary dated 01/29/19.</p> <p>Review of the January 2019 electronic Medication Administration Record (eMAR) revealed:</p> <p>-There was an entry for lorazepam 0.5mg 3 times daily at 7:00am, 12:00pm, and 5:00pm for anxiety, hold for sedation.</p> <p>-The lorazepam 0.5mg was not administered 21 out of 81 opportunities from 01/01/19-01/31/19 with "discontinued" and "hold" documented as reasons.</p> <p>-Resident #1 was not available from 01/18/19-01/22/19 due to hospitalization.</p> <p>Review of a subsequent physician's order dated 02/19/19 revealed an order for lorazepam 0.5mg three times daily.</p> <p>Review of the February 2019 eMAR revealed:</p> <p>-An entry for lorazepam 0.5mg 3 times daily at 7:00am, 12:00pm, and 5:00pm for anxiety, hold for sedation.</p> <p>-The lorazepam 0.5mg was not administered 53 out of 84 opportunities from 02/01/19-02/28/19 with "discontinued" and "hold" documented as reasons.</p> <p>Review of the March 2019 eMAR revealed:</p> <p>-An entry for lorazepam 0.5mg 3 times daily at 7:00am, 12:00pm, and 5:00pm for anxiety, hold for sedation.</p> <p>-The lorazepam 0.5mg was administered as ordered from 03/01/19-03/20/19.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 20</p> <p>Review of Resident #5's record revealed: -There was no documentation of an order to hold or discontinue lorazepam. -There was no documentation staff had requested a hard copy prescription for the lorazepam.</p> <p>Telephone interview with the pharmacist at the contracted pharmacy on 03/21/19 at 10:20am revealed: -Lorazepam 0.5mg was originally ordered on 09/05/18 and it included 5 refills. -The lorazepam was filled on 11/11/18, 12/07/18, 01/04/19 for a 30 day supply. -The last refill that could be filled with prescription dated 09/05/18 was on 01/04/19. -All controlled substances required a hard copy of the prescription. -The pharmacy received an FL2 from the facility on 01/22/19, but could not fill the lorazepam because it was not a hard copy of the script. -There was a note in the computer system that the Memory Care Manager (MCM) had been notified that a hard copy of the script was needed on 1/23/19. -The pharmacy did not receive an order to hold or discontinue the lorazepam 0.5mg. -The hard copy script was not received until 02/19/19. -A 30 day supply of lorazepam 0.5mg was filled on 02/19/19.</p> <p>Interview with a first shift medication aide (MA) on 03/21/19 at 11:30am revealed: -If a medication was discontinued it would be removed from the eMAR by the MCM or the pharmacy. -She administered Resident #5's medications when she worked.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 21</p> <ul style="list-style-type: none"> -She thought Resident #5's lorazepam was discontinued when she returned from the hospital in January 2019. -She was told during shift change by another MA that the lorazepam was discontinued. -She could not remember if she discussed Resident #5's lorazepam with the MCM. -She had not seen a discontinue or hold order for Resident # 5. -She had not contacted Resident #5's primary care physician (PCP) regarding the lorazepam. <p>Interview with the MCM on 03/21/19 at 2:34pm revealed:</p> <ul style="list-style-type: none"> -She knew Resident #5 was ordered lorazepam 0.5mg three times daily. -The hospital did not give a hard copy prescription to allow the pharmacy to fill the lorazepam. -She could not remember if she contacted the physician to get a hard copy of the prescription. -She and the Administrator were responsible for contacting the physician for a hard copy of a prescription. -She could not find a discontinue or hold order for the lorazepam 0.5mg three times daily for 01/24/19-02/18/19. -She could not remember what happened with Resident #5's lorazepam order from 01/24/19-02/18/19. <p>Interview with the primary care provider (PCP) on 03/21/19 at 5:59pm revealed:</p> <ul style="list-style-type: none"> -She ordered lorazepam 0.5mg three times daily for anxiety. -Resident #5 was hospitalized in January 2019 and she thought she put the lorazepam on hold after being discharged, until she saw her but she could not remember. -She thought she gave a verbal order to hold the lorazepam until she had a follow-up appointment 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 22</p> <p>with Resident #5.</p> <ul style="list-style-type: none"> -She saw resident on 01/29/19 because she read and signed the discharge summary. -She did not discontinue the lorazepam 0.5mg three times daily. -She did not remember signing an order to hold the lorazepam for 01/24/19-02/20/19. -She was not notified that a hard copy of the prescription was needed for the pharmacy to refill. <p>Interview with the Administrator on 03/21/19 at 12:58pm revealed:</p> <ul style="list-style-type: none"> -She thought the lorazepam was on hold for Resident #5 until the PCP completed a follow-up appointment. -The PCP provided a verbal order to hold the lorazepam when Resident #5 returned from the hospital, but she could not remember the date. -She thought the lorazepam was on hold until the hard script was written, but could not find an order to hold the lorazepam for Resident #5. -She and the MCM would be responsible for obtaining an order to hold or discontinue a medication. -She and the MCM would be responsible for obtaining a hard copy of a prescription. <p>Based on observations, interviews, and record review, it was determined Resident #5 was not interviewable.</p> <hr/> <p>The failure of the facility to assure referral and follow up to meet the routine and acute health care needs of the residents as related to a diabetic refusing insulin, scheduled fingerstick blood sugar (FSBS) readings which resulted in a blood sugar of 585 mg/dl, increased lethargy, and hospitalization, and related to refusals of gabapentin and clopidogrel, (Resident #3) and</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 23</p> <p>not having lorazepam available for administration (Resident #5) resulting in the resident missing 74 doses of the medication. This failure resulted in substantial risk of serious physical harm and injury and constitutes a Type A2 Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/021/19 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED April 21, 2019.</p>	D 273		
D 310	<p>10A NCAC 13F .0904(e)(4) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure therapeutic diets were served as ordered for 1 of 2 sampled residents with diet orders for a mechanical soft entire diet (Resident #1).</p> <p>The findings are:</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 24</p> <p>Review of Resident #1's current FL-2 dated 06/05/18 revealed diagnoses included Alzheimer's disease, Asperger's syndrome, and tardive dyskinesia.</p> <p>Review of a subsequent physician's order dated 09/21/18 revealed an order for a mechanical soft entire meal diet.</p> <p>Review of the therapeutic diet list dated 03/19/19 revealed Resident #1 was to be served a mechanical soft diet.</p> <p>Review of the therapeutic diet menu for lunch on 03/19/19 revealed: -Residents on a mechanical soft diet should be served ground balsamic tomato glazed meatloaf, lima beans with no bacon, a moisten baked roll, and mechanical soft baked apples. -There was no alternative meal listed on the menu.</p> <p>Observation of the lunch meal service in the dining room on 03/19/19 from 11:48am to 1:00pm revealed: -Resident #1 was served a ham and cheese sandwich cut into halves, baked apples, water, and tea. -Resident #1's bread was not moistened and the ham was sliced and not mechanically altered. -Resident #1 did not eat his bread, he consumed the rest of his meal without difficulty.</p> <p>Further review of the theraputic menu for lunch revealed there was no recipe to reference for preparing a ham and cheese sandwich for residents ordered a mechanical soft diet.