	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY · LETED
	T.	HAL060125	<b></b>		03/21/2019	
AME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE	10.88.44.4	
HE PAR	C AT SHARON AMIT	Y ·	HARON AMI TTE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
000 0		ensure Section conducted an up survey on 03/19/19 through	D 000	Responses to the cited deficiencies d admission or agreement by the facility or conclusions, set forth in the statem the plan of correction is prepared sole compliance by the law.	of the facts alleged tent of deficiencies,	
D 074	Furnishings	06(a)(1) Housekeeping And 06 Housekeeping And	D 074	Housekeeping staff will be hired to mop, sweep, and disinfect al areas daily. Clean hand rails ar areas and low areas weekly.De resident rooms monthly.	l common nd dust high ep clean	4/21/19
		ies shall: lings, and floors or floor an and in good repair;		Housekeeping schedule will be implemented to ensure all area routinely by 4/21/19. The ED will supervise tasks. Revised 05/06/	is are cleaned housekeepii	4/21/19 1g
	Based on observat failed to maintain c dirt and dust accum	et as evidenced by: ions and interviews, the facility lean floors as evidenced by nulation on the floor for 1 of 5 rooms (Resident #2).				
	02726/19 revealed: -Diagnoses include	t #2's current FL2 dated d dementia and epilepsy. ncontinent of bowel and mbutatory.				
	2:33pm revealed: -There was a thick under Resident #2' -There was dirty tis	ident #2's room on 03/20/19 at accumulation of dirt and dust s bed. sue under Resident #2's bed. the floor behind Resident #2's				

Reviewed and accepted 05/06/19

Karen M. Polce, RN

	of Health Service R	(21) ROVIDER/SUPPLIER/CLIA	(Y2) MULTIN	E CONSTRUCTION	WON DATE	
	OF CORRECTION	(A3) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE COMP	LETED
			The DoleDinton			
		HAL060125	B. WING		03/2	1/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
	C AT SHARON AMI	4025 N S	HARON AMIT	TY DRIVE		
		CHARLO	TTE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 074	Continued From p	age 1	D 074			
	dresser.					
	(RP) on 03/20/19 a -She visited Resid week. -She always obser Resident #2's roor floor. -She expressed he in the past and the member to come a -"There should be to ask for his room -The Administrator one housekeeper Interview with a pe 03/21/19 at 11:04a -She was filling in -The facility previo stopped working a -She filled in as a h March 18, 2019 w resident rooms. -She had not clear she worked as a h another PCA had a -She was not resp while completing h	r told her that there was only for the entire facility. ersonal care aide (PCA) on am revealed: as a housekeeper on 03/21/19. ously had a housekeeper and he o week ago. housekeeper the week of eek to assist with cleaning ned Resident #2's room since ousekeeper, she thought				
	daily.	eaning all of the resident floors				
	followed.	aning schedule that she				
	11:50am revealed	r hired to clean the building had eeks.				

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If continuation sheet 2 of 66

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and plan	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
A.864	· · · · · · · · · · · · · · · · · · ·	HAL.060125	B. WING		03/21/2019	
NAME OF	PROVIDER OR SUPPLIER	STREETAL	DORESS, CITY,	STATE, ZIP CODE		
THE PAF	RC AT SHARON AMIT	Ŷ	HARON AMI TTE, NC 28			
	SUMMARY ST	ATEMENT OF DEFICIENCIES	1		·····	
(X4) ID Prefix Tag	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET	
D 074	Continued From pa	age 2	D 074			
	to serve as a hous -She had served a the housekeeper la -She was not giver as many rooms as Interview with the A 12:58pm revealed: -There was previou to provide houseke on 03/01/19. -She found out the ended that the hou employed. -There was current to assist with house -Staff have been fill housekeeping such the trash, ensuring towels, and cleanin -There had been no of March 2019. -The facility had tw contractor due to a - She did not know and dirt until alerted Based on observat	s a housekeeper twice since aft. any instruction, she cleaned she could when she worked. Administrator on 03/21/19 at JBly a contract with an agency seping services which ended week before the contract sekeeper would no longer be tly no housekeeper employed ekeeping duties. Iling in to assist with light a s cleaning toilets, removing rooms have soap, paper ng incidents as they occur. o deep cleaning for the month o deep cleaning swith another low sanitation score. Resident #2's room had dust				
D 273	10A NCAC 13F .09	002(b) Health Care	D 273			
,		002 Health Care Il assure referral and follow-up and acute health care needs		Training was completed on 3/26/2019 on F testing, FSBS readings, and documenation readings by LHPS nurse.	SBS 3/26/ s of	

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If continuation sheet 3 of 66

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	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		03/21/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	V Contraction of the second seco	HARON AM TTE, NC 28			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRE		(75)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ige 3	D 273			
				Training was completed on 3/26/19 on refusals and FSBS refusals by LHPS n		3/26/19
	This Rule is not mo TYPE A2 VIOLATIO	et as evidenced by: DN		Beginning 3/26/19 Director of Resident approve all orders and order changes, Director to review and approve all orde order changes to ensure all changes h transcribed correctly on the MARS.	Executive rs and	3/26/19
	reviews, the facility notification for 2 of (Residents #3 and a scheduled rapid ac insulin, scheduled f readings, refusals of neuropathy, and a the risk of heart dis	ions, interviews-and-record – failed to assure physician 5 sampled residents #5) as related to refusals of a ting insulin and a long acting ingerstick blood sugar (FSBS) of a medication for diabetic blood thinner used to reduce ease, (Resident #3) and not ety medication available for sident #5).		Director of Resident Care to complete med pass audits on all shifts once ev days for six months beginning 3/26/1	ery thirty	3/26/19
	The findings are:					
	10/19/18 revealed (	ent #3's current FL2 dated diagnoses included Alzheimer , urinary tract infections (UTI)				
	10/19/18 revealed: -There was a physi (a fast acting insuli glucose) 100units/r administered three	ent #3's current FL2 dated clan's order for novolog insulin n used to regulate blood ni, twenty units to be times a day with meals. er for FSBS to be checked				
	physicians order da	t #3's record revealed a ated 10/30/18 increasing :3 units three times a day with				

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Division	of Health Service Re	egulation			T OTAM	APPROVED
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE COMP	SURVEY LETED
		HAL060125	B. WING		03/2	21/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
		4025 N SI	HARON AMI	TY DRIVE		
	C AT SHARON AMIT	CHARLO	TTE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 4	D 273			
	meals.					
	Review of Resident summary (POS) da was an order for no be administered thr Review of Resident medication adminis 01/01/19-01/31/19 -There was an entry administered three 7:00am, 12:00pm a -There were no doo the eMAR. Review of Resident from 02/01/19-02/20 -There was an entry administered three 7:00am, 12:00pm a	y for novolog 23 units to be times a day with meals, at ind 5:00pm. ocumented refusals of the sumented FSBS readings on #3's February 2019 eMAR, 8/19 revealed: y for novolog 23 units to be times a day with meals, at nd 5:00pm. een documented refusals of				
		umented FSBS readings on				
	03/01/19-03/13/19 r -There was an entry administered three to 7:00am, 12:00pm a -There were seven novolog insulin. -There were no doc the eMAR.	/ for novolog 23 units to be times a day with meals, at nd 5:00pm. documented refusals of the umented FSBS readings on		· ·		
	was no documentat	#3's record revealed there ion the prescribing physician		· · · · · · · · · · · · · · · · · · ·		
Division of He	alth Service Regulation					

STATE FORM

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Division	of Health Service Re	aulation				: 04/11/2019 APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
:		HAL060125	B. WING		03/2	1/2019
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	V	HARON AMIT			-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 5	D 273			
	was notified of the i	nsulin refusals.				
	Review of Resident 02/25/19 at 10:21pr -Resident #3 was in lethargic. -Resident #3's level as "will arouse whe -The FSBS recorde at 8:00pm was 585 -The on call physici and requested Resi emergency departn -The medics docum 525mg/dl when the 10:21pm. Review of Resident 02/26/19 at 10:27pt	#3's incident report dated n revealed: n the day room and appeared of consciousness was rated n name is called". d by the medication aide (MA) mg/dl				
	diagnosis of hyperg	lycemia.				
	-The medics report when they arrived a	ed a blood sugar of 525 mg/dl				
		ntation was included in the				
	on 03/21/19 at 8:45	rimary care physician (PCP) iam revealed: a insulin orders for Resident				
		d with Resident #3 on				
	02/27/19. -She was told the re hospital for hypergl	esident had been sent to the				
		the hospital report at that time.				
	-There was no reco	ord her office had been				
		he ED visit regarding Resident				
		e with her insulin medications, formed of her medication				
		have intervened with	ļ			ļ
Division of H	ealth Service Regulation		L	L		1

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If continuation sheet 6 of 66

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING	B. WING		21/2019
VAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE. ZIP CODE		
		4006 N 6	HARON AMIT	,		
HE PAI	RC AT SHARON AMIT	Y	TTE, NC 2820			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HEAPPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pa	age 6	D 273			
	the eMAR documer -She expected the resident is routinely especially insulin. -She was very cond receiving her insulin cognitive decline an describe symptoms -Not receiving her in #3 at risk for future which can lead to s Interview with the M on 03/21/19 at 10:2 -Her responsibilities the care staff and the administration, and the physicians and the facility. -She knew Residen for hyperglycemia co -The on call physici been sent to the EE thought the primary been informed by h -She did not know to before" Resident #3 medications and FS -The MCM thought physician when she following week. -She knew Residen medications when a members, and not compl "approach to challe -The MAs should co	staff to inform her when a refusing medications, cerned Resident #3 was not in as prescribed due to her ad her inability to accurately a of hyperglycemia to the staff, nsulin-routinely puts Resident- hyperglycemic episodes, erious complications. Memory Care Manager (MCM) Coam revealed: s included the supervision of the MAs, to oversee medication she was the lialson between agency health providers, and at #3 was sent to the hospital on 02/15/19. Ian knew Resident #3 had o on 02/25/19, and she care physician would have er office staff. until "last week and the week 8 was refusing her insulin SBS checks. the staff had informed the made her rounds the a made her rounds the a t #3 was compliant with her administered by some staff. leted staff training regarding				

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If continuation sheet 7 of 66

TATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
	·	HAL060125	B. WING	B. WING		21/2019
iame of i	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	ATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Y	HARON AMIT			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLET
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	HE APPROPRIATE	DATE
D 273	Continued From pa	ge 7	D 273			
	-She did not know wher or the physician	why the MAs had not informed n regarding the insulin refusals				
	refusals on 03/21/1	ty policy for medication 9 at 10:30am revealed: hysician was to be notified if a used three times.				
	-There was no refe	rence to notifying the physiclar resident refused their insulin.				
		ions, interviews and record rmined Resident #3 was not				
	Refer to interview w 03/20/19 at 11:15ar	vith the first shift MA on n.				
	Refer to interview w 03/20/19 at 4:01pm	<i>i</i> ith the second shift MA on I.				
	Refer to Interview w 03/21/19 at 11:21ar	<i>i</i> ith the Administrator on n				
	10/19/18 revealed t for levemir insulin (	ent #3's current FL2 dated here was a physician's order a long acting insulin used to ose levels) 100units/ml, 30 tered twice a day.				
	summary (POS) da	#3's physician's order ted 02/26/19 revealed there vemir 100units/ml, 35 units to ice a day.				
	administration reco 03/01/19-03/13/19					
	administered twice	a day at 8:00am and 8:00pm cumented refusals of the				

tatemen Nd plan	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL060125	B. WING		03/21/2019	
ame of f	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
HE PAR	C AT SHARON AMIT	Ŷ	HARON AMIT			
		CHARLO	TTE, NC 282			
(X4) ID Préfix Tag	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) Complete Date
D 273	Continued From pa	nge 8	D 273			· · · ·
	levemir insulin.					
	from 02/01/19-02/2 -There was an entr administered twice	t #3's February 2019 eMAR, 8/19 revealed: y for levemir 35 units to be a day at 8:00am and 8:00pm ocumented refusals of the				
	notes from 02/23/19 -On 02/23/19 Resid levemir insulin inject	lent #3 refused the scheduled				
		#3's record revealed there tion the prescribing physician insulin refusals.				
	02/25/19 at 10:21pr -Resident #3 was in lethargic, -Resident #3's level as "will arouse when	n the day room and appeared I of consciousness was rated n name is called".				
	the medication aide mg/dl. -The on call physici and requested Resi emergency departm					
	525mg/dl when they 10:21pm.	nented a blood sugar of y arrived at the facility at				
	02/26/19 at 10:27pr	/isit on 02/25/19 with a				