</p> <p>Interview with the Dietary Manager (DM) on</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 25</p> <p>03/20/19 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -She prepared the lunch meal for all the residents. -She used prior knowledge and the diet menu to prepare meals. -She received training for two weeks when she started over a year ago by the previous DM. -She served Resident #1 a ham and cheese sandwich because that was what she offered as an alternate. -She did not have a menu or recipe to reference for how to prepare a ham and cheese sandwich for a mechanical soft diet. -Resident #1 did not want food served on the menu. -She chopped the ham with a knife to make it easier for Resident #1 to eat. -She did not moisten Resident #1's bread, she did not know if it needed to be moistened. -She thought Resident #1 could have a ham and cheese sandwich because it was soft. <p>Telephone interview with Resident #1's Primary Care Physician (PCP) on 03/21/19 at 5:59pm revealed:</p> <ul style="list-style-type: none"> -Resident #1's current diet order was mechanical soft for the entire meal. -The current diet order was recommended by speech therapy, "over a year ago". -Resident #1 would be at risk for choking episodes if he was not served a mechanical soft diet. <p>Interview with the Administrator on 03/21/19 at 12:58pm revealed:</p> <ul style="list-style-type: none"> -Since the previous survey, she sat down and reviewed menus and instructions with the dietary manager. -She expected the DM to follow the menu and provide alternatives as provided by the contracted 	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 26 food service company. -She thought the DM was following the instructions on the menu to prepare the mechanical soft meal. Based on observations, interviews, and record reviews it was determined Resident #1 was not interviewable.	D 310		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 3 of 8 residents (Residents #5, #10, and #12) observed during the medication passes, administering a medication to be taken with food to a resident in bed returning to sleep (Resident #10), eye drops prescribed for	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 27</p> <p>the right eye for increased pressure were administered to both eyes, and not having a second eye drop available for administration (Resident #12), and for 2 of 5 sampled residents (Residents #3 and #5) related to medications not administered as ordered, related to the incorrect dose of a medication for neuropathy pain (Resident #3), and lorazepam not administered as ordered (#5).</p> <p>The medication error rate was 21% as evidenced by the observation of 6 errors out of 29 opportunities during the 11:30am medication pass on 03/19/19, and the 8:00am medication pass on 03/20/19.</p> <p>1. Review of Resident #3's current FL2 dated 10/19/18 revealed diagnoses included Alzheimer dementia, diabetes, urinary tract infections (UTI) and dehydration.</p> <p>Review of Resident #3's current FL2 dated 10/19/18 revealed there was an order for gabapentin, (used to treat diabetic neuropathy) 300mg daily in the evening.</p> <p>Review of a subsequent physician's order dated 02/27/19 revealed: -There was an order to administer gabapentin 300mg daily at 8:00am and 2:00pm. -There was an order to administer gabapentin 600mg daily at 8:00pm</p> <p>Review of an additional physician's order on 03/14/19 revealed an order for gabapentin 600mg to be administered 3 times a day.</p> <p>Observation of Resident #3's medications on hand revealed: -There was a bubble card of 30 tablets of</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 28</p> <p>gabapentin 300mg, administer at 8:00am and 2:00pm, 13 tablets remaining. -There was a bubble card of gabapentin 600mg, administer three times a day, 21 tablets remaining.</p> <p>Review of Resident #3's March 2019 electronic medication administration record (eMAR) from 03/14/19-03/19/19 revealed there was an entry for gabapentin 600mg three times a day, to be administered at 8:00am, 12:00pm and 8:00pm.</p> <p>Interview with the medication aide (MA) on 03/20/19 at 2:10pm revealed: -The gabapentin order was for 300mg at 8:00am and 2:00pm and 600mg at bedtime. -She administered 300mg of gabapentin at 8:00am and 2:00pm. -She administered 300mg of gabapentin this morning with with Resident #3's other 8:00am medications. -She did not know the order had changed six days ago to 600mg three times a day. -She had not noticed the order change on the eMAR. -She had not noticed the directions on the bubble card for gabapentin 600mg. -"I thought the 600mg (bubble card of gabapentin) was her (Resident #3's) nighttime dose so I did not look at the label." -"We have to look at the eMAR to know a medication order has been changed." -The MAs were to remove the bubble card from the medication cart when an order changed and return it to the pharmacy.</p> <p>Interview with the Memory Care Manager (MCM) on 03/20/19 at 3:47pm revealed: -The MAs were responsible for removing expired or discontinued medications from their medication</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 29</p> <p>cart.</p> <ul style="list-style-type: none"> -The MAs were responsible for checking the medication label and directions with the eMAR entry for each medication before administration. -The MAs were responsible for weekly cart audits of 5 residents. -She did not perform cart audits. -She did not know the MAs were not checking the medication label with the eMAR entry before administering medications. -She did not think the MAs were following the correct process for medication administration. <p>Interview with the Administrator on 03/21/19 at 10:09am revealed:</p> <ul style="list-style-type: none"> -The Memory Care Manager (MCM) supervised the medication aides (MAs) and the care staff. -The MAs were responsible for re-ordering medications on their carts when needed. -The MCM had instructed the MAs to contact the pharmacy for refill medications before the medication "runs out". -The MAs performed weekly cart audits with 5 residents on each cart. -She did not know there were MAs who were not following policies and procedures regarding medication administration. <p>2. Review of Resident #10's FL2 dated 07/17/18 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included Alzheimer dementia, hypertension and right great toe amputation. -There was an order for meloxicam, (used to treat pain and inflammation), 7.5 mg tablet to be administered with food daily. <p>Review of Resident #10's March 2019 electronic medication administration record (eMAR) from 03/01/19-03/19/19 revealed an entry for meloxicam 7.5mg, 1 tablet with food, to be</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 30</p> <p>administered at 9:00am.</p> <p>Observation of Resident #10's medication pass on 03/20/19 at 8:45am revealed:</p> <ul style="list-style-type: none"> -The medication aide (MA) prepared 4 oral medications, including meloxicam 7.5mg, in a medicine cup to administer to Resident #10. -Resident #10 was sleeping in bed when the MA brought the medications to his room. -The resident sat up in the bed to take his medications and asked if breakfast was over. -The MA responded breakfast had finished. -Resident #10 laid back in bed, after swallowing his medications, and closed his eyes. <p>Interview with the MA on 03/20/19 at 8:45am revealed:</p> <ul style="list-style-type: none"> -Resident #10 rarely gets up for breakfast in the morning. -She usually administered his medications in the bedroom while he was in the bed. -She did not know the meloxicam needed to be administered with food. -She did not remember seeing those instructions on the eMAR entry. <p>Interview with the Memory Care Manager (MCM) on 03/20/19 at 3:47pm revealed:</p> <ul style="list-style-type: none"> -She provided in service training for the MAs regarding medication administration and infection control throughout the year. -The pharmacist and the hospice registered nurse facilitated the in service trainings. -The MAs were responsible for checking the medication label and directions with the eMAR entry for each medication. -The MAs should be following all the instructions for administering the medication. -She did not know the MAs were not checking the medication label with the eMAR entry. 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 31</p> <p>-She did not think the MAs were following the correct process for medication administration.