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If continuation sheet 9 of 66

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY PLETED	
		HAL060125	IAL060125 B. WING		03/:	/21/2019	
AME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
	C AT SHARON AMIT	4025 N S	HARON AMIT	Y DRIVE			
		CHARLO	TTE, NC 2820	)5			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE	
D 273	Continued From pa	age 9	D 273	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	-The medics report when they arrived a	ed a blood sugar of 525 mg/dl at the ED, entation was included in the					
	on 03/21/19 at 10:2 -She knew Resider for hyperglycemia.	Nemory Care Manager (MCM) 20am revealed: nt #3 was sent to the hospital ian knew Resident #3 had — -					
	been sent to the EI thought the primary been informed by h -She did not know before" Resident # medications and FS -The MCM thought	D on 02/25/19, and she v care physician would have her office staff. until "last week and the week 3 was refusing her insulin		· · ·			
	when a resident rou treatments. -She did not know y	ontact her and the physician utinely refused medications or why the MAs had not informed n regarding the insulin refusals.					
	Review of the facili refusals on 03/21/1 -The prescribing pl medication was ref -There was no refe	ty policy for medication 9 at 10:30am revealed: nysician was to be notified if a					
	on 03/21/19 at 8:48 -She prescribed the #3. -She had last visite	orimary care physician (PCP) 5am revealed: 5 insulin orders for Resident d with Resident #3 on					
	02/27/19. -She was told the r hospital for hypergl salth Service Regulation	esident had been sent to the ycemia.					

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If continuation sheet 10 of 66

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ECONSTRUCTION		SURVEY PLETED
- 14.0au		HAL060125	B, WING		03/21/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Ŷ	HARON AMIT			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENT/FYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From pa	age 10	D 273		<u> </u>	
	-There was no reco contacted prior to ti #3's non compliance -If she had been intrefusals, she would medication adjustme eMAR documentati -She expected the resident is routinely especially insulin. -She was very conduct receiving her insulin cognitive decline and describe symptoms	the hospital report at that time. ord her office had been he ED visit regarding Resident ce with her insulin medications. formed of her medication I have intervened with nents, based on review of the ion. staff to inform her when a rrefusing medications, cerned Resident #3 was not n as prescribed due to her nd her inability to accurately s of hyperglycemia to the staff. prescribed insulin routinely puts				
	her at risk for future which can lead to s Based on observati	e hyperglycemic episodes, erious complications. lons, interviews and record rmined Resident #3 was not		•		
	Refer to interview w 03/20/19 at 11:15ar	vith the first shift MA on n.				
	Refer to interview w 03/20/19 at 4:01pm	vith the second shift MA on				
	Refer to interview w 03/21/19 at 11:21ar	vith the Administrator on n.				
	10/19/18 revealed t	ent #3's current FL2 dated here was a physician's order I sugar (FSBS) readings three				
		: #3's January 2019 electronic tration record (eMAR) from revealed:				

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STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
-		HAL060125	B. WING		03/:	03/21/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, S	TATE, ZIP CODE			
		4025 N SI	HARON AMIT				
THE PAR	C AT SHARON AMITY	ſ	TTE, NC 2820				
(V A) ID	SHAMADY STA	TEMENT OF DEFICIENCIES	·····	PROVIDER'S PLAN OF COF	PROTION	(2001)	
(X4) ID Prefix Tag	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE, DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 273	Continued From pa	ge 11	D 273				
	to be administered 8:00pm.	y for FSBS three times a day, at 8:00am, 12:00pm and ocumented FSBS refusals,					
	Review of Resident from 02/01/19-02/2-	#3's February 2019 eMAR, 8/19 revealed:					
	to be administered -8:00pm <del>.</del>	y for FSBS three times a day at 8:00am, 12:00pm and					
	-There were twenty refusals.	-four documented FSBS					
	03/01/19-03/19/19 ( -There was an entry	#3's March 2019 eMAR from evealed: y for FSBS three times a day at 8:00am, 12:00pm and		· · ·			
:	8:00pm.	cumented FSBS refusals.					
		#3's record revealed there ion the prescribing physician the FSBS refusals.					
	refusals on 03/21/1 prescribing physicia	y policy for medication 9 at 10:30am revealed the In was to be notified if a					
	medication was refu		.				
	on 03/21/19 at 8:45						
		FSBS orders for Resident #3. Ind her office had been					
	compliance with he						
	she would have ma	de some adjustments, based eMAR documentation.					
	-She expected the	staff to inform her when a ely refusing medications or					
lam of 11	ealth Service Regulation	off religing measure of the	<u> </u>			<u></u>	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL060125	B. WING		03/	21/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	C AT SHARON AMIT	400E N 0	ARON AMIT			
		CHARLO	TTE, NC 2820	)6		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pa	age 12	D 273			
	treatments.					1
	on 03/21/19 at 10:2 -She did not know of before" Resident #: checks. -The MCM thought physician when she following week -She knew Resider medications when a members, and not -The MAs should co when a resident rou treatments. -She did not know y her or the physiciar Based on observati	Memory Care Manager (MCM) 20am revealed: until "last week and the week 3 was refusing her FSBS the staff had informed the e made her rounds the at #3 was compliant with her administered by some staff compliant with other staff. ontact her and the physician utinely refused medications or why the MAs had not informed a regarding the FSBS refusals. ons, interviews and record rmined Resident #3 was not				
	Refer to interview w aide MA on 03/20/1	/ith the first shift medication 9 at 11:15am.				
	Refer to Interview w 03/20/19 at 4:01pm	/ith the second shift MA on				
	Refer to interview w 03/21/19 at 11:21ar	vith the Administrator on n				
	10/19/18 revealed t	ent #3's current FL2 dated here was a physician's order ood thinner used to reduce the ə) 75mg daily.				
	summary (POS) da	#3's physician's order ted 02/26/19 revealed there pidogrel 75 mg daily.				

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	IT OF DEFICIENCIES OF CORRECTION	equiation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-	CONSTRUCTION		E SURVEY PLETED
		HAL060125	B. WING		02/	21/2019
			l		03/	21/2019
ANNE OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST <b>(ARON AMIT)</b>			
HE PAR	C AT SHARON AMIT	V	TE, NC 2820			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLET
Prefix Tag		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
D 273	Continued From pa	age 13	D 273			
	medication adminis 02/01/19-02/27/19 -There was an entr administered daily	y for clopidogrel 75mg to be				
	03/01/19-03/19/19 -There was an entr administered daily	y for clopidogrel 75mg to be				
	documentation the	t #3's record revealed no prescribing physician was clopidogrel refusals.				
	on 03/21/19 at 8:48 -She prescribed the Resident #3. -There was no reco contacted to notify -If she had been in would have made s her review of the el	e clopidogrel medication for ord her office had been her of the clopidogrel refusals. formed of the refusals, she some adjustments, based on MAR documentation.				
	resident was routin treatments.	staff to inform her when a ely refusing medications or				
	on 03/21/19 at 10:2 -She knew Resider medications when members, and not	nt #3 was compliant with her administered by some staff compliant with other staff. Resident #3 had been refusing				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL060125	B. WING		03/21/2019	
IAME OF I	PROVIDER OR SUPPLIEF	STREET AL	DRESS, CITY, S	FATE, ZIP CODE		<u> </u>
		4025 N S	HARON AMIT	Y DRIVE		
		CHARLO	TTE, NC 2820	)5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X9) COMPLET DATE
D 273	Continued From p	age 14	D 273	, , , , , , , , , , , , , , , , , , ,		-
	when a resident ro treatments. -She did not know	contact her and the physician outinely refused medications or why the MAs had not informed n regarding the medication				
	refusals on 03/21/	ity policy for medication 19 at 10:30am revealed the an was to be notified if a <sup>-</sup> <sup>-</sup> fused 3 times.				
	Based on observa reviews it was dete interviewable.	tions, interviews and record ermined Resident #3 was not				
	Refer to interview aide (MA) on 03/20	with the first shift medication D/19 at 11:15am.				
	Refer to interview 03/20/19 at 4:01pn	with the second shift MA on n.				
	Refer to interview 03/21/19 at 11:21a	with the Administrator on m.				
	10/19/18 revealed	ent #3's current FL2 dated there was an order for to treat diabetic neuropathy), evening.				
	summary (POS) da	t #3's physician's order ated 02/26/19 revealed there abapentin 300mg twice a day.				
	order dated 03/14/ gabapentin 600mg	•				
		t #3's January 2019 electronic stration record (eMAR), from				

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Division	of Health Service Re	equiation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COM	SURVEY PLETED
		HAL060125	B. WING		03/2	21/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE PAR	CAT SHARON AMIT	Y	HARON AMIT			
		CHARLO	TTE, NC 2820			
(X4) ID Prefix Tag	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(x5) Complete Date
D 273	Continued From pa	uge 15	D 273	<u> </u>		
	01/19/19-01/31/19 -There was an entr administered at 8:0 -There was docume	- revealed: y for gabapentin 300mg to be				
	from 02/05/19-02/2 -There was an entr administered twice	t #3's February 2019 eMAR, 8/19 revealed: y for gabapentin 300mg to be daily at 8:00am and 8:00pm. documented refusals.				-
	from 02/09/19-02/2 -There was an entri- capsules, to be adri- -There was docume not available to be occasions.	t #3's February 2019 eMAR, 8/19 revealed: y for gabapentin 300mg, two ninistered at 8:00pm. entation the gabapentin was administered on four cumented refusals of				
	03/01/19-03/19/19	y for gabapentin 300mg, to be 0am and 2:00pm.				
	was no documenta	t #3's record revealed there tion the prescribing physician ne gabapentin was not escribed.				
	on 03/21/19 at 8:45 -She prescribed the Resident #3 for net	e gabapentin medication for uropathy pain. d with Resident #3 on				

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ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		e Survey Pleted
	HAL060125	B. WING		03/21/2019	
ME OF PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, S	TATE, ZIP CODE	<u> </u>	
	4025 N 9	HARON AMIT	,		
IE PARC AT SHARON AMIT	CHARLO	TTE, NC 2820	05		
REFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
D 273 Continued From p	age 16	D 273	· · · · · · · · · · · · · · · · · · ·	· · · <b></b>	<u> </u>
foot pain. -She had increase three times a day i Resident #3 with re -There was no rec- contacted regardin compliance with he -If she had been in refusals, she would medication adjustri the eMAR docume -She expected the resident was routin -She was very con receiving her pain Interview with the f on 03/21/19 at 10:2 -She did not know some of her medica- She knew Residen medications when members and not of -She did not know gabapentin medica- -She did not know her or the physician refusals. Review of the facili refusals on 03/21/1 prescribing physician medication was ref	staff to inform her when a hely refusing medications, cerned Resident #3 was not medication as prescribed. Memory Care Manager (MCM) 20am revealed: Resident #3 routinely refused ations. It #3 was compliant with her administered by some staff other staff. Resident #3 was refusing the tion. medication aides (MAs) to resident routinely refused inform the prescribing ity policy. why the MAs had not informed in regarding the medication ty policy for medication 19 at 10:30am revealed the an was to be notified if a				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE S COMPLI	
	11	HAL060125	B. WING		03/21	1/2
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	v	SHARON AMIT DTTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	C
D 273	Continued From pa	age 17	D 273	, , , , , , , , , , , , , , , , ,		
	responsible party o	n 03/21/19.				
		ions, interviews and record rmined Resident #3 was not				
	Refer to interview v 03/20/19 at 11:15a	vith the first shift MA on m.				
	Refer to interview v 03/20/19 at 4:01pm	vith the second shift MA on				
	Refer to interview v 03/21/19 at 11:21ai	vith the Administrator on m.				
	on 03/20/19 at 11:1 -Resident #3 refuse -"You sometimes h more than once (to medications)." -She documented r supervisor. -She did not contac #3's refusals - "I thi -She thought the M contacted the phys	ed her medications "a lot." ave to ask her (Resident #3) administer the prescribed refusals and informed her of the physician for Resident ink she already knows." lemory Care Manager (MCM) loian. nistrator knew Resident #3				
	4:01pm revealed: -If there were threa medication staff sh -Staff were respons physician notification notes. -She informed her	econd shift MA on 03/20/19 a or more refusals of a ould contact the physician. sible for documenting all on on the eMAR progress supervisors, the Memory Care dministrator, when a resident				

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Statemen And Plan	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL060125	B. WING		03/	21/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
	C AT SHARON AMIT		HARON AMITY			
		CHARLO	TTE, NC 2820	5		
(X4) ID Prefix Tag	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
D 273	Continued From pa	ige 18	D 273			
	-She had not conta Resident #3 had not three times for her. -Resident #3 could medications. -Sometimes it was -Sometimes staff here approach Resident administer medicat -The Memory Care Administrator knew frequently. Interview with the A 11:21am revealed: -She assisted the M supervision of the co- -She knew Residen at times. -It was her expected would notify the phy regularly. -The medication po physician was to be	be challenging to administer the approach of the MA, ad to have another MA #3 at a later time to lons. Manager and the she refused her medications dministrator on 03/21/19 at Memory Care Manager in the are staff. It #3 refused her medications tion the MAs and the MCM visician if this occurred licy stated after 3 refusals the notified.				
	01/22/19 revealed: -Diagnoses include -There was an orde	ent #5's current FL2 dated c depression and dementia. r for lorazepam 0.5mg (used let three times per day.				
	01/22/19 revealed:	tal discharge summary dated mary was electronically ding physician.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SUR COMPLET
	· ·	HAL060125	B. WING		03/21/2
NAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE	
THE PAR	C AT SHARON AMIT	v	HARON AMIT		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE C
D 273	Continued From pa	ige 19	D 273	, <u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>
	shortness of breath hypertension. -There was an orde three times daily. -There was a signa provider (PCP) on s Review of the Janu	due to atrial fibrillation, a, chest pressure, and er for lorazepam 0.5mg tablets ture of the primary care summary dated 01/29/19. ary 2019 electronic Medication			
	-There was ann em times daily at 7:00a anxiety, hold for se -The lorazepam 0.5 out 81 opportunities "discontinued" and reasons. -Resident #1 was n	5mg was not administered 21 s from 01/01/19-01/31/19 with "hold" documented as			
		quent physician's order dated an order for lorazepam 0.5mg			
	-An entry for loraze 7:00am, 12:00pm, for sedation. -The lorazepam 0.8 out of 84 opportuni	uary 2019 eMAR revealed: pam 0.5mg 3 times daily at and 5:00pm for anxiety, hold 5mg was not administered 53 ties from 02/01/19-02/28/19 and "hold" documented as			
	-An entry for loraze 7:00am, 12:00pm, for sedation.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		CONSTRUCTION	(X3) DAT GOM	e survey Pleted
	New	HAL060125	B, WING	B, WING		21/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	C AT SHARON AMIT	4025 N St	ARON AMIT	Y DRIVE		
		CHARLO	TTE, NC 2820	)5		
(X4) ID PRÉFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
D 273	Continued From pa	age 20	D 273		·····	
	-There was no door or discontinue loraz -There was no door	t #5's record revealed: umentation of an order to hold zepam. umentation staff had opy prescription for the				
	contracted pharmac revealed: -Lorazepam 0.5mg 09/05/18 and it inclu- -The lorazepam wa 01/04/19 for a 30 di -The last refill that of dated 09/05/18 was -All controlled subst the prescription. -The pharmacy reco on 01/22/19, but co because it was not -There was a note it the Memory Care M notified that a hard on 1/23/19. -The pharmacy did discontinue the lora -The hard copy scri 02/19/19. -A 30 day supply of on 02/19/19. Interview with a first 03/21/19 at 11:30ar -If a medication was	s filled on 11/11/18, 12/07/18, ay supply. could be filled with prescription a on 01/04/19. tances required a hard copy of eived an FL2 from the facility uld not fill the lorazepam a hard copy of the script. In the computer system that fanager (MCM) had been copy of the script was needed not receive an order to hold or izepam 0.5mg. pt was not received until lorazepam 0.5mg was filled t shift medication aide (MA) on				

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<u>Division</u>	of Health Service R	egulation			FURM	APPROVED
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	NY LEBIS CONTRACTOR OF CONTRACTOR	HAL060125	B, WING		03/2	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	RC AT SHARON AMIT	4025 N SI	HARON AMI			
		CHARLO	TTE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLET	
D 273	Continued From pa	age 21	D 273			
D 273	-She thought Resid discontinued when in January 2019. -She was told durin that the lorazepam -She could not rem Resident #5's loraz -She had not seen Resident # 5. -She had not seen Resident # 5. -She had not conta care physician (PC Interview with the N revealed: -She knew Resider 0.5mg three times -The hospital did n- to allow the pharmi -She could not rem physician to get a N -She could not rem Resident #5's loraz 01/24/19-02/18/19. -She could not rem Resident #5's loraz 01/24/19-02/18/19. -She ordered loraz for anxiety. -Resident #5 was N and she thought sh	dent #5's lorazepam was she returned from the hospital ing shift change by another MA was discontinued. Tember if she discussed tepam with the MCM. a discontinue or hold order for acted Resident #5's primary P) regarding the lorazepam. MCM on 03/21/19 at 2:34pm int #5 was ordered lorazepam daily. of give a hard copy prescription acy to fill the lorazepam. The lora				
	could not remembe					
		ave a verbal order to hold the a had a follow-up appointment	1			
Division of H	ealth Service Regulation		<u> </u>	J		

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TATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY	
	OF CORRECTION	IDENTIFICATION NOMBER:	A. BUILDING;	<u></u>	СОМ	PLETED	
		HAL060125	B. WING		03/	03/21/2019	
IAME OF F	ROVIDER OR SUPPLIEF	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
		4025 N SI	ARON AMIT	,			
HE PAR	C AT SHARON AMI	Ŷ	TTE, NC 2820				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	aı	PROVIDER'S PLAN OF	CORRECTION	(X5)	
Préfix Tag		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLE DATE	
		·		DEFICIENC			
D 273	Continued From p	age 22	D 273				
	with Resident #5.						
	-She saw resident	on 01/29/19 because she read					
	and signed the dis						
	-She did not disco	ntinue the lorazepam 0.5mg					
	three times daily.	mber simpling on order to hold					
ļ		mber signing an order to hold 01/24/19-02/20/19.					
		ied that a hard copy of the					
		eeded for the pharmacy to					
	refill.		,			-	
	Interview with the	Administrator on 03/21/19 at					
	12:58pm revealed						
		prazepam was on hold for					
		he PCP completed a follow-up					
	appointment.	den suuden le volen des la statis					
	Internet provided	d a verbal order to hold the lesident #5 returned from the					
	hospital, but she c	ould not remember the date.					
		prazepam was on hold until the					
1	hard script was wr	itten, but could not find an					
1		razepam for Resident #5.					
		I would be responsible for					
	medication.	to hold or discontinue a					
		l would be responsible for					
		opy of a prescription.					
	Based on observed	tions, interviews, and record					
	review, it was dete	rmined Resident #5 was not				1	
	interviewable.						
	The failure of the f	acility to assure referral and					
		he routine and acute health					
	care needs of the	residents as related to a					
Ì	diabetic refusing in	sulin, scheduled fingerstick			•	1	
	blood sugar (FSBS	b) readings which resulted in a					
		35 mg/dl, increased lethargy,					
		, and related to refusals of					
	alth Service Regulation	pidogrel, (Resident #3) and				1	

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY
	HAL060125	B. WING		03/21/2019	
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
C AT SHARON AMIT	v				
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	N SHOULD BE	(X5) COMPLE DATE
not having lorazepa (Resident #5) result doses of the medic substantial risk of s injury and constitut The facility provide	am available for administration lting in the resident missing 74 ation. This failure resulted in serious physical harm and es a Type A2 Violation. d a plan of protection in	D 273			
VIOLATION SHALL 2019. 10A NCAC 13F .09	NOT EXCEED April 21,	– — – – – D 310	All Dietary staff to be retrained b	y ED with	
10A NCAC 13F .09 (e) Therapeutic Di (4) All therapeutic supplements and th	ets in Adult Care Homes: diets, including nutritional nickened liquids, shall be		Diets Daily monitoring from ED or DRC meals for Therapeutic Diets daily	C to monitor	4/21/19
Based on observat interviews, the facil diets were served a residents with diet	ions, record reviews and lity failed to assure therapeutic as ordered for 1 of 2 sampled orders for a mechanical soft		· ·		
	This Rule is not m Based on observat interviews, the facil diets were served a residents with diet residents with diet resident with diet resident a resident a resid	OF CORRECTION       IDENTIFICATION NUMBER: HAL060125         PROVIDER OR SUPPLIER       STREET AD 4025 N SH CHARLOT         RC AT SHARON AMITY       4025 N SH CHARLOT         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       Continued From page 23         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.         The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/021/19 for this violation.         CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED April 21, 2019.         10A NCAC 13F .0904(e)(4) Nutrition and Food	TOF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPI A. BUILDING         HAL060125       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, 4025 N SHARON AMITY         CAT SHARON AMITY       4025 N SHARON AMIT (CHARLOTTE, NC 28)         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 23 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.       D 273         The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/021/19 for this violation.       D 310         CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED April 21, 2019.       D 310         10A NCAC 13F .0904(e)(4) Nutrition and Food Service       D 310         10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.       D 310         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	IT OF DEFICIENCIES OF CORRECTION       [X1] PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (22) MULTIPLE CONSTRUCTION A. BUILDING:         HAL060125       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         CAT SHARON AMITY       4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF C (EACH OCRRECTIVE ACTIC CROSS-REFERENCED TO THIL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 23       D 273         rot having lorazepam available for administration (Rasident #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.       D 273         CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED April 21, 2019.       D 310       All Dietary staff to be retrained b knowledgeable Dietary Manager Diets         10A NCAC 13F .0904 (e)(4) Nutrition and Food Service       D 310       All Dietary staff to be retrained b knowledgeable Dietary Manager Diets         10A NCAC 13F .0904 Nutrition and Food Service       D 310       All Dietary staff to be retrained b knowledgeable Dietary Manager Diets         10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (f) All therapeutic Diets in Adult for the physician.       Daily monitoring from ED or DR3 meais for Therapeutic Diets daily 422/19 - 5/6/19 and randomly the	IT OF DEFICIENCIES OF CORRECTION       (M) PROVIDERNUPPLIERCIAL DENTIFICATION NUMBER:       (A) BULDING:

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STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted	
·		HAL060125	B, WING		03/	03/21/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
тне раб	RC AT SHARON AMIT	Ŷ	IARON AMIT				
(X4) ID PRÉFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE	
D 310	Continued From pa	ge 24	D 310				
	06/05/18 revealed o	t #1's current FL-2 dated diagnoses included e, Asperger's syndrome, and					
	Review of a subsect 09/21/18 revealed a entire meal diet.	uent physician's order dated an order for a mechanical soft					
		peutic diet list dated 03/19/19 #1 was to be served a t.					
	03/19/19 revealed: -Residents on a me served ground bals lima beans with no and mechanical sof	peutic diet menu for lunch on chanical soft diet should be amic tomato glazed meatloaf, bacon, a moisten baked roll, t baked apples. native meal listed on the					
	dining room on 03/1 revealed: -Resident #1 was su sandwich cut into ha and tea. -Resident #1's brea ham was sliced and	lunch meal service in the 19/19 from 11:48am to 1:00pm erved a ham and cheese alves, baked apples, water, d was not moistened and the I not mechanically altered. t eat his bread, he consumed without difficulty.		· .			
	Further review of th revealed there was preparing a ham an	e theraputic menu for lunch no recipe to reference for d cheese sandwich for mechinical soft diet,					
	Interview with the D	ietary Manager (DM) on					