</p> <p>Interview with the Administrator on 03/21/19 at 10:09am revealed:</p> <ul style="list-style-type: none"> -The Memory Care Manager (MCM) supervised the medication aides (MAs) and the care staff. -The MAs were responsible for re-ordering medications on their carts when needed. -The MCM had instructed the MAs to contact the pharmacy for refill medications before the medication "runs out". -The MAs performed weekly cart audits with 5 residents on each cart. -She did not know there were MAs who were not following policies and procedures regarding medication administration. <p>3. Review of Resident #12's FL2 dated 04/10/18 revealed diagnoses included Alzheimer dementia; hypothyroidism and wheezing.</p> <p>a. Review of Resident #12's FL2 dated 04/10/18 revealed there was a physicians order for timolol maleate eye drops, one drop in the right eye each morning for intraocular pressure.</p> <p>Observation of Resident #12's medication pass on 03/20/19 at 8:35am revealed:</p> <ul style="list-style-type: none"> -The medication aide (MA) removed the timolol eye drops from the medication cart and applied gloves. -She did not refer to the eMAR before leaving the medication cart. -She administered the timolol eye drops in both the right and left eye. -She did not refer to the label on the eye drop bottle. -The MA remarked during the administration of 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 32</p> <p>the eye drops, -"I think you get a drop in both eyes".</p> <p>Review of Resident #12's March 2019 electronic medication administration record (eMAR) from 03/01/19-03/19/19 revealed an entry for timolol maleate eye drops, one drop in the right eye to be administered daily at 8:00am.</p> <p>Interview with the first shift MA on 03/20/19 at 9:15am revealed: -She thought the timolol eye drop was for both eyes. -Some of Resident #3's eye drops were for both eyes. -She did not read the order on the eMAR completely when she prepared to administer the eye drops.</p> <p>Interview with the Memory Care Manager (MCM) on 03/19/19 at 3:53pm revealed: -The MAs should be referring to the medication orders entered on the eMAR and comparing them to the prescription label on the medication before administration of the medication. -The MAs should not be administering medications from memory. -She did not know the MAs were not following the medication administration policy.</p> <p>Interview with the Administrator on 03/21/19 at 10:09am revealed: -The MCM supervised the MAs and the care staff. -The MAs were responsible for re-ordering medications on their carts when needed. -The MCM had instructed the MAs to contact the pharmacy for refill medications before the medication "runs out". -The MAs performed weekly cart audits with 5</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 33</p> <p>residents on each cart.</p> <p>-She did not know there were MAs who were not following policies and procedures regarding medication administration.</p> <p>b. Review of Resident #12's FL2 dated 04/10/18 revealed there was a physician's order for simbrinza 0.2% eye drops (used to treat glaucoma), one drop in the right eye twice daily.</p> <p>Observation of Resident #12's medication pass on 03/20/19 at 8:35am revealed:</p> <p>-She could not locate the simbrinza eye drops on the medication cart.</p> <p>-The MA could not locate the simbrinza eye drops on the overstock medication shelf in the medication room.</p> <p>-The simbrinza eye drops were not administered to Resident #12 during the morning medication pass.</p> <p>Review of Resident #12's March 2019 electronic administration record (eMAR) from 03/01/19-03/19/19 revealed there was an entry for simbrinza 0.2% eye drops, one drop in the right eye twice daily, to be administered at 8:00am.</p> <p>Interview with the first shift MA on 03/20/19 at 9:15am revealed:</p> <p>-She did not know why the simbrinza eye drops were not on the medication cart.</p> <p>-When a medication was getting low, she re-ordered the medication from the pharmacy.</p> <p>-She checked the Medication Reorder form in the medication room and the simbrinza eye drops had not been ordered.</p> <p>-She would contact the pharmacy after the medication pass and order the eye drops.</p> <p>-She did not administer the simbrinza eye drops</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 34</p> <p>to the right eye during the morning medication pass. -She did not indicate during her morning shift the simbrinza eye drops were administered.</p> <p>Interview with the Memory Care Manager (MCM) on 03/20/19 at 3:47pm revealed: -The MAs were responsible for re-ordering medications from the pharmacy before the medications were finished. -The MAs should be ordering medications when they have 5 doses remaining to the medication. -The MAs conducted cart audits on 5 residents each week, and part of the audit was to re-order medications that were low. -She did not know why the MA did not order a new bottle of simbrinza eye drops before they were completed. -She did not know the simbrinza eye drops were not on the medication cart to be administered to Resident #12.</p> <p>Interview with the Administrator on 03/21/19 at 10:09am revealed: -The Memory Care Manager (MCM) supervised the medication aides (MAs) and the care staff. -The MAs were responsible for re-ordering medications on their carts when needed. -The MCM had instructed the MAs to contact the pharmacy for refill medications before the medication "runs out". -The MAs performed weekly cart audits with 5 residents on each cart. -She did not know there were MAs who were not following policies and procedures regarding medication administration.</p> <p>4. Review of Resident #5's current FL2 dated 01/22/19 revealed: -Diagnoses included depression and dementia.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 35</p> <p>-There was an order for lorazepam 0.5mg (used to treat anxiety) tablet three times per day.</p> <p>Review of the hospital discharge summary dated 01/22/19 revealed:</p> <p>-The discharge summary was electronically signed by the attending physician.</p> <p>-Resident #5 was hospitalized from 01/20/19-01/22/19 for atrial fibrillation, shortness of breath, chest pressure, and hypertension.</p> <p>-There was an order for lorazepam 0.5mg tablets three times daily.</p> <p>-There was a signature of the primary care provider (PCP) on summary dated 01/29/19.</p> <p>Review of the January 2019 electronic Medication Administration Record (eMAR) revealed:</p> <p>-An entry for lorazepam 0.5mg 3 times daily at 7:00am, 12:00pm, and 5:00pm for anxiety, hold for sedation.</p> <p>-The lorazepam 0.5mg was not administered 21 out of 81 opportunities from 01/01/19-01/31/19 with "discontinued" and "hold" documented as reasons.</p> <p>-Resident #1 was not available from 01/18/19-01/22/19 due to "resident unavailable".</p> <p>Review of the February 2019 eMAR revealed:</p> <p>-An entry for lorazepam 0.5mg 3 times daily at 7:00am, 12:00pm, and 5:00pm for anxiety, hold for sedation.</p> <p>-The lorazepam 0.5mg was not administered 53 out of 84 opportunities from 02/01/19-02/28/19 with "discontinued" and "hold" documented as reasons.</p> <p>Review of a subsequent physician's order dated 02/19/19 revealed an order for lorazepam 0.5mg three times daily.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 36</p> <p>Review of the March 2019 eMAR revealed: -An entry for lorazepam 0.5mg 3 times daily at 7:00am, 12:00pm, and 5:00pm for anxiety, hold for sedation. -The lorazepam 0.5mg was administered as ordered from 03/01/19-03/20/19.</p> <p>Observation of medication available for Resident #5 on 03/21/19 at 11:20am revealed there were 66 lorazepam 0.5mg tablets available for administration.</p> <p>Telephone interview with the pharmacist at the contracted pharmacy on 03/21/19 at 10:20am revealed: -Lorazepam 0.5mg was originally ordered on 09/05/18 and it included 5 refills. -The lorazepam was filled on 11/11/18, 12/07/18, 01/04/19, and 02/19/19 for a 30 day supply. -The last refill that could be filled with prescription dated 09/05/18 was on 01/04/19. -All controlled substances required a hard copy of the prescription. -The pharmacy received an FL2 from the on 01/22/19, but could not fill because it was not a hard copy of the script. -There was a note in the computer system that the Memory Care Manager (MCM) had been notified that a hard copy of the script was needed on 01/23/19. -There was no other documentation indicating the facility requested lorazepam from the pharmacy. -There pharmacy did not receive an order to hold or discontinue the lorazepam 0.5mg. -The hard copy script was not received until 02/19/19.</p> <p>Interview with a first shift medication aide (MA) on 03/21/19 at 11:30am revealed: -If a medication was discontinued it would be</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 37</p> <p>removed from the eMAR by the MCM or the pharmacy.</p> <ul style="list-style-type: none"> -She knew Resident #5 was ordered lorazepam 0.5mg three times daily. -She thought Resident #5's lorazepam was discontinued when she returned from the hospital in January 2019. -She was told during shift change by another MA that the lorazepam was discontinued. -She could not remember if she discussed Resident #5's lorazepam with the MCM. <p>Interview with the MCM on 03/21/19 at 2:34pm revealed:</p> <ul style="list-style-type: none"> -She knew Resident #5 was ordered lorazepam 0.5mg three times daily. -The hospital did not give a hard copy prescription to allow the pharmacy to fill the lorazepam. -She could not remember if she contacted the physician to get a hard copy of the prescription. -She and the Administrator were responsible for reviewing the discharge summary and ensuring that medications are available. -She could not find a discontinue or hold order for the lorazepam 0.5mg three times daily for 01/24/19-02/18/19. <p>Interview with the primary care provider (PCP) on 03/21/19 at 5:59pm revealed:</p> <ul style="list-style-type: none"> -She ordered lorazepam 0.5mg three times daily for anxiety. -Resident #5 was hospitalized in January 2019 and thought she put the lorazepam on hold until she saw her, after bring discharged from the hospital, but she could not remember. -She saw resident on 01/29/19 because she read and signed the discharge summary. -She did not discontinue the lorazepam 0.5mg three times daily. -She did not remember signing an order to hold 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 38 the lorazepam for 01/24/19-02/20/19. Interview with the Administrator on 03/21/19 at 12:58pm revealed: -She thought the lorazepam was on hold for Resident #5 until she completed a follow-up appointment. -She thought the lorazepam was on hold until the hard script was written, but could not find an order to hold the lorazepam for Resident #5. Based on observations, interviews, and record review, it was determined Resident #5 was not interviewable.	D 358		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 39 administration record (MAR).</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the electronic medication administration records (eMARs) were accurate and complete for 5 of 8 sampled residents (Residents #3, #5, #6, #7 and #8), as related to documentation of finger stick blood sugar readings (FSBS) on the eMARs which did not correspond to their respective glucometer readings (Residents #6, #7 and #8), no documentation of FSBS readings for a resident with orders for FSBS checks 3 times a day (Resident #3) and inaccurate documentation of lorazepam (Resident #5).</p> <p>The findings are:</p> <p>1. Review of Resident #3's current FL2 dated 10/19/18 revealed: -Diagnoses included diabetes mellitus. -There was an order to check finger stick blood sugars (FSBS) three times a day before meals.</p> <p>Review of Resident #3's electronic medication administration record (eMAR) for January 2019 from 01/01/19-01/31/19 revealed: -There was an entry for FSBS to be checked before meals at 7:00am, 12:00pm and 5:00pm. -There was no documentation of FSBS readings recorded on the January 2019 eMAR.</p> <p>Review of Resident #3's record revealed there</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 40</p> <p>was no documentation of FSBS readings for January 2019, from 01/01/19-01/31/19.</p> <p>Review of Resident #3's eMAR for February 2019, from 02/01/19-02/28/19 revealed: -There was an entry for FSBS check before meals at 7:00am, 12:00pm and 5:00pm. -There was no documentation of FSBS readings recorded on the February 2019 eMAR.</p> <p>Review of Resident #3's record revealed there was no documentation of FSBS readings for February 2019, from 02/01/19-02/28/19.</p> <p>Review of Resident #3's eMAR for March 2019, from 03/01/19 - 03/16/19 revealed: -There was an entry for FSBS check before meals at 7:00am, 12:00pm and 5:00pm. -There was no documentation of FSBS readings recorded on the March 2019 eMAR.</p> <p>Review of Resident #3's record revealed there was no documentation of FSBS readings for March 2019, from 03/01/19-03/16/19.</p> <p>Interview with the first shift medication aide (MA) on 03/20/19 at 11:15am revealed: -She administered medications to Resident #3. -She checked Resident #3's blood sugar before breakfast and lunch meals. -There was no place to record the blood sugar readings on the eMAR. -She did not record the blood sugar readings anywhere else. -Resident #3 was on a sliding scale insulin before Christmas and they were able to record the blood sugars on the eMAR then. -She did not know why there was no place to record the FSBS. -The Memory Care Manager or the Administrator</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 41</p> <p>entered orders on the weekends or after hours. -The pharmacy entered orders Monday through Friday from 9:00am-5:00pm. -She did not report to her supervisor there was no place to record the FSBS. -She thought since the sliding scale was discontinued the MAs did not need to record the FSBS.</p> <p>Interview with the second shift MA on 03/20/19 at 4:01pm revealed: -She did not remember if there was a place on the eMAR to document blood sugars for Resident #3. -"We are only responsible to do what is on the eMAR." -She checked Resident #3's blood sugar before dinner. -She did not record the FSBS results on any other form. -She did not notify her supervisor there was no place to record the FSBS results. -"If it is not on the eMAR, I can not do it."</p> <p>Interview with the Memory Care Manager (MCM) on 03/21/19 at 10:20am revealed: -She did not know the eMAR entry for the FSBS did not have a drop down menu to record the reading. -The pharmacy entered the physician orders for the residents on the eMAR unless it was the weekend or after hours. -She and the Administrator entered orders after hours and on the weekends if necessary. -One of them entered the FSBS order and did not check the box on the eMAR to activate the drop down menu. -She verified new orders but did not review the eMARs monthly for accuracy.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 42</p> <p>Interview with the Administrator on 03/21/19 at 11:21am revealed:</p> <ul style="list-style-type: none"> -She assisted the MCM in the supervision of the care staff and entering new orders onto the eMAR after pharmacy hours or on the weekends. -She did not know Resident #3's FSBS entry on the eMAR from January 2019-March 2019 did not provide an option to record the FSBS reading. -These readings were not recorded on any other document by the staff. -It was her expectation the MAs would notify the MCM or herself if there were any irregularities with the eMAR documentation. -She did not know why the MAs had not brought this to their attention. -She had entered the order and was remiss in activating the drop down menu. -She had discovered the error and notified the physician on 03/13/19. <p>Telephone interview with a technician from the facility's contracted pharmacy on 03/22/19 at 8:48am revealed:</p> <ul style="list-style-type: none"> -The facility staff faxed physician orders to the pharmacy. -New orders were entered by the pharmacy technician. -If an order was received after hours or on the weekend, the facility supervisors entered the order. -The pharmacy software did not interface with the facility's eMAR system. The pharmacists could not view the order entries on the facility eMAR. -A drop down menu for vital signs and medication parameters had to be activated on the eMAR after the order was entered. -If the pharmacy entered the order, it was their responsibility to activate the drop down menu. -If the facility entered the order, it was their responsibility to activate the drop down menu. 