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Division	of Health Service R	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060125	8, WING	- در می از دارد ۲۰۰۶ مرابع می از می از ۲۰۰۶ (۲۰۰۶) مرابع می از می از ۲۰۰۶ (۲۰۰۶)	03/21/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	IARON AMII ITE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 310	Continued From pa	age 25	D 310			
	03/20/19 at 2:40pm -She prepared the residents. -She used prior kno prepare meals. -She received train started over a year -She served Reside sandwich because an alternate. -She did not have a for how to prepare for a mechanical se -Resident #1 did no menu. -She chopped the I easier for Resident -She did not moiste did not know if it ne -She thought Reside cheese sandwich to Telephone interview Care Physician (PC revealed: -Resident #1's curr soft for the entire m -The current diet of speech therapy, "o -Resident #1 would episodes if he was diet. Interview with the A 12:58pm revealed: -Since the previous reviewed menus an manager. -She expected the	n revealed: lunch meal for all the owledge and the diet menu to ing for two weeks when she ago by the previous DM. ent #1 a ham and cheese that was what she offered as a menu or recipe to reference a ham and cheese sandwich off diet. of want food served on the ham with a knife to make it #1 to eat. en Resident #1's bread, she beded to be moistened. dent #1 could have a ham and because it was soft. w with Resident #1's Primary CP) on 03/21/19 at 5:59pm rent diet order was mechanical heal. rder was recommended by ver a year ago". I be at risk for choking not served a mechanical soft				
Division of H	ealth Service Regulation			1		

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMF	SURVEY
· · · · · · · · · · · · · · · · · · ·	<del></del>	HAL060125	B. WING		03/2	21/2019
	PROVIDER OR SUPPLIER	4025 N SH	ARON AMI			
(X4) ID	SUMMARY STA		TE, NC 28	205 PROVIDER'S PLAN OF CORRE	071011	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLET DATE
D 310	instructions on the mechanical soft me Based on observati	any. M was following the menu to prepare the	D 310			
D 358	<ul> <li>(a) An adult care h preparation and adult prescription and no by staff are in accord (1) orders by a lice which are maintained</li> </ul>	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments	D 358	Director of Resident Care to approve and order changes. Executive Direct and approve that all orders and orde have been transcribed correctly on N ED and/ or DRC to complete rando pass audits on all shifts once every for six months and randomly there	or to review r changes MARS. m med thirty days	4/21/19 4/21/19
	reviews, the facility medications as orde (Residents #5, #10, medication passes, be taken with food t	ons, interviews, and record				

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<u>Division of Health Service R</u>	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		(X3) DATE COMP	
; 	HAL.060125	B. WING		03/2	1/2019
NAME OF PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	STATE, ZIP CODE		
THE PARC AT SHARON AMIT	γ	IARON AMIT TE, NC 282			
PRÉFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	íð Prefix Tág	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) Complete Date
D 358 Continued From pa	age 27	D 358			
the right eye for inc administered to bo second eye drop ar (Resident #12), an (Residents #3 and administered as or dose of a medication	creased pressure were th eyes, and not having a vailable for administration d for 2 of 5 sampled residents #5) related to medications not dered, related to the incorrect on for neuropathy pain lorazepam not administered		· ·		
by the observation opportunities during	or rate was 21% as evidenced of 6 errors out of 29 g the 11:30am medication pass ne 8:00am medication pass on				
10/19/18 revealed	ent #3's current FL2 dated diagnoses included Alzheimer s, urinary tract infections (UTI)				
10/19/18 revealed	nt #3's current FL2 dated there was an order for to treat diabetic neuropathy) evening.				
02/27/19 revealed: -There was an orde 300mg daily at 8:00	er to administer gabapentin				
	ional physician's order on an order for gabapentin 600mg 3 times a day.				
hand revealed:	sident #3's medications on le card of 30 tablets of				

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#### Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER; A. BUILDING: COMPLETED B. WING HAL060125 03/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 358 Continued From page 28 D 358 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. 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, 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. 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

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If continuation sheet 29 of 66

Division	of Health Service Re	egulation				
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
		HAL060125	B. WING		03/2	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAP	RC AT SHARON AMIT	Y	IARON AMIT TE, NC 282			
(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		ge 29	D 358			
	medication label an entry for each medi -The MAs were res of 5 residents. -She did not perfor -She did not know t	ponsible for checking the d directions with the eMAR leation before administration, ponsible for weekly cart audits m cart audits. the MAs were not checking the th the eMAR entry before				
	ādministering medi					
		medication administration.				
	10:09am revealed: •The Memory Care the medication aide •The MAs were res medications on the •The MCM had inst pharmacy for refill r medication "runs or •The MAs performer residents on each or •She did not know f following policies and medication adminis	ed weekly cart audits with 5 cart. there were MAs who were not nd procedures regarding stration.				
Division of t	revealed: -Diagnoses include hypertension and ri -There was an order pain and inflammat administered with f Review of Resident medication administ 03/01/19-03/19/19	t #10's March 2019 electronic stration record (eMAR) from revealed an entry for 1 tablet with food, to be				

Division	of Health Service Re	egulation				1 01.00	AFFROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			_	(X3) DATE COMF	SURVEY
		HAL060125	B. WING			03/2	21/2019
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY.	STATE, ZIP CODE		-	
	<b></b>	4025 N SH	ARON AMI				
	RC AT SHARON AMIT	Ŷ	FTE, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLA (EACH CORRECTIV CROSS-REFERENCE) DEFI	EACTION SHOUL	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 30	D 358		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	administered at 9:0	0am.					
	on 03/20/19 at 8:45 -The medication aid medications, includ medicine cup to adi	ident #10's medication pass am revealed: de (MA) prepared 4 orai ing meloxicam 7.5mg, in a minister to Resident #10. sleeping in bed when the MA					
	brought the medica	tions to his room.					
		o in the bed to take his					
		ked if breakfast was over. I breakfast had finished.					
		back in bed, after swallowing					
	his medications, an						
	revealed: -Resident #10 rarely morning.	IA on 03/20/19 at 8:45am y gets up for breakfast in the					
	-She usually admini	stered his medications in the					
	bedroom while he w						
	administered with for	he meloxicam needed to be					
		ber seeing those instructions					
ĺ	on 03/20/19 at 3:47	lemory Care Manager (MCM) pm revealed: rvice training for the MAs					
	regarding medicatio	n administration and infection			•		
	-The pharmacist an	d the hospice registered					
	nurse facilitated the						
		ponsible for checking the					
		d directions with the eMAR					
	entry for each media	e following all the instructions					· ·
	for administering the						
		he MAs were not checking the					
	medication label wit						
) Division of He	alth Service Regulation	······					<u> </u>

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		03/21/2019	
	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
			HARON AMIT	•		
THE PAR	C AT SHARON AMIT		TTE, NC 282			
		·····				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X6 Compi Dat
D 358	Continued From pa	ge 31	D 358			
		ne MAs were following the medication administration.				
	Interview with the A	dministrator on 03/21/19 at				
	10:09am revealed:			•		
		Manager (MCM) supervised				
		s (MAs) and the care staff.				
		ponsible for re-ordering r carts when needed.				
		ructed the MAs to contact the				
		nedications before the				
	medication "runs ou					
		d weekly cart audits with 5				
	residents on each c					
		here were MAs who were not				
		nd procedures regarding				
	medication adminis	tration.				
r.		ent #12's FL2 dated 04/10/18				
	revealed diagnoses hypothyroidism and	i included Alzheimer dementia wheezing.				
	a. Review of Reside	ent #12's FL2 dated 04/10/18				
		a physicians order for timolol				
		one drop in the right eye each			}	
	morning for intraoc	ular pressure.				
		ident #12's medication pass				
	on 03/20/19 at 8:35					
ļ		de (MA) removed the timolol				
		medication cart and applied				
	gloves. -She did not refer to	o the eMAR before leaving the				
	medication cart.	A THE ENDINE HEAVING THE				
		the timolol eye drops in both	1			
	the right and left ey					
		the label on the eye drop				
	bottle.					
	-The MA remarked ealth Service Regulation	during the administration of				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	ECONSTRUCTION	(X3) DATI	SURVEY
NU PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:		COM	PLETED
		HAL060125	B. WING	· · · · · · · · · · · · · · · · · · ·	03/	21/2019
AME OF F	PROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, S	TATE, ZIP CODE		
		4002 N 0	HARON AMIT			
	CAT SHARON AMIT	Ŷ	TTE, NC 282			
(X4) ID PRÉFIX		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C		(X5) COMPLE
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE	DATE
D 358	Continued From pa	ige 32	D 358			
	the eye d <i>r</i> ops, -''I th eyes".	nink you get a drop in both				
	Review of Resident	t #12's March 2019 electronic				
	medication adminis	tration record (eMAR) from				
		revealed an entry for timolol				
	administered daily	one drop in the right eye to be at 8:00am.				
	Interview with the fi 9:15am revealed:	rst shift MA on 03/20/19 at <sup>-</sup>				- <u> </u>
		nolol eye drop was for both		4		
	eyes,					
Į		#3's eye drops were for both				
ł	eyes. -She did not read th	ne order on the eMAR				
		ne prepared to administer the				
ļ		lemory Care Manager (MCM)				
	on 03/19/19 at 3:53 -The MAs should b	pm revealed: e referring to the medication				
	orders entered on t	he eMAR and comparing them				
		abel on the medication before				
	administration of th -The MAs should ne					
ļ	medications from n	iemory.				
		he MAs were not following the				
	medication adminis	aration policy.				}
		dministrator on 03/21/19 at				
	10:09am revealed: -The MCM supervis	sed the MAs and the care				
	staff.					
		ponsible for re-ordering				
		ir carts when needed, ructed the MAs to contact the				
		nedications before the		<i>,</i>		
	medication "runs ou	at".				
	-The MAs performe alth Service Regulation	d weekly cart audits with 5				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED
			A BUILDING			
		HAL060125	B. WING		03/	21/2019
NAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
ТНЕ РАБ	RC AT SHARON AMIT	Υ	HARON AMIT			
(X4) ID Prefix Tag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) Comple Date
D 358	Continued From pa	age 33	D 358			
		there were MAs who were not ind procedures regarding				
	revealed there was simbrinza 0.2% ey	lent #12's FL2 dated 04/10/18 a physician's order for e drops (used to treat op in the right eye twice daily.				
	on 03/20/19 at 8:38 -She could not loca the medication car	ate the simbrinza eye drops on	1			
	medication room. -The simbrinza eye	edication shelf in the odrops were not administered ring the morning medication				
	administration reco 03/01/19-03/19/19 for simbrinza 0.2%	t #12's March 2019 electronic ord (eMAR) from revealed there was an entry eye drops, one drop in the y, to be administered at				
	9:15am revealed: -She did not know were not on the me -When a medicatio	on was getting low, she				
:	-She checked the l medication room a had not been orde -She would contac	dication from the pharmacy. Medication Reorder form in the Ind the simbrinza eye drops red. t the pharmacy after the nd order the eye drops.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		E CONSTRUCTION		E SURVEY
			B. WING			
		HAL060125		······································	03/	21/2019
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S			
(He par	RC AT SHARON AMIT	Y	HARON AMIT TTE, NC 2820			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THEAPPROPRIATE	(X5) Comple Date
D 368	Continued From pa	age 34	D 358		nn ny sy tanàna ao ao	-
	pass.	ing the morning medication te during her morning shift the				
	simbrinza eye drop	s were administered.				
	on 03/20/19 at 3:47					
	medications from t	ponsible for re-ordering he pharmacy before the				
· _ · _ · _	medications were f	inished			·	
	they have 5 doses	remaining to the medication.				
		ed cart audits on 5 residents rt of the audit was to re-order				
	medications that w	ere low.				
		why the MA did not order a Inza eye drops before they				
	-She did not know i	the simbrinza eye drops were				
	not on the medicati Resident #12.	on cart to be administered to				
	10:09am revealed:	dministrator on 03/21/19 at				
	the medication aide	Manager (MCM) supervised es (MAs) and the care staff. ponsible for re-ordering				
	medications on the -The MCM had inst	ir carts when needed. ructed the MAs to contact the nedications before the				
	medication "runs of					
	residents on each o					
		nd procedures regarding				
	4. Review of Reside 01/22/19 revealed:	ent #5's current FL2 dated				
	-Diagnoses include	d depression and dementia.				