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 43</p> <p>Interview with the primary care physician (PCP) on 03/21/19 at 8:45am revealed: -She did not know the FSBS readings were not documented on the eMARs until the administrator notified her last week. -The resident had been recently hospitalized for hyperglycemia and it was important the FSBS values were documented so she could evaluate insulin dosages. -She expected the facility to maintain proper health records to ensure residents received the optimal health care.</p> <p>Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable.</p> <p>2. Review of Resident #6's current FL2 dated 11/16/18 revealed: -Diagnoses included diabetes mellitus, diabetic ketoacidosis and pre-renal acute kidney injury (AKI). -Physician orders included fingerstick blood sugar (FSBS) 3 times a day.</p> <p>Review of Resident #6's electronic medication administration (eMARs) for March 2019 from 03/18/19 to 03/21/19 revealed. -There was an entry for FSBS 3 times a day, to be obtained at 7:00am, 12:00pm and 8:00pm. -FSBS reading documented on 03/16/19 at 8:00pm was 165mg/dl. -FSBS reading documented on 03/17/19 at 7:00am was 95 mg/dl. -FSBS reading documented on 03/17/19 at 12:00pm was 119 mg/dl. -FSBS reading documented on 03/17/19 at 8:00pm was 119 mg/dl. -FSBS reading documented on 03/18/19 at</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

D 367	<p>Continued From page 44</p> <p>11:52am (for the 7:00am FSBS) was "Refused." -FSBS reading documented on 03/18/19 at 12:00pm was 190 mg/dl. -FSBS reading documented on 03/18/19 at 8:00pm was 210 mg/dl. -FSBS reading documented on 03/19/19 at 7:00am was 198mg/dl -FSBS reading documented on 03/19/19 at 12:12pm was 120 mg/dl. -FSBS reading documented on 03/19/19 at 7:16pm was 148 mg/dl. -FSBS reading documented on 03/20/19 at 7:04am was 98 mg/dl. -FSBS reading documented on 03/20/19 at 11:59am was 105 mg/dl. -FSBS reading documented on 03/20/19 at 8:07pm was 120 mg/dl. -FSBS reading documented on 03/21/19 at 7:47am was 100 mg/dl.</p> <p>Observation of Resident #6's glucometer revealed: -The glucometer was housed in a plastic container labeled with Resident #6's name. -The glucometer was not labeled, nor set to correct date or time. -The last 14 readings on the glucometer were as follows: -There was a reading on 06/24 at (no time) FSBS was 118 mg/dl. -There was a reading on 06/25 at 2:48am FSBS was 140 mg/dl. -There was a reading on 06/25 at 7:33am FSBS was 165 mg/dl. -There was a reading on 06:25 at 10:07pm FSBS was 95 mg/dl. -There was a reading on 06/26 at 2:46am FSBS was 119 mg/dl. -There was a reading on 06/27 at 7:50am FSBS was 112 mg/dl.</p>	D 367		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 45</p> <ul style="list-style-type: none"> -There was a reading on 06/27 at 9:19am FSBS was 198 mg/dl. -There was a reading on 06/28 at 2:45am FSBS was 120 mg/dl. -There was a reading on 06/27 at 9:19am FSBS was 198 mg/dl. -There was a reading on 06/28 at 7:51am FSBS was 145 mg/dl. -There was a reading on 06/28 at 9:53am FSBS was 148 mg/dl. -There was a reading on 06/28 at 9:32pm FSBS was 98 mg/dl. -There was a reading on 06/29 at 2:27am FSBS was 105 mg/dl. -There was a reading on 06/29 at 8:03am FSBS was 144 mg/dl. -Of the 14 readings recorded in the glucometer, none were recorded on the eMAR. <p>Based on observations, interviews and record reviews it was determined Resident #6 was not interviewable.</p> <p>Interview with the Administrator on 03/21/19 at 10:09am revealed:</p> <ul style="list-style-type: none"> -The MAs were responsible for recording the correct FSBS reading on the eMAR -The physicians relied on accurate readings to prescribe proper dosages of insulin. -The internet connection was poor in some places, but the MAs knew this and should be writing the blood sugar reading down or checking the glucometer memory. -The third shift MAs were to clean and calibrate the glucometers weekly, as well as checking the correct date and time. -There was no process in place to review the eMARs and compare them to the glucometer history. 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 46</p> <p>Interview with the first shift MA on 03/21/19 at 2:05pm revealed:</p> <ul style="list-style-type: none"> -She checked the FSBS for 2 residents on the hall assigned to her. -She always documented the blood sugar immediately on the eMAR. -She did not know why the the glucometer readings for the diabetic residents did not correspond to the eMAR documentation. -The MAs were to clear the readings on the glucometers weekly. -There was no documentation that was required indicating the glucometers had been cleared, per facility policy. -The third shift MA was responsible for calibrating and cleaning the glucometers weekly, and setting the correct date and time. <p>Interview with the second shift MA on 03/21/19 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -She always documented the FSBS reading on the eMAR after completing a fingerstick blood sugar. -There may have been a time when she was interrupted by another memory care resident needing assistance or a fall and she may not have documented immediately. -She knew there was a memory function in the glucometer, but she rarely used it. -She remembered the FSBS readings of the residents. <p>Interview with another MA on 03/21/19 2:55pm revealed:</p> <ul style="list-style-type: none"> -The MAs checked the FSBS in the resident's rooms and if they did not write the reading down they were "going off memory". -MAs also stationed their cart in one place and may have to travel farther away to perform the FSBS. 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 47</p> <ul style="list-style-type: none"> -If they did not write down the FSBS, they probably forgot the number by the time they returned to their medication cart. -She was interrupted after taking an 11:30am FSBS today and forgot the number when she returned to her cart. -She tried to write the numbers down immediately. <p>Interview with the third shift MA on 03/21/19 at 3:05pm revealed:</p> <ul style="list-style-type: none"> -She cleaned the glucometers weekly and calibrated them. -She also checked the date and the time. -She documented when she completed this task. -She last completed the task on 03/13/19. -The MAs cleared the glucometers of readings weekly. -She did not know why the dates and times were not accurate on the glucometers. -She did not know why the readings were not consistent with the eMAR documentation. -She did not take any FSBS on her shift. <p>Review of the glucometer log in the medication room revealed the last documented cleaning and calibrating of the glucometers was signed by the MA on 03/13/19.</p> <p>Interview with the Memory Care Manager on 03/21/19 at 3:15pm revealed:</p> <ul style="list-style-type: none"> -The MAs were to clear the glucometer readings weekly, per facility policy. -The third shift MA was to clean the glucometers, calibrate and set the date and time correctly. -She did not know why the glucometer readings did not correlate with the eMAR documentation. -She thought the MAs were not recording the FSBS reading immediately and were trying to remember when they returned to the cart. 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 48</p> <ul style="list-style-type: none"> -The medication cart should be in close proximity to the resident they were attending to. -Sometimes the internet connection was weak and the medication carts had to be kept where the signal was strong. -The MAs should write down the FSBS readings if they had to leave their cart at a distance from the resident's room. -The glucometers also had a memory function which they have been trained to use. -There was no process in place to review the eMARs and compare them to the glucometer history. <p>3. Review of Resident #7's current FL2 dated 01/10/19 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included Alzheimer dementia, Type 2 diabetes and renal cell carcinoma. -There was a physician's order to check fingerstick blood sugar (FSBS) once every day, and as needed. <p>Review of Resident #7's electronic medication administration (eMARs) for March 2019 from 03/07/19 - 03/20/19 revealed.</p> <p>There was an entry for FSBS once a day, administered at 7:00am.</p> <ul style="list-style-type: none"> -FSBS reading documented on 03/07/19 at 10:30am was 127 mg/dl. -FSBS reading documented on 03/08/19 at 9:43am was 134 mg/dl. -FSBS reading documented on 03/09/19 at 7:00am was 158 mg/dl. -FSBS reading documented on 03/10/19 at 8:12am was 182 mg/dl. -FSBS reading documented on 03/11/19 at 9:44am was 180 mg/dl. -FSBS reading documented on 03/12/19 at 10:28am was 113 mg/dl. -FSBS reading documented on 03/13/19 at 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 49</p> <p>8:34am was 133 mg/dl. -FSBS reading documented on 03/14/19 at 7:00am was 129 mg/dl. -FSBS reading documented on 03/15/19 at 7:00am was 145 mg/dl. -FSBS reading documented on 03/16/19 at 8:06am was 146 mg/dl. -FSBS reading documented on 03/17/19 at 8:47am was 138 mg/dl. -FSBS reading documented on 03/18/19 at 9:15am was 185 mg/dl. -FSBS reading documented on 03/19/19 at 10:28am was 156 mg/dl.</p> <p>Observation of Resident #7's glucometer revealed: -The glucometer was housed in a plastic container labeled with Resident #7's name. -The glucometer was not labeled, nor set to correct date or time. -The last 14 readings on the glucometer were as follows: -There was a reading on 05/20 at 4:45pm FSBS was 182 mg/dl.. -There was a reading on 05/21 at 3:40pm FSBS was 180 mg/dl.. -There was a reading on 05/22 at 3:38pm FSBS was 113 mg/dl. . -There was a reading on 05/23 at 3:42pm FSBS was 133 mg/dl.. -There was a reading on 05/24 at 3:29pm FSBS was 129 mg/dl. -There was a reading on 05/25 at 7:23am FSBS was 120 mg/dl. -There was a reading on 05/25 at 3:58pm FSBS was 145 mg/dl. -There was a reading on 05/26 at 4:35pm FSBS was 146 mg/dl. -There was a reading on 05/27 at 3:37pm FSBS was 186 mg/dl.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 50</p> <ul style="list-style-type: none"> -There was a reading on 05/28 at 3:36pm FSBS was 183 mg/dl. -There was a reading on 05/29 at 3:30pm FSBS was 156 mg/dl. -There was a reading on 05/30 at 3:28pm FSBS was 138 mg/dl. -There was a reading on 05/31 at 3:51pm FSBS was 200 mg/dl. <p>Interview with the Administrator on 03/21/19 at 10:09am revealed:</p> <ul style="list-style-type: none"> -The MAs were responsible for recording the correct FSBS reading on the eMAR -The physicians relied on accurate readings to prescribe proper dosages of insulin. -The internet connection was poor in some places, but the MAs knew this and should be writing the blood sugar reading down or checking the glucometer memory. -The third shift MAs were to clean and calibrate the glucometers weekly, as well as check the correct date and time. -There was no process in place to review the eMARs and compare them to the glucometer history. <p>Interview with the first shift MA on 03/21/19 at 2:05pm revealed:</p> <ul style="list-style-type: none"> -She checked FSBS for 2 residents on the hall assigned to her. -She always documented the blood sugar immediately on the eMAR. -She did not know why the the glucometer readings for the diabetic residents did not correspond to the eMAR documentation. -The MAs were to clear the readings on the glucometers weekly. -There was no documentation that was required indicating the glucometers had been cleared, per facility policy. 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 51</p> <p>-The third shift MA was responsible for calibrating and cleaning the glucometers weekly, and setting the correct date and time.</p> <p>Interview with the second shift MA on 03/21/19 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -She always documented the blood sugar on the eMAR after completing a fingerstick blood sugar. -There may have been a time when she was interrupted by another memory care resident needing assistance or a fall and she may not have documented immediately. -She knew there was a memory function to the glucometer, but she rarely used it. -She remembered the FSBS readings of the residents. <p>Interview with another MA on 03/21/19 2:55pm revealed:</p> <ul style="list-style-type: none"> -The MAs checked the FSBS in the resident's rooms and if they do not write the reading down they were "going off memory". -MAs also stationed their cart in one place and may have to travel farther away to perform FSBS -If they were not writing down the FSBS they probably would forget. -She was interrupted after taking an 11:30am FSBS today and forgot the number when she returned to her cart. -She tried to write the number down immediately. <p>Interview with the third shift MA on 03/21/19 at 3:05pm revealed:</p> <ul style="list-style-type: none"> -She cleaned the glucometers weekly and calibrated them. -She also checked the date and time. -She documented when she completed this task. -She last completed the task on 03/13/19. -The MAs cleared the glucometers of readings weekly. 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 52</p> <ul style="list-style-type: none"> -She did not know why the dates and times were not accurate on the glucometers. -She did not know why the readings were not consistent with the eMARs. -She did not take any FSBS on her shift. <p>Review of the glucometer log in the medication room revealed the last documented cleaning and calibrating of the glucometers was signed by the MA on 03/13/19.</p> <p>Interview with the MCM on 03/21/19 at 3:15pm revealed:</p> <ul style="list-style-type: none"> -The MAs were to clear the glucometer readings weekly, per facility policy. -The third shift MA was to clean the glucometers, calibrate and set the date and time correctly. -She did not know why the glucometer readings did not correlate with the eMAR documentation. -She thought the MAs were not recording the FSBS reading immediately and were relying on memory when they returned to the cart. -The medication cart should be in close proximity to the resident they were attending to. -Sometimes the internet connection was weak and the medication carts had to be kept where the signal was strong. -The MAs should write down the numbers if they have to leave their cart at a distance from the resident's room. -The glucometers also have a memory function which they have been trained to use. -There was no process in place to review the eMARs and compare them to the glucometer history. <p>Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 53</p> <p>4. Review of Resident #8's current FL2 dated 07/17/18 revealed: -Diagnoses included diabetes mellitus. -Physician orders included fingerstick blood sugar (FSBS) readings once a day.</p> <p>Review of Resident #8's electronic medication administration (eMARs) for March 2019 from 03/08/19 to 03/21/19 revealed: -There was an entry for FSBS once a day at 8:00pm. -FSBS reading documented on 03/18/19 at 7:33am was 220 mg/dl. -FSBS reading documented on 03/18/19 at 9:29am was 200 mg/dl. -FSBS reading documented on 03/18/19 at 12:06pm was 135 mg/dl. -FSBS reading documented on 03/18/19 at 5:15pm was 210 mg/dl. -FSBS reading documented on 03/19/19 at 6:34am was 171mg/dl. -FSBS reading documented on 03/19/19 at 11:54am was 264 mg/dl. -FSBS reading documented on 03/19/19 at 4:32pm was 465 mg/dl. -FSBS reading documented on 03/19/19 at 7:19pm was 178 mg/dl. -FSBS reading documented on 03/20/19 at 7:05am was 87 mg/dl. -FSBS reading documented on 03/20/19 at 12:00pm 347 mg/dl. -FSBS reading documented on 03/20/19 at 4:54pm 220 mg/dl. -FSBS reading documented on 03/20/19 at 7:21pm was 220 mg/dl. -FSBS reading documented on 03/21/19 at 7:08am was 158 mg/dl. -FSBS reading documented on 03/21/19 at 11:55am was 273 mg/dl.