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Division of	of Health Service Re	egulation		· · · · ·	( QTWAR	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		HAL060125	B. WING		03/2	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	<i>t</i>	IARON AMIT TE, NC 282			
(X4)  D 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 35	D 358			
		r for lorazepam 0.5mg (used let three times per day.				
	01/22/19 revealed: -The discharge sum signed by the attend -Resident #5 was h 01/20/19-01/22/19 f of breath, chest pre- -There was an order three times daily. -There was a signary provider (PCP) on se Review of the January Administration Reco -An entry for lorazely 7:00am, 12:00pm, a for sedation. -The lorazepam 0.5 out 81 opportunities "discontinued" and " reasons. -Resident #1 was n 01/18/19-01/22/19 of Review of the Febru- An entry for lorazely 7:00am, 12:00pm, a for sedation. -The lorazepam 0.5 out of 84 opportunities out of 84 opportunities	ospitalized from for atrial fibrillation, shortness ssure, and hypertension. In for lorazepam 0.5mg tablets ture of the primary care summary dated 01/29/19. ary 2019 electronic Medication ord (eMAR) revealed: pam 0.5mg 3 times daily at and 5:00pm for anxiety, hold img was not administered 21 a from 01/01/19-01/31/19 with "hold" documented as				
		uent physician's order dated an order for lorazepam 0.5mg				
Division of He	alth Service Regulation	· · · · · · · · · · · · · · · · · · ·		t		I

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e survey Pleted
	• <i>,</i>	HAL060125			03/	21/2019
AME OF I	PROVIDER OR SUPPLIEF		DDRESS, CITY, S	•	00/	21/2015
		4005 N 0	HARON AMIT			
HE PAR	CAT SHARON AMI	Ŷ	OTTE, NC 2820			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 358	Continued From p	age 36	D 358		· · · · · · · · · · · · · · · · · · ·	
	-An entry for loraze 7:00am, 12:00pm, for sedation.	ch 2019 eMAR revealed: epam 0.5mg 3 times daily at and 5:00pm for anxiety, hold 5mg was administered as 1/19-03/20/19.				
	#5 on 03/21/19 at	dication available for Resident 11:20am revealed there were				
	66 lorazepam 0.6n administration.	ng tāblēts available for				
	contracted pharma revealed:	w with the pharmacist at the acy on 03/21/19 at 10:20am				
	09/05/18 and it inc -The lorazepam wa	y was originally ordered on luded 5 refills. as filled on 11/11/18, 12/07/18, 9/19 for a 30 day supply.				
	-The last refill that dated 09/05/18 wa	could be filled with prescription				
	the prescription. -The pharmacy red 01/22/19, but could	ceived an FL2 from the on d not fill because it was not a				
	the Memory Care I	cript. in the computer system that Manager (MCM) had been I copy of the script was needed				
	on 01/23/19. -There was no othe	er documentation indicating the prazepam from the pharmacy.				
Ĩ	-There pharmacy or discontinue the	lid not receive an order to hold				
	Interview with a firs 03/21/19 at 11:30a	st shift medication aide (MA) on m revealed: as discontínued it would be				

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Division	of Health Service R	egulation			,	
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	
		HAL060125	B. WING		03/2	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		4025 N SI	ARON AMIT	Y DRIVE		
	THE PARC AT SHARON AMILY		TTE, NC 282			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	age 37	.D 358			
D 358	removed from the pharmacy. -She knew Resider 0.5mg three times -She thought Resid discontinued when in January 2019. -She was told durin that the lorazepam -She could not rem Resident #5's loraz Interview with the N revealed: -She knew Resider 0.5mg three times -The hospital did n to allow the pharm -She could not rem physician to get a M -She and the Admi reviewing the discr that medications al -She could not find the lorazepam 0.5m 01/24/19-02/18/19. Interview with the p 03/21/19 at 5:59pn -She ordered loraz for anxiety. -Resident #5 was N	eMAR by the MCM or the at #5 was ordered lorazepam daily. Jent #5's lorazepam was she returned from the hospital ag shift change by another MA was discontinued. The more if she discussed tepam with the MCM. MCM on 03/21/19 at 2:34pm at #5 was ordered lorazepam daily. of give a hard copy prescription acy to fill the lorazepam. The lorazepam. The prescription. Inistrator were responsible for hard copy of the prescription. Inistrator were responsible for hard summary and ensuring re available. a discontinue or hold order for any three times daily for primary care provider (PCP) on a revealed: epam 0.5mg three times daily hospitalized in January 2019				
	she saw her, after hospital, but she co -She saw resident and signed the dis -She did not discor three times daily.	ntinue the lorazepam 0.5mg				

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	It of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL060125	B. WING		03/2	21/2019
AME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
	C AT SHARON AMIT	4025 N S	HARON AMI	TY DRIVE		
		CHARLO	TTE, NC 28	205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) Comple Date
D 358	Continued From pa	ge 38	D 358			
	the lorazepam for 0	)1/24/19-02/20/19.				
	12:58pm revealed: -She thought the lo Resident #5 until sł appointment.	razepam was on hold for ne completed a follow-up				
	hard script was writ	razepam was on hold until the ten, but could not find an razepam for Resident #5.				
Í	Based on observati review, it was deter interviewable.	ions, interviews, and record mined Resident #5 was not				
D 367	10A NCAC 13F .10 Administration	04(j) Medication	D 367			
	(j) The resident's n	04 Medication Administration nedication administration be accurate and include the		DRC will Review all insulin orders for ac weekly for four weeks and randomly the		4/21/*
	<ul><li>(2) name of the me</li><li>(3) strength and do</li><li>administered;</li></ul>	dication or treatment order; sage or quantity of medication administering the medication		DRC will Review MARS monthly for acc six months beginning 4/21/19 and rando after.		4/21/
	medications or trea documenting the re (6) date and time of					
	omission, including (8) name or initials	tments and the reason for the refusals; and, of the person administering				
	signature equivalen	reatment. If initials are used, a It to those initials is to be aintained with the medication				

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	survey Leted
	,,,,,,,,,,,,	HAL060126	B. WING	······································	03/2	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Ý	IARON AMIT			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X6) COMPLETE DATE
D 367	Continued From pa	ge 39	D 367			
	administration reco	rd (MAR).				
	This Rule is not me	et as evidenced by:				
		ity failed to assure the				
	electronic medication	on administration records				
		urate and complete for 5 of 8 (Residents #3, #5, #6, #7 and				
	#8), as related to d	ocumentation of finger stick				
		gs (FSBS) on the eMARs spond to their respective				
		spond to their respective is (Residents #6, #7 and				
	#8), no documental	tion of FSBS readings for a				
		s for FSBS checks 3 times a and inaccurate documentation				
	of lorazepam (Resi					
	The findings are:					
	1. Review of Reside	ent #3's current FL2 dated				
	10/19/18 revealed:					
	-Diagnoses include	a diapetes mellitus. er to check finger stick blood				
		e times a day before meals.				
	Review of Resident	#3's electronic medication				
	administration reco	rd (eMAR) for January 2019				
	from 01/01/19-01/3	1/19 revealed: y for FSBS to be checked	ļ			
		Oam, 12:00pm and 5:00pm.				
	-There was no doc	umentation of FSBS readings				
	recorded on the Ja	nuary 2019 eMAR.				
	Review of Resident	t #3's record revealed there				
Division of H	ealth Service Regulation	• • • • • • • • • • • • • • • • • • •	r	· · · · · · · · · · · · · · · · · · ·		

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If continuation sheet 40 of 66

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY	
		HAL060125	B. WING		. 03/	03/21/2019	
AME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	:		
	C AT SHARON AMIT	4025 N S	HARON AMIT				
		CHARLO	TTE, NC 2820	05			
(X4) ID Prefix Tag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 367	Continued From pr	age 40	D 367			-	
		ation of FSBS readings for n 01/01/19-01/31/19.					
	2019, from 02/01/1 -There was an entr meals at 7:00am, 7 -There was no doc	t #3's eMAR for February 9-02/28/19 revealed: ry for FSBS check before 12:00pm and 5:00pm. umentation of FSBS readings abruary 2019 eMAR.					
	was no documenta	t #3's record revealed there tion of FSBS readings for m 02/01/19-02/28/19.					
	from 03/01/19 - 03, -There was an entr meals at 7:00am, 1	y for FSBS check before I2:00pm and 5:00pm. umentation of FSBS readings					
		t #3's record revealed there ition of FSBS readings for 03/01/19-03/16/19.					
	on 03/20/19 at 11:1 -She administered -She checked Resi breakfast and lunci -There was no place readings on the eM	medications to Resident #3. ident #3's blood sugar before h meals. ce to record the blood sugar IAR.					
	anywhere else. -Resident #3 was of Christmas and they sugars on the eMA	I the blood sugar readings on a sliding scale insulin before y were able to record the blood R then, why there was no place to					

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	of Health Service R T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		CONSTRUCTION		E SURVEY PLETED	
		HAL060125	B, WING	·····	03/	03/21/2019	
	PROVIDER OR SUPPLIER		DRESS, CITY, ST				
		4025 N S	HARON AMITY	•			
HE PAR	C AT SHARON AMIT	Υ	TTE, NC 2820				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X6) COMPLE	
Préfix Tag		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX * TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
D 367	Continued From pa	age 41	D 367				
	-The pharmacy end Friday from 9:00an -She did not report place to record the -She thought since discontinued the M FSBS. Interview with the s 4:01pm revealed: -She did not remer	to her supervisor there was no			_, _, _, _, _, _, _,		
	#3. -"We are only resp eMAR." -She checked Res dinner. -She did not record form. -She did not notify place to record the	onsible to do what is on the ident #3's blood sugar before d the FSBS results on any othe her supervisor there was no					
	on 03/21/19 at 10:2 -She did not know did not have a drop reading. -The pharmacy ent the residents on th weekend or after h -She and the Admi hours and on the w -One of them enter check the box on t down menu.	the eMAR entry for the FSBS o down menu to record the tered the physician orders for e eMAR unless it was the jours. nistrator entered orders after veckends if necessary. red the FSBS order and did not he eMAR to activate the drop orders but did not review the					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED	
<b>141</b>		HAL060125	B. WING		03/	03/21/2019	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
		4026 N S	HARON AMIT	,			
ne Par	C AT SHARON AMIT	Y CHARLO	TTE, NC 282	05			
(X4) ID PRÉFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE	
D 367	Continued From pa	age 42	D 367				
	Interview with the A 11:21am revealed: -She assisted the I care staff and ente eMAR after pharm -She did not know the eMAR from Jar provide an option to -These readings w document by the si -It was her expects MCM or herself if th with the eMAR doc -She did not know this to their attentio -She had entered t activating the drop	Administrator on 03/21/19 at MCM in the supervision of the ring new orders onto the acy hours or on the weekends. Resident #3's FSBS entry on huary 2019-March 2019 did not o record the FSBS reading, ere not recorded on any other taff. tion the MAs would notify the here were any irregularities umentation, why the MAs had not brought n. he order and was remiss in down menu. ad the error and notified the					
	facility's contracted 8:48am revealed: "The facility staff fa pharmacy. -New orders were a technician. -If an order was red weekend, the facility order. "The pharmacy soff facility's eMAR syst not view the order of "A drop down menu parameters had to after the order was -If the pharmacy er responsibility to act	w with a technician from the pharmacy on 03/22/19 at xed physician orders to the entered by the pharmacy ceived after hours or on the cy supervisors entered the tware did not interface with the tem. The pharmacists could entries on the facility eMAR. I for vital signs and medication be activated on the eMAR entered. thered the order, it was their ivate the drop down menu. ed the order, it was their					