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 54</p> <p>Observation of Resident #8's glucometer revealed:</p> <ul style="list-style-type: none"> -The glucometer was housed in a plastic container labeled with Resident #8's name. -The glucometer was not labeled, nor set to the correct date or time. -The last 14 readings on the glucometer were as follows: -There was a reading on 04/28 at 7:46pm was 172 mg/dl. -There was a reading on 04/28 at 10:51pm was 150 mg/dl. -There was a reading on 04/29 at 9:38am was 108 mg/dl. -There was a reading on 04/29 at 2:40pm was 241 mg/dl. -There was a reading on 04/29 at 7:38pm was 220 mg/dl. -There was a reading on 04/30 at 2:43pm was 135 mg/dl. -There was a reading on 05/01 at 9:09am was 171 mg/dl. -There was a reading on 05/01 at 2:32pm was 264 mg/dl. -There was a reading on 05/01 at 7:10pm was 468 mg/dl. -There was a reading on 05/01 at 9:32pm was 178 mg/dl. -There was a reading on 05/02 at 9:37am was 82 mg/dl. -There was a reading on 05/02 at 2:36pm was 347 mg/dl. -There was a reading on 05/03 at 9:46am was 158 mg/dl. -There was a reading on 05/03 at 2:37pm was 273 mg/dl. <p>Based on observations, interviews and record reviews it was determined Resident #8 was not interviewable.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 55</p> <p>Interview with the Administrator on 03/21/19 at 10:09am revealed:</p> <ul style="list-style-type: none"> -The MAs were responsible for recording the correct FSBS reading on the eMAR -The physicians relied on accurate readings to prescribe proper dosages of insulin. -The internet connection was poor in some places, but the MAs know this and should be writing the blood sugar reading down or checking the glucometer memory. -The third shift MAs were to clean and calibrate the glucometers weekly, as well as check the correct date and time. -There was no process in place to review the eMARs and compare them to the glucometer history. <p>Interview with the first shift MA on 03/21/19 at 2:05pm revealed:</p> <ul style="list-style-type: none"> -She checked the FSBS for 2 residents on the hall assigned to her. -She always documented the blood sugar immediately on the eMAR. -She did not know why the the glucometer readings for the diabetic residents did not correspond to the eMAR documentation. -The MAs were to clear the readings on the glucometers weekly. -There was no documentation that was required indicating the glucometers had been cleared, per facility policy. -The third shift MA was responsible for calibrating and cleaning the glucometers weekly, and setting the correct date and time. <p>Interview with the second shift MA on 03/21/19 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -She always documented the blood sugar on the eMAR after completing a fingerstick blood sugar. 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 56</p> <ul style="list-style-type: none"> -There may have been a time when she was interrupted by another memory care resident needing assistance or a fall and she may not have documented immediately. -She knew there was a memory function to the glucometer, but she rarely used it. -She remembered the FSBS readings of the residents. <p>Interview with another MA on 03/21/19 2:55pm revealed:</p> <ul style="list-style-type: none"> -The MAs checked the FSBS in the resident's rooms and if they do not write the reading down they were "going off memory". -MAs also stationed their cart in one place and may have to travel farther away to perform FSBS -If they were not writing down the FSBS they probably would forget. -She was interrupted after taking an 11:30am FSBS today and forgot the number when she returned to her cart. -She tried to write the number down immediately. <p>Interview with the third shift MA on 03/21/19 at 3:05pm revealed:</p> <ul style="list-style-type: none"> -She cleaned the glucometers weekly and calibrated them. -She also checked the date and time. -She documented when she completed this task. -She last completed the task on 03/13/19. -The MAs cleared the glucometers of readings weekly. -She did not know why the dates and times were not accurate on the glucometers. -She did not know why the readings were not consistent with the eMARs. -She did not take any FSBS on her shift. <p>Review of the glucometer log in the medication room revealed the last documented cleaning and</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 57</p> <p>calibrating of the glucometers was signed by the MA on 03/13/19.</p> <p>Interview with the MCM on 03/21/19 at 3:15pm revealed:</p> <ul style="list-style-type: none"> -The MAs were to clear the glucometer readings weekly. -The third shift MA was to clean the glucometers, calibrate and set the date and time correctly. -She did not know why the glucometer readings do not correlate with the eMAR documentation. -She thought the MAs were not recording the FSBS reading immediately and were trying to remember when they returned to the cart. -The medication cart should be in close proximity to the resident they were attending to. -Sometimes the internet connection was weak and the medication carts had to be kept where the signal was strong. -The MAs should write down the numbers if they had to leave their cart at a distance from the resident's room. -The glucometers also have a memory function which the MAs have been trained to use. -There was no process in place to review the eMARs and compare them to the glucometer history. <p>5. Review of Resident #5's current FL2 dated 01/22/19 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included depression and dementia. -There was an order for lorazepam 0.5mg (used to treat anxiety) tablet three times per day. <p>Review of the hospital discharge summary dated 01/22/19 revealed:</p> <ul style="list-style-type: none"> -The discharge summary was electronically signed by the attending physician. -Resident #5 was hospitalized from 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 58</p> <p>01/20/19-01/22/19 for atrial fibrillation, shortness of breath, chest pressure, and hypertension. -There was an order for lorazepam 0.5mg tablets three times daily. -There was a signature of the primary care provider (PCP) on summary dated 01/29/19.</p> <p>Review of the January 2019 electronic Medication Administration Record (eMAR) revealed: -An entry for lorazepam 0.5mg 3 times daily at 7:00am, 12:00pm, and 5:00pm for anxiety, hold for sedation. -The lorazepam 0.5mg was not administered 21 out 81 opportunities from 01/01/19-01/31/19 with "discontinued" and "hold" listed as reasons. -Resident #1 was not available from 01/18/19-01/22/19 due to hospitalization.</p> <p>Review of a subsequent physician's order dated 02/19/19 revealed an order for lorazepam 0.5mg three times daily.</p> <p>Review of the February 2019 eMAR revealed: -An entry for lorazepam 0.5mg 3 times daily at 7:00am, 12:00pm, and 5:00pm for anxiety, hold for sedation. -The lorazepam 0.5mg was not administered 53 out of 84 opportunities from 02/01/19-02/28/19 with "discontinued" and "hold" listed as reasons.</p> <p>Observation of medication available for Resident #5 on 03/21/19 at 11:20am revealed there were 66 lorazepam 0.5mg tablets available for administration.</p> <p>Review of Resident #5's record revealed there was no order to discontinue or hold the lorazepam.</p> <p>Interview with a first shift medication aide (MA) on</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 59</p> <p>03/21/19 at 11:30am revealed: -She administered medications to Resident #5 when she worked. -She thought Resident #5's lorazepam was discontinued when she returned from the hospital in January 2019. -She was told during shift change by another MA that the lorazepam was discontinued. -She documented that the medication was "discontinued" and "awaiting" on the eMAR six times from 01/24/19-2/18/19.</p> <p>Interview with the Memory Care Manager (MCM) on 03/21/19 at 2:34pm revealed: -She knew Resident #5 was ordered lorazepam 0.5mg three times daily. -The hospital did not give a hard copy prescription to allow the pharmacy to fill the lorazepam. -She could not find a discontinue or hold order for the lorazepam 0.5mg three times daily for 01/24/19-02/18/19. -The MAs should not have documented "discontinue" on the eMAR. -She reviewed a "resident administration compliance" report every Monday for missed medications. -She had not noticed the MAs were documenting discontinue on the MAR for Resident #5's lorazepam.</p> <p>Interview with the primary care provider (PCP) on 03/21/19 at 5:59pm revealed: -She ordered lorazepam 0.5mg three times daily for anxiety. -Resident #5 was hospitalized in January 2019 and thought she put the lorazepam on hold until she saw her but she could not remember. -She did not discontinue the lorazepam 0.5mg three times daily.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 60 Interview with the Administrator on 03/21/19 at 12:58pm revealed: -She thought the lorazepam was on hold for Resident #5 until she completed a follow-up appointment. -She thought the lorazepam was on hold until the hard script was written, but could not find an order to hold the lorazepam for Resident #5. -The MAs should not have documented "discontinue" for Resident #5's lorazepam because the medication was not discontinued. -There was no process to review the eMARs for accurate documentation, "only for refusals". -She would expect the MAs to let her or the MCM if a medication not administered for several days and it was still appearing on the eMAR.	D 367		
D 371	10A NCAC 13F .1004(n) Medication Administration 10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure proper infection control measures were used for 2 of 8 residents observed during a morning medication pass related to a medication aide (MA) administering an exelon patch with out sanitizing her hands before application of the patch and not wearing gloves when applying the patch	D 371		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 371	<p>Continued From page 61</p> <p>(Resident #9), and not sanitizing her hands before a finger stick blood sugar (FSBS) check and insulin preparation (Resident #3).</p> <p>The findings are:</p> <p>1. Review of Resident #3's current FL2 dated 10/19/18 revealed:</p> <ul style="list-style-type: none"> - Diagnoses included Alzheimer dementia, diabetes, urinary tract infections (UTI) and dehydration. -There was an order for fingerstick blood sugar (FSBS) checks 3 times a day before meals. <p>Observation of Resident #3's medication pass on 03/19/19 at 11:45am revealed:</p> <ul style="list-style-type: none"> -The medication aide (MA) directed Resident #3 to the medication room to administer the FSBS check. -The MA applied gloves without washing or sanitizing her hands. -The MA performed the FSBS. -The MA administered the prescribed insulin. -The MA removed the gloves and disposed in the trash receptacle. -The MA did not wash or sanitize her hands before administering medications to the next resident. <p>Interview with the MA on on 03/19/19 at 12:07 revealed:</p> <ul style="list-style-type: none"> -The MA did not know she had not sanitized her hands after the administration of insulin to Resident #3. -She knew she was supposed to sanitize her hands after each resident's administration. -She knew she was supposed to wash her hands with soap and water after "several" residents being administered medications. -She thought she may have been nervous and 	D 371		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 371	<p>Continued From page 62</p> <p>forgot to sanitize her hands this time.</p> <p>Interview with the Administrator on 03/20/19 at 2:51pm revealed: -The facility staff had received training in infection control procedures. -Training in infection control procedures was completed yearly. -The MAs should sanitize their hands after each resident's medication administration, and handwash with soap and water after every third resident's medication administration.</p> <p>Interview with the Memory Care Manager (MCM) on 03/20/19 at 3:53pm revealed: -The MAs had been instructed to follow infection control policies when performing FSBS checks. -The MAs had been instructed to sanitize their hands after each resident's medication administration, and handwash with soap and water after every third resident's medication administration. -She did not know the MAs were not following the facility's infection control procedures.</p> <p>2. Review of Resident #9's FL2 dated 05/18/18 revealed: -Diagnoses included Alzheimer dementia hypertension and coronary atherosclerosis. -There was a physician order for an exelon patch 9.5mg, (used to treat mild and moderate dementia) for 24 hours, apply one patch daily and remove the old patch.</p> <p>Review of the March 2019 electronic medication administration record revealed an entry for an exelon patch, 9.5mg/24 hours, to be administered daily at 8:00am.</p> <p>Observation of Resident #9's medication pass on</p>	D 371		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 371	<p>Continued From page 63</p> <p>03/20/19 at 8:15am revealed:</p> <ul style="list-style-type: none"> -The medication aide (MA) removed the packaging from the exelon patch and labeled the patch with the date. -The MA did not apply hand sanitizer or wash hands before the administration of the exelon patch. -The MA did not apply gloves before placing the exelon patch on the lower right back of Resident #9. -The MA washed her hands in the resident's sink after the administration of the patch. <p>Interview with the MA on 03/20/19 at 2:10pm revealed:</p> <ul style="list-style-type: none"> -She knew she should wear gloves when administering pain patches to the residents. -She had gloves on the cart-"I just forgot." -She usually wore gloves to administer patches to the residents-"sometimes the morning med pass gets very busy and I forget." -She had been trained on the infection control policy at the facility. <p>Observation of the medication cart on 03/20/19 at 8:25 revealed gloves and hand sanitizer were available for the MA to wear for medication administration.</p> <p>Interview with the Memory Care Manager (MCM) on 03/20/19 at 3:53pm revealed:</p> <ul style="list-style-type: none"> -The MAs have been instructed to follow infection control policies in the administration of medications. -The MAs have been instructed to wear gloves when administering pain patches, topical medications, eyedrops, nasal sprays and hand held inhalers. -The MAs should administer medications and treatments in the resident's room or the 	D 371		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 371	<p>Continued From page 64</p> <p>medication room.</p> <ul style="list-style-type: none"> -Hand sanitizing should be performed before and after administering medications for 3 residents. -After the third medication pass, the MA should wash her hands with soap and water. -She did not know the MAs were not following the facility's infection control procedures. <p>Interview with the Administrator on 03/20/19 at 2:51pm revealed:</p> <ul style="list-style-type: none"> -The facility staff had received training in infection control procedures. -Training in infection control procedures was completed yearly. -The medication aides (MA) should wear gloves to administer transdermal patches. <p>Review of the facility's Medication Administration Policy and Procedure revealed the facility staff will administer medications in accordance with infection control measures.</p>	D 371		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights:</p> <p>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure every</p>	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	<p>Continued From page 65</p> <p>resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to medication administration.</p> <p>Based on observations, interviews and record reviews, the facility failed to assure physician notification for 2 of 5 sampled residents (Residents#3 and #5) as related to refusals of a scheduled novolog injection, a rapid acting insulin, and levemir injection, a long acting insulin for control of blood sugar, scheduled fingerstick blood sugar (FSBS) readings, refusals of gabapentin, a medication for diabetic neuropathy, and clopidogrel a blood thinner used to reduce the risk of heart disease, (Resident #3) and regarding an order for lorazepam (Resident #5). [Refer to Tag 0273, 10A NCAC 13F .0902(b) Health Care (Type A2 Violation)].</p>	D912		