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STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060125	B. WING		.03/2	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PA	RC AT SHARON AMIT	Y	IARON AMIT			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 43	D 367			
	on 03/21/19 at 8:45 -She did not know t documented on the notified her last we -The resident had b hyperglycemia and	he FSBS readings were not eMARs until the administrator				
	-She expected the health records to en optimal health care	facility to maintain proper sure residents received the ons, interviews and record				
	interviewable. 2. Review of Reside 11/16/18 revealed: -Diagnoses include	rmined Resident #3 was not ent #6's current FL2 dated d diabetes mellitus, diabetic				
	(AKI). -Physician orders ir (FSBS) 3 times a d	•				
	administration (eM/ 03/18/19 to 03/21/1 -There was an entr be obtained at 7:00 -FSBS reading doc 8:00pm was 165mg	y for FSBS 3 times a day, to am, 12:00pm and 8:00pm. umented on 03/16/19 at j/dl.				
	-FSBS reading doc 7:00am was 95 mg -FSBS reading doc 12:00pm was 119 r -FSBS reading doc 8:00pm was 119 m	umented on 03/17/19 at /dl. umented on 03/17/19 at ng/dl. umented on 03/17/19 at				
Division of H	lealth Service Regulation		L	Hu., ,		,,

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STATEMEN ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
•••			D MINO			
····		HAL060125	B, WING		03/	21/2019
iame of i	PROVIDER OR SUPPLIEF		DDRESS, CITY, S	•		
THE PAR	C AT SHARON AMI	Ŷ	HARON AMIT			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	ION SHOULD BE	(X6) COMPLE
170			TAG	CROSS-REFERENCED TO T DEFICIENC		DATE
D 367	Continued From p	age 44	D 367			
	-FSBS reading do	:00am FSBS) was "Refused.". cumented on 03/18/19 at				
	12:00pm was 190 -FSBS reading do 8:00pm was 210 n	cumented on 03/18/19 at				
		cumented on 03/19/19 at				
	12:12pm was 120					
	7:16pm was 148 n	cumented on 03/19/19 at ng/dl. cumented on 03/20/19 at				
	7:04am was 98 mg -FSBS reading do	g/dl. cumented on 03/20/19 at				
	11:59am was 105 -FSBS reading do	mg/dl. cumented on 03/20/19 at				
	8:07pm was 120 n -FSBS reading doo 7:47am was 100 n	cumented on 03/21/19 at				
	Observation of Re revealed:	sident #6's glucometer				
	-The glucometer w	/as housed in a plastic with Resident #6's name.				
	correct date or tim					
	follows:	ngs on the glucometer were as ing on 06/24 at (no time) FSBS				
	was 118 mg/dl. -There was a read	ing on 06/25 at 2:48am FSBS				
		ing on 06/25 at 7:33am FSBS				
	was 165 mg/dl, -There was a read was 95 mg/dl.	ing on 06:25 at 10:07pm FSBS				
	-There was a read was 119 mg/dl.	ing on 06/26 at 2:46am FSBS				
	-There was a read was 112 mg/dl.	ing on 06/27 at 7:50am FSBS				

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If continuation sheet 45 of 66

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP		
		HAL060125	B, WING		03/2	03/21/20	
NAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	STATE, ZIP CODE			
	A	4025 N S	SHARON AMI	Y DRIVE			
THE PAP	C AT SHARON AMIT	CHARLO	DTTE, NC 282	05			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	on should be Ieappropriate	C	
D 367	Continued From pa	age 45	D 367				
	-There was a readi was 198 mg/dl.	ng on 06/27 at 9:19am FSBS					
		ng on 06/28 at 2:45am FSBS					
	was 198 mg/dl.	ng on 06/27 at 9:19am FSBS					
	was 145 mg/dl.	ng on 06/28 at 7:51am FSBS					
	⁻was 148 mg/dl.	ng on 06/28 at 9:53am FSBS ng on 06/28 at 9:32pm FSBS					
	was 98 mg/dl.	ng on 06/29 at 2:27am FSBS					
	was 105 mg/dl.	ng on 06/29 at 8:03am FSBS					
	was 144 mg/dl.	-					
	-Of the 14 readings none were recorde	s recorded in the glucometer, d on the eMAR.					
		ions, interviews and record rmined Resident #6 was not					
	Interview with the A 10:09am revealed:	Administrator on 03/21/19 at					
	-The MAs were res correct FSBS read	ponsible for recording the ing on the eMAR ied on accurate readings to					
	prescribe proper do						
	writing the blood su the glucometer me	ugar reading down or checking mory.					
	the glucometers we	s were to clean and calibrate sekly, as well as checking the					
		ne. cess in place to review the are them to the glucometer					
	history.	are ment to the Streometer.					

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY		
HAL060125	B. WING		03/	21/2019		
STREETA						
CHARLO	DTTE, NC 2820	)5				
Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) Complet Date		
nge 46	D 367	· · · · · · · · · · · · · · · · · · ·				
rst shift MA on 03/21/19 at rst shift MA on 03/21/19 at SBS for 2 residents on the r. hented the blood sugar eMAR. Why the the glucometer betic residents did not MAR documentation. blear the readings on the readings on the meters had been cleared, per was responsible for calibrating ucometers weekly, and setting d time. econd shift MA on 03/21/19 at rented the FSBS reading on hpleting a fingerstick blood een a time when she was her memory care resident or a fall and she may not mmediately. as a memory function in the e rarely used it. the FSBS readings of the her MA on 03/21/19 2:55pm the FSBS in the resident's id not write the reading down f memory".			· · · · · · · · · · · · · · · · · · ·			
	IDENTIFICATION NUMBER: HAL060125 STREET A 4025 N S CHARLO TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) age 46 rst shift MA on 03/21/19 at SBS for 2 residents on the f. hented the blood sugar eMAR. Why the the glucometer ibetic residents did not betic residents did not MAR documentation. clear the readings on the f. umentation that was required meters had been cleared, per was responsible for calibrating ucometers weekly, and setting d time.	(X1) PROVIDER/SUPPLIENCLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE A. BUILDING:         HAL060125       B. WING         Y       4025 N SHARON AMIT CHARLOTTE, NC 2820         Y       4025 N SHARON AMIT CHARLOTTE, NC 2820         Y       10 PREFIX TAG         Y       ID PREFIX TAG         Y       10 PREFIX TAG         PREFIX TAG       10 PREFIX TAG         PREFIX TAG       10 PREFIX TAG         SSBS for 2 residents on the r. hented the blood sugar eMAR. why the the glucometer betic residents did not mAR documentation. blear the readings on the r. hear the readings on the r. hear the reading the resident or a fall and she may not mediately. as a memory function in the paraely used it. he FSBS in the resident's id not write the reading down imemory".         the FSBS in the resident's id not write the reading down imemory".	(X1) PROVIDER/SUPPLIE/VCLA       (X2) MULTIPLE CONSTRUCTION         A. BUILDING:	(X1) PERVIPERUENCLA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION       (X3) DAT A BUILDING:         HAL080126       B. WING       03/         STREET ADDRESS, CITY, STATE, ZIP CODE       4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205       03/         Y       CHARLOTTE, NC 28205       D         YEEMENT OF DEFICIENCIES SC IDENTIFYING INFORMATION)       PROVIDENTS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         Ige 46       D 367         rst shift MA on 03/21/19 at       PREFIX         rSBS for 2 residents on the r, ented the blood sugar eMAR.       D         My the fue glucometer better residents did not MAR documentation.       D         MAR are required meters had been cleared, per was responsible for calibrating j.cometers weekly, and setting d time.       Mark are required meters had been cleared, per was responsible for calibrating j.cometers weekly, and setting d time.         econd shift MA on 03/21/19 at termediately.       Tabel Sig reading on the FSBS reading of the er MA on 03/21/19 2:55pm the FSBS in the resident's d not write the reading down immory".		

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Division of Health Service Regulation						
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY
		HAL060125	B, WING		03/21/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	<u> </u>	
THE PAR	CAT SHARON AMIT	Y	HARON AMIT TTE, NC 282			
·····			-T		100 h (	T
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X8) COMPLETE DATE
D 367	Continued From pa	age 47	D 367			
	probably forgot the returned to their me -She was interrupte FSBS today and fo returned to her cart -She tried to write t immediately.	ed after taking an 11:30am rgot the number when she t.				
	3:05pm revealed: She cleaned the g calibrated them. She also checked She documented v She last complete	lucometers weekly and the date and the time. when she completed this task. d the task on 03/13/19.				
	weekly. -She did not know v not accurate on the -She did not know v consistent with the	the glucometers of readings why the dates and times were glucometers. why the readings were not eMAR documentation. ny FSBS on her shift.	-			
	room revealed the	ometer log in the medication last documented cleaning and ucometers was signed by the		· ·		
	03/21/19 at 3:15pm -The MAs were to a weekly, per facility -The third shift MA calibrate and set th	clear the glucometer readings				
Division of H	did not correlate wi -She thought the M FSBS reading imm	th the eMAR documentation. As were not recording the rediately and were trying to rey returned to the cart.				;

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Division	of Health Service Re	agulation				AFT NOVED
	TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
:		HAL060125	.B. WING		03/2	21/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·	
		4025 N SE	IARON AMIT			
	C AT SHARON AMIT	CHARLOT	TE, NC 282		1445)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 48	D 367			
	to the resident they -Sometimes the intr and the medication the signal was stror -The MAs should w they had to leave th resident's room. -The glucometers a which they have be -There was no proc eMARs and compa history. 3. Review of Resid 01/10/19 revealed:	ernet connection was weak carts had to be kept where ng. rite down the FSBS readings if reir cart at a distance from the also had a memory function				
	diabetes and renal - There was a physic					
	administration (eMA 03/07/19 - 03/20/19 There was an entry administered at 7:00 -FSBS reading doct 10:30am was 127 n -FSBS reading doct 9:43am was 134 mg -FSBS reading doct 8:12am was 158 mg -FSBS reading doct 9:44am was 180 mg -FSBS reading doct 9:44am was 180 mg -FSBS reading doct 10:28am was 113 m	for FSBS once a day, Dam. Umented on 03/07/19 at ng/dl. Umented on 03/08/19 at g/dl. umented on 03/09/19 at g/dl. umented on 03/10/19 at g/dl. Umented on 03/11/19 at g/dl.				
Division of He	ealth Service Regulation	nnented on 03/13/18 at	]			<u> </u>

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Division	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
		HAL060125	B. WING		03/2	1/2019
NAME OF I	PROVIDER OR SUPPLIER	l	DRESS, CITY, S	STATE, ZIP CODE	<u></u>	
THE PAR	C AT SHARON AMIT	V	HARON AMIT			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEIFICIENCIES (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 pa	ge 49	D 367			·····
D 367	8:34am was 133 m -FSBS reading doc 7:00am was 129 m -FSBS reading doc 7:00am was 145 m -FSBS reading doc 8:06am was 146 m -FSBS reading doc 8:47am was 138 m -FSBS reading doc 9:15am was 185 m -FSBS reading doc 10:28am was 185 m -FSBS reading doc 10:28am was 156 r Observation of Res revealed: -The glucometer was container labeled w -The glucometer was correct date or time -The last 14 reading follows: -There was a reading was 182 mg/dl. -There was a reading was 133 mg/dl. -There was a reading was 133 mg/dl. -There was a reading was 129 mg/dl. -There was a reading was 129 mg/dl.	g/dl. g/dl. g/dl. umented on 03/15/19 at g/dl. umented on 03/16/19 at g/dl. umented on 03/17/19 at g/dl. umented on 03/18/19 at g/dl. umented on 03/19/19 at ng/dl. ident #7's glucometer as housed in a plastic ith Resident #7's name. as not labeled, nor set to	D 367			
	was 145 mg/dl. -There was a readin was 146 mg/dl.	ng on 05/26 at 4:35pm FSBS				
	-There was a readin was 186 mg/dl.	ng on 05/27 at 3:37pm FSBS				

was 186 mg/dl. Division of Health Service Regulation

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	VT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED	
	· .	HAL060125	B, WING		03/	03/21/2019	
NAMEOFI	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		21/2013	
THE PAR	CAT SHARON AMIT	4035 N 6	HARON AMIT				
	· · · · · · · · · · · · · · · · · · ·	CHARLO	DTTE, NC 2820	05			
(X4) ID Prefix Tag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
D 367	Continued From pa	age 50	D 367				
	was 183 mg/dl. -There was a read was 156 mg/dl. -There was a read was 138 mg/dl. -There was a read	ing on 05/28 at 3:36pm FSBS ing on 05/29 at 3:30pm FSBS ng on 05/30 at 3:28pm FSBS ng on 05/31 at 3:51pm FSBS	- -				
	10:09am revealed: -The MAs were res- correct FSBS read -The physicians rel prescribe proper de -The internet conne places, but the MA writing the blood su the glucometer me -The third shift MAs the glucometers we correct date and tir -There was no proc	ponsible for recording the ing on the eMAR ied on accurate readings to bages of insulin. action was poor in some s knew this and should be agar reading down or checking mory. s were to clean and calibrate beekly, as well as check the		· · · · · · · · · · · · · · · · · · · ·			
	2:05pm revealed: -She checked FSB assigned to her. -She always docum immediately on the -She did not know y readings for the dia correspond to the e -The MAs were to o glucometers weekly -There was no doc	why the the glucometer ibetic residents did not MAR documentation. clear the readings on the					

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<u>Division</u>	of Health Service R	egulation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILUING:			
	· · · · · · · · · · · · · · · · · · ·	HAL060125	B. WING		03/2	21/2019
NAME OF I	PROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Ŷ	HARON AMI			
			TTE, NC 282	· ·· · · · · · · · · · · · · · · · · ·		·
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) Complete Date
D 367	Continued From pa	age 51	D 367			
		was responsible for calibrating ucometers weekly, and setting d time				
	<ul> <li>2:40pm revealed:</li> <li>She always docun eMAR after completed by anot interrupted by anot needing assistance have documented</li> <li>She knew there w glucometer, but she She remembered residents.</li> <li>Interview with anot revealed:</li> <li>The MAs checked rooms and if they of they were "going of -MAs also stationed may have to travel</li> <li>If they were not we probably would for She was interrupted FSBS today and for returned to her car</li> <li>She tried to write to Interview with the to 3:05pm revealed;</li> </ul>	as a memory function to the e rarely used it. the FSBS readings of the her MA on 03/21/19 2:55pm the FSBS in the resident's lo not write the reading down if memory". d their cart in one place and farther away to perform FSBS iting down the FSBS they get. ed after taking an 11:30am rgot the number when she t. he number down immediately. hird shift MA on 03/21/19 at			·	
	calibrated them. -She also checked -She documented -She last complete	lucometers weekly and the date and time. when she completed this task. d the task on 03/13/19. the glucometers of readings				

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STATEMEN						
AND PLAN OF CORRECTION IDENTIFICATION NUMBER;		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
	1 <sup>1</sup>	HAL060125	B. WING	, 	03/	21/2019
iame of F	PROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, ST	TATE, ZIP CODE		
HE PAR	C AT SHARON AMIT	T Contraction of the second seco	HARON AMITY TTE, NC 2820			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X6) COMPL DATI
D 367	Continued From pa	ge 52	D 367			-
	not accurate on the -She did not know y consistent with the -She did not take at Review of the gluco room revealed the I calibrating of the glu MA on 03/13/19. Interview with the N revealed: -The MAs were to o weekly, per facility p -The third shift MA y calibrate and set the -She did not know y did not correlate wit -She thought the M FSBS reading imme memory when they -The medication cal to the resident they -Sometimes the inter and the medication the signal was stron -The MAs should with have to leave their of resident's room. -The glucometers a which they have bee -There was no proc	why the readings were not eMARs. hy FSBS on her shift. ometer log in the medication ast documented cleaning and ucometers was signed by the ICM on 03/21/19 at 3:15pm lear the glucometer readings bolicy. was to clean the glucometers, e date and time correctly. why the glucometer <i>r</i> eadings h the eMAR documentation. As were not recording the ediately and were relying on returned to the cart. rt should be in close proximity were attending to. ernet connection was weak carts had to be kept where ig. rite down the numbers if they part at a distance from the lso have a memory function				
	history. Based on observation reviews it was deter intervlewable.	ons, interviews and record mined Resident #3 was not				

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Division	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•		(X3) DATE COMPI	SURVEY LETED
		HAL060125	B. WING		03/2	1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, 8	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Ý	IARON AMIT TE, NC 282			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	E ACTION SHOULD BE COMPLET D TO THE APPROPRIATE DATE	
D 367	Continued From pa	ge 53	D 367			••••••• <u>•</u>
	4. Review of Reside 07/17/18 revealed: -Diagnoses Include -Physician orders in (FSBS) readings or Review of Resident administration (eM/ 03/08/19 to 03/21/1 -There was an entry 8:00pm. -FSBS reading doc 7:33am was 220 m -FSBS reading doc 9:29am was 200 m -FSBS reading doc 12:06pm was 200 m -FSBS reading doc 5:15pm was 210 m -FSBS reading doc 5:15pm was 210 m -FSBS reading doc 6:34am was 171 mg -FSBS reading doc 11:54am was 264 m -FSBS reading doc 11:54am was 465 m -FSBS reading doc 7:19pm was 465 m -FSBS reading doc 7:19pm was 87 mg -FSBS reading doc 7:05am was 87 mg -FSBS reading doc 12:00pm 347 mg/di -FSBS reading doc 12:00pm 347 mg/di -FSBS reading doc 7:21pm was 220 m -FSBS reading doc 7:21pm was 178 m	ent #8's current FL2 dated d diabetes mellitus. included fingerstick blood sugar ince a day. #8's electronic medication ARs) for March 2019 from 9 revealed: y for FSBS once a day at umented on 03/18/19 at g/dl. umented on 03/18/19 at g/dl. umented on 03/18/19 at g/dl. umented on 03/18/19 at g/dl. umented on 03/19/19 at g/dl. umented on 03/19/19 at g/dl. umented on 03/19/19 at g/dl. umented on 03/20/19 at			·	
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Division	of Health Service R	equiation				FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION		(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			COMP	LETED
	. · ·	HAL060125	B. WING			03/2	21/2019
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE			
	C AT SHARON AMIT	v 4025 N S	HARON AMIT	Y DRIVE			
		CHARLO	TTE, NC 282	05			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PL	AN OF CORRECTIO	DN	(X5) COMPLETE
PRÉFIX TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCE	VE ACTION SHOUL ED TO THE APPROF		DATE
				DEF	ICIENCY)		
D 367	Continued From pa	age 54	D 367				
	Observation of Res	sident #8's glucometer					
	revealed:	sidem no e grademente					
		as housed in a plastic					
		/ith Resident #8's name.	1 1				
		as not labeled, nor set to the					
	correct date or time	s. gs on the glucometer were as					
	follows:	gs on the glucometer were as					
		ng on 04/28 at 7:46pm was					
	172 mg/dl.						
		ng on 04/28 at 10:51pm was					
	150 mg/dl.	ng on 04/29 at 9:38am was					
	108 mg/dl.	ng on 04/28 at 8.56am was					
		ng on 04/29 at 2:40pm was					
	241 mg/dl.						
		ng on 04/29 at 7:38pm was					
	220 mg/dl.	ng on 04/30 at 2:43pm was					
	135 mg/dl.	ng on 04/30 at 2:43pm was					
		ng on 05/01 at 9:09am was					
	171 mg/dl.	-					
		ng on 05/01 at 2:32pm was				•	
	264 mg/dl.	ng on 05/01 at 7:10pm was					
	468 mg/dl.	ng on ooron at r. rophi was					
		ng on 05/01 at 9:32pm was					
	178 mg/di.						
		ng on 05/02 at 9:37am was 82					
	mg/dl.	an on OF/00 at 0.28mm was					
	347 mg/dl.	ng on 05/02 at 2:36pm was					
		ng on 05/03 at 9:46am was					
	158 mg/dl.						
		ng on 05/03 at 2:37pm was					
	273 mg/dl,						
	Based on observeti	ons, interviews and record					
ĺ		mined Resident #8 was not					
	interviewable.	···· - ····· - ····					
Jivision of He	ealth Service Regulation	······································	·				L

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Division	of Health Service Re	egulation			1 01 00	
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	ECONSTRUCTION		E SURVEY PLETED
	<u></u>	HAL060125	B, WING	- 	03/	21/2019
NAMEOFI	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Ŷ	HARON AMIT			
(X4) ID PREFIX TAG	(EACH.DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	Iould be	(X5) COMPLETE DATE
D 367	Continued From pa	ige 55	D 367			
	10:09am revealed: -The MAs were res- correct FSBS readi- The physicians rel- prescribe proper do- -The internet conner- places, but the MAs- writing the blood sui- the glucometer me- -The third shift MAs- the glucometers were- correct date and tim- -There was no pro- eMARs and compa- history. Interview with the fi- 2:05pm revealed: -She checked the F- hall assigned to her- She always docum- immediately on the - She did not know were to or- glucometers weekled. -There was no doci- indicating the gluco- facility policy. -The third shift MA- and cleaning the gluco- facility policy. -The third shift MA- - - - - - - - - - - - - -	ied on accurate readings to bages of insulin. ection was poor in some is know this and should be igar reading down or checking mory. a were to clean and calibrate backly, as well as check the ne. cess in place to review the are them to the glucometer rest shift MA on 03/21/19 at FSBS for 2 residents on the r. mented the blood sugar eMAR. why the the glucometer abetic residents did not eMAR documentation. clear the readings on the y. umentation that was required meters had been cleared, per was responsible for calibrating ucometers weekly, and setting				
		ating a fingerstick blood sugar.	ļ			
Division of H	ealth Service Regulation		· · · · · · · · · · · · · · · · · · ·			

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	of Health Service R		Margin_1			APPROVE	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ECONSTRUCTION		E SURVEY PLETED	
	HAL060125		B. WING	B. WING		03/21/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE			
	CAT SHARON AMIT	v 4025 N S	HARON AMIT	Y DRIVE			
		CHARLO	DTTE, NC 2820	05			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) Complete Date	
D 367	Continued From pa	age 56	D 367				
	-There may have b interrupted by anoth needing assistance have documented i -She knew there wa glucometer, but she	een a time when she was her memory care resident or a fall and she may not immediately. as a memory function to the					
	revealed: -The MAs checked rooms and if they d they were "going of -MAs also stationed may have to travel -If they were not wr probably would forg -She was interrupte FSBS today and for returned to her cart	d their cart in one place and farther away to perform FSBS iting down the FSBS they get. ed after taking an 11:30am rgot the number when she			· · · ·		
	3:05pm revealed: -She cleaned the gl calibrated them, -She also checked -She documented v -She last completed -The MAs cleared the weekly. -She did not know v not accurate on the -She did not know v consistent with the allowed and -She did not take and	when she completed this task. If the task on 03/13/19, the glucometers of readings why the dates and times were glucometers, why the readings were not eMARs, my FSBS on her shift.					
inton of Us		meter log in the medication ast documented cleaning and					

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Division	of Health Service Re	agulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
······		HAL060125	B. WING		03/2	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	STATE, ZIP CODE		
		IARON AMIT TE, NC 282				
(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 pa	ige 57	D 367			
	catibrating of the glucometers was signed by the MA on 03/13/19.					
	revealed:	1CM on 03/21/19 at 3:15pm				
	weekly.	clear the glucometer readings was to clean the glucometers,				
	calibrate and set th -She did not know t	e date and time correctly. why the glucometer readings		· ·		, - — –
	-She thought the M	h the eMAR documentation. As were not recording the ediately and were trying to				
	remember when the	evidently and were trying to evident to the cart. It should be in close proximity				
		ernet connection was weak				
	the signal was stror	carts had to be kept where ng. rite down the numbers if they				
	had to leave their c resident's room.	art at a distance from the				
	which the MAs have	also have a memory function e been trained to use. cess in place to review the				
		re them to the glucometer				
	5. Review of Reside 01/22/19 revealed:	ent #5's current FL2 dated				
	-There was an orde	d depression and dementia. er for lorazepam 0.5mg (used				
		let three times per day. ital discharge summary dated				
	01/22/19 revealed:	nmary was electronically				
	signed by the atten -Resident #5 was h	ding physician.				
Division of H	ealth Service Regulation	-	<u> </u>	۱	•·	,         ,         ,         ,

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Division	Division of Health Service Regulation						
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY		
			A. BUILDING		COMPLETED		
		HAL060125	B, WING		00/01/0010		
			L		03/21/2019		
i	PROVIDER OR SUPPLIER	4005 N 01		STATE, ZIP CODE			
THE PAP	RC AT SHARON AMIT	Y Contraction of the second	HARON AMI ITE, NC 28:				
(X4) ID		TEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTI	ON (X5)		
PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO			
		· · · · · · · · · · · · · · · · · · ·		DEFICIENCY)			
D 367	Continued From pa	ge 58	D 367				
		for atrial fibrillation, shortness					
		ssure, and hypertension.					
	- there was an orde three times daily.	er for lorazepam 0.5mg tablets					
		ture of the primary care					
	provider (PCP) on a	summary dated 01/29/19.					
	Review of the Janu	ary 2019 electronic Medication		· · · · · ·			
	Administration Reco	ord (eMAR) revealed:		-			
	-An entry for loraze	pam 0.5mg 3 times daily at					
	7:00am, 12:00pm, a for sedation,	and 5:00pm for anxiety, hold					
		mg was not administered 21					
	out 81 opportunities	from 01/01/19-01/31/19 with					
	"discontinued" and ' -Resident #1 was no	"hold"listed as reasons.					
		fue to hospitalization.			-		
		-					
		uent physician's order dated an order for lorazepam 0,5mg					
	three times daily.	an order for forazepant 0,5mg					
	·						
		uary 2019 eMAR revealed: pam 0.5mg 3 times daily at					
		and 5:00pm for anxiety, hold					
	for sedation.						
		mg was not administered 53					
	with "discontinued"	ies from 02/01/19-02/28/19 and "hold"listed as reasons.					
		ication available for Resident					
		1:20am revealed there were graphed there were					
	administration.			·			
	Review of Posident	#5's record revealed there					
	was no order to disc						
	lorazepam.						
	Interview with a first	shift medication aide (MA) on					
Division of He	alth Service Regulation	shin medication aide (MA) on					

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Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060125	B. WING		03/2	1/2019
NAME OF I	PROVIDER OR SUPPLIER		• • •	TATE, ZIP CODE		
THE PAF	C AT SHARON AMIT	Ý	IARON AMIT TE, NC 282			-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL \$C IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	when she worked. -She thought Resid discontinued when in January 2019. -She was told durin that the lorazepam -She documented t "discontinued" and times from 01/24/19 Interview with the M on 03/21/19 at 2:34 -She knew Resider 0.5mg three times of -The hospital did no to allow the pharma -She could not find the lorazepam 0.5m 01/24/19-02/18/19. -The MAs should no "discontinue" on the -She reviewed a "re compliance" report medications. -She had not notice discontinue on the lorazepam. Interview with the p 03/21/19 at 5:59pm -She ordered loraze for anxiety. -Resident #5 was h and thought she pu she saw her but sh- -She did not discon	n revealed: medications to Resident #5 ent #5's lorazepam was she returned from the hospital g shift change by another MA was discontinued. hat the medication was "awaiting" on the eMAR six 7 9-2/18/19. Memory Care Manager (MCM) pm revealed: at #5 was ordered lorazepam daily. of give a hard copy prescription acy to fill the lorazepam. a discontinue or hold order for ng three times daily for of have documented e eMAR. esident administration every Monday for missed ad the MAs were documenting MAR for Resident #5's	D 367			
Division of H	three times daily. ealth Service Regulation	an and any the second second			<u> </u>	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER;		1	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED		
•		HAL060125	B, WING		03/;	21/2019
	PROVIDER OR SUPPLIER	Y 4025 N S	DRESS, CITY, S HARON AMIT TTE, NC 2820	YDRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION}	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X6) COMPLETE DATE
D 367	12:58pm revealed: -She thought the lo Resident #5 until s appointment. -She thought the lo hard script was wri order to hold the lo -The MAs should r "discontinue" for R because the medic -There was no pro- accurate documen -She would expect if a medication not	Administrator on 03/21/19 at prazepam was on hold for the completed a follow-up prazepam was on hold until the tten, but could not find an razepam for Resident #5. ot have documented esident #5's lorazepam ation was not discontinued. cess to review the eMARs for tation, "only for refusals". the MAs to let her or the MCM administered for several days	D 367	· · · · · · · ·		
D 371	10A NCAC 13F .10 Administration 10A NCAC 13F .10 (n) The facility sha administered in acc measures that help and transmission o cross-contaminatio	earing on the eMAR. 04(n) Medication 04 Medication Administration 11 assure that medications are cordance with infection control to prevent the development f disease or infection, prevent n and provide a safe and nt for staff and residents.	D 371			
	reviews, the facility infection control me residents observed pass related to a m administering an ex her hands before a	et as evidenced by: lons, interviews, and record failed to assure proper easures were used for 2 of 8 during a morning medication edication aide (MA) kelon patch with out sanitizing pplication of the patch and not en applying the patch				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A, BUILDING;			(X3) DATE SURVEY COMPLETED	
		HAL060125	B, WING		03/:	21/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
THE PAF	C AT SHARON AMIT	v	HARON AMIT <sup>®</sup> FTE, NC 2820				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	HEAPPROPRIATE	(X5) COMPLE DATE	
D 371	Continued From p	age 61	D 371	and the second			
	before a finger stic	not sanitizing her hands k blood sugar (FSBS) check ation (Resident #3).					
	The findings are:						
	10/19/18 revealed - Diagnoses includ	ed Alzheimer dementia,					
	dehydration. -There was an ord	act infections (UTI) and er for fingerstick blood sugar mes a day before meals.					
	03/19/19 at 11:45a -The medication ai to the medication r	sident #3's medication pass on m revealed: de (MA) directed Resident #3 oom to administer the FSBS					
	check. -The MA applied gl sanitizing her hand -The MA performe						
	-The MA administe	the prescribed insulin. the gloves and disposed in the	:				
		ash or sanitize her hands ng medications to the next				•	
	revealed:	MA on on 03/19/19 at 12:07 low she had not sanitized her					
	hands after the adı Resident #3,	ninistration of insulin to s supposed to sanitize her					
	hands after each r -She knew she wa	asident's administration. s supposed to wash her hands					
	being administered	er after "several" residents I medications. nay have been nervous and					

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Division	of Health Service Re	egulation			FURM	APPROVED	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		03/2	1/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, I	STATE, ZIP CODE			
			HARON AMI				
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6) Complete Date	
D 371	Continued From pa	gə 62	D 371				
	forgot to sanitize he	r hands this time.					
	2:51pm revealed: -The facility staff ha control procedures, -Training in infection completed yearly. -The MAs should sa resident's medication handwash with soap resident's medication Interview with the M on 03/20/19 at 3:53 -The MAs had been control policies whe -The MAs had been hands after each re administration, and water after every thi administration.	emory Care Manager (MCM) om revealed: instructed to follow infection n performing FSBS checks. instructed to sanitize their			·		
	revealed: -Diagnoses included hypertension and co -There was a physic 9.5mg, (used to treat	ent #9's FL2 dated 05/18/18 d Alzheimer dementia bronary atherosclerosis. cian order for an exelon patch at mild and moderate urs, apply one patch daily and		· ·			
	Review of the Marci administration recor	n 2019 electronic medication d revealed an entry for an #/24 hours, to be administered					
Division of H	Observation of Resi ealth Service Regulation	dent #9's medication pass on					
DIVISION OF FIG STATE FORM		e	:89D 40	(20311	If continuatio	n sheet 63 of 66	

STATE FORM

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Division	of Health Service Re	agulation			7 91 447	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		03/2	1/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS. CITY.	STATE, ZIP CODE	<u> </u>	
	C AT SHARON AMIT	4025 N S	HARON AMI	•		
		CHARLO	TTE, NC 282			
(X4) ID PREFiX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(D PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) Complete Date
D 371	Continued From pa	ge 63	D 371			
	packaging from the patch with the date. -The MA did not ap hands before the ac patch. -The MA did not ap	e (MA) removed the exelon patch and labeled the				
	#9	er hands in the resident's sink				
	revealed: -She knew she sho administering pain p -She had gloves on -She usually wore g the residents-"some gets very busy and	ned on the infection control				
	8:25 revealed glove	medication cart on 03/20/19 at and hand sanitizer were to wear for medication				
	on 03/20/19 at 3:53 -The MAs have been control policies in the medications. -The MAs have been when administering medications, eyedro- held inhalers. -The MAs should an	femory Care Manager (MCM) pm revealed: an instructed to follow infection te administration of pain patches, topical ops, nasal sprays and hand dminister medications and esident's room or the				
	ealth Service Regulation					<u> </u>
STATE FOR	. N		6699	K20311	if continuatio	n sheet 64 of 66

STATE FORM

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if continuation sheet 64 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING	1. 104-5-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	03/	21/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, J	STATE, ZIP CODE		
THE PAF	RC AT SHARON AMIT	Y	HARON AMI TTE, NC 28:			
(X4) ID Prefix Tag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
D 371	medication room. -Hand sanitizing sl after administering -After the third mean wash her hands with -She did not know facility's infection of Interview with the A 2:51pm revealed: -The facility staff his control procedures -Training in infection completed yearly. -The medication ail to administer trans Review of the facility Policy and Procedures	nould be performed before and medications for 3 residents. dication pass, the MA should ith soap and water, the MAs were not following the control procedures. Administrator on 03/20/19 at ad received training in infection to control procedures was des (MA) should wear gloves dermal patches, ity's Medication Administration ure revealed the facility staff will tions in accordance with		All Med Techs will complete Infe training by 4/21/19 provided by 1		4/21/19
D912	G.S. 131D-21(2) D G.S. 131D-21 Dec Every resident sha 2. To receive care adequate, appropri relevant federal an regulations.	eclaration of Residents' Rights laration of Residents' Rights laration of Residents' Rights and services which are late, and in compliance with d state laws and rules and et as evidenced by: ions, record reviews, and lity failed to assure every	D912	Resident Rights inservice h scheduled with ombudsmar Resident Rights inservice scheduled to be completed with LHPS nurse.	1 on 5/7/19 has been	4/21/1

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Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		HAL060125	B. WING		03/21/2019			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
THE PAR	CAT SHARON AMIT	v	ARON AMIT					
(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 CO CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
D912	Continued From pa	ge 65	D912					
	resident had the rig services which are compliance with rul to medication admi Based on observati reviews, the facility notification for 2 of (Residents#3 and # scheduled novolog insulin, and levemir for control of blood blood sugar (FSBS gabapentin, a medi and clopidogrel a b the risk of heart dis regarding an order	ht to receive care and adequate, appropriate, and in es and regulations as related nistration. ons, interviews and record failed to assure physician 5 sampled residents (5) as related to refusals of a injection, a fong acting sugar, scheduled fingerstick ) readings, refusals of cation for diabetic neuropathy, lood thinner used to reduce ease, (Resident #3) and for lorazepam (Resident #5). 10A NCAC 13F .0902(b)	D912					
	ealth Service Regulation							