DIVISION	n nealth Service Regu	iiation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			-		_	
			D MINO		F	
		HAL060125	B. WING		06/1	3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE ZIP CODE		
TO UNIC OT TH	TO VIDER OR OUT FIER		, ,	,		
THE PARC	AT SHARON AMITY		HARON AMITY			
		CHARLO	TTE, NC 28205			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR I	ESC IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	MAIL	5,2
{D 000}	Initial Comments		{D 000}			
, ,			' '			
	The Adult Care Licen	sure Section and the				
	Mecklenburg County					
	Services conducted a					
	06/11/19-06/13/19.	a lollow-up survey				
	00/11/19-00/13/19.					
D 352	10A NCAC 13F .1003	B(a) Medication Labels	D 352			
	10A NCAC 13F .1003					
	(a) Prescription leger	nd medications shall have a				
	legible label with the	following information:				
	(1) the name of the re	esident for whom the				
	medication is prescrib					
	(2) the most recent da					
	(3) the name of the p					
	(4) the name and con					
	` '	dispensed, and prescription				
	serial number;	aloportoca, aria precentiani				
	•	stated and not abbreviated;				
	` '					
		neric equivalency shall be				
	indicated if a brand of					
	prescribed is dispens					
		e, unless dispensed in a				
	•	se package that already has				
	an expiration date;					
	(8) auxiliary statemen	nts as required of the				
	medication;					
		s, telephone number of the				
	dispensing pharmacy					
	(10) the name or initia	als of the dispensing				
	pharmacist.					
	This Rule is not met	as evidenced by:				
		ns, interviews, and record				
		ailed to ensure 2 medication				
	-	labeled for 1 of 6 residents				
		ed during the morning				
		16/11/19 and 06/12/19.				
	modication page on o	10 and 00/12/10.				
	The findings are:					
			1	İ		1 !

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

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7 t. BOILBING.		R
		HAL060125	B. WING		06/13/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
THE PARC	C AT SHARON AMITY		ARON AMITY I	DRIVE	
		CHARLOT	TE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPER DEFICIENCY)	BE COMPLETE
D 352	Continued From page	e 1	D 352		
	revealed diagnoses ir vascular dementia, at and agitation.	#2's FL2 dated 05/23/19 ncluded Alzheimer's disease, pnormal gait, restlessness			
	a. Review of Resident #2's current FL2 dated 05/23/19 revealed: -There was an order for quetiapine 100mg, (used to treat mental/mood conditions), one tablet every eveningThere was an order for quetiapine 50 mg, one tablet in the morning and afternoon.				
	-	ent order dated 05/29/19 quetiapine 50mg one tablet			
	-There was a medical	ration on 06/11/19 at			
	-Resident #1's name "quetiapine 100mg"There was additional medication bottle in S	I information on the Spanish.			
	from the resident's me -The MA halved the q splitter.	e quetiapine 100mg tablet edication bottle. uetiapine tablet with the pill y the directions on the			
	medication label with entry before administ	the directions on the eMAR ering the quetiapine.			
		2's May 2019 electronic ation record (eMAR) from			

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 2 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· · ·		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		R 06/13/2019		
	ROVIDER OR SUPPLIER	4025 N S	DDRESS, CITY, STAHARON AMITY I	•			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE		
D 352	05/24/19 through 05/3 -There was an entry ft tablet to be administered at 8:00a 05/31/19.  Review of Resident # 06/01/19-06/12/19 resident in the morning 8:00amThere was an entry ft tablet in the morning 8:00amThere was documen administered at 8:00a 06/12/19.  Observation of medical administration for Resident #1's name "quetiapine 100mg"There was additional medication bottle in Section 2-There were no Englishing the section of the section of the section bottle.  Refer to interview with 9:59am.  Refer to interview with Care (DRC) on 06/11	31/19 revealed: or quetiapine 50mg one red at 8:00am. s documented as am from 05/24/19 through  2's June 2019 eMAR from vealed: or quetiapine 50mg one to be administered at  tation quetiapine 50mg was am from 06/01/19 through  ations available for sident #2 on 06/11/19 at  tion bottle from a third-party puter generated label  was on the label with  I information on the epanish. sh directions on the bottle. en dispensed on 06/02/19. e tablets remaining in the  In the MA on 06/11/19 at  In the Director of Resident	D 352				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 3 of 60

DIVISION	n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
						,
		HALOCO425	B. WING		R	
		HAL060125			06/1	3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		4025 N S	HARON AMITY I	DRIVE		
THE PARC	AT SHARON AMITY		TTE, NC 28205			
24.0.15	CLIMMADV CT			DDOV/DED'S DI ANI OF CORDECTI	ON	2/5
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	,	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
D 352	Continued From page	. 2	D 352			
D 332	Continued From page	: 3	D 332			
	b. Review of Residen	t #2's FL2 dated 05/23/19				
	revealed there was ar	n order for valproic acid				
	240mg tablet, take tw	rice a day before meals.				
	Observation of Reside	ent #2's medications				
	available for administ	ration on 06/11/19 at				
	9:45am revealed:					
	-The MA prepared five	e medications for				
	administration to Resi	ident #2.				
	-The MA removed one	e valproic acid tablet 250mg				
	(used for the treatmer	nt of manic episodes related				
	to bipolar disorders) f	rom the resident's				
	medication bottle disp	pensed by a third-party				
	pharmacy.	. ,				
	-There was additional	I information on the				
	medication bottle in S	Spanish.				
	-There were no Englis	sh directions on the label as				
	to dispense the medic					
	•	d 4 whole tablets and one				
	half tablet to Resident	t #2.				
	-The MA did not verify	y the directions on the				
	-	the directions on the eMAR				
	entry before administe	ering the valporic acid.				
	•					
	Review of Resident #	2's May 2019 eMAR from				
	05/23/19 through 05/3	=				
		or valproic acid 250mg to be				
	administered daily at					
		tation valproic acid was				
		aily at 8:00am and 8:00pm				
	from 05/23/19 through	•				
	3.3					
	Review of Resident #	2's June 2019 eMAR from				
	06/01/19 through 06/1					
	_	or valproic acid 250mg to be				
	administered daily at					
	-	tation valproic acid was				
		ally at 8:00am and 8:00pm				
	from 06/01/19 through					

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 4 of 60

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLI	
			7 50.12510.		R	)
		HAL060125	B. WING		1	3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE DAD(	C AT SHARON AMITY	4025 N SH	ARON AMITY [	DRIVE		
THE PARC	AT SHARON AWITT	CHARLOT	TE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 352	Continued From page	e 4	D 352			
	Observation of Reside available for administ 9:48am revealed: -There was a medical pharmacy with a comaffixed to the bottleResident #1's name "valproic acid 250mg" -There was additional medication bottle in Same in the company of the company o	ent #2's medications tration on 06/11/19 at tion bottle from a third-party sputer generated label was on the label with ". I information on the				
	Refer to interview with Care (DRC) on 06/11.	h the Director of Resident /19 at 2:45pm.				
	Refer to interview with 06/11/19 at 3:30pm.	h the Administrator on				
		a copy of the cart audits for 2019 was not provided.				
	revealed: -Resident #2 was adr weeks agoThere was a languag and additionally he ha -There was a languag -He was admitted with local pharmacy. -The directions were	mitted to the facility a few ge barrier with Resident #2 ad advanced dementia. ge barrier with the family. h some medications from a in Spanish. panish and there was not a				

Division of Health Service Regulation

-She administered medications as they were

STATE FORM 6899 K20312 If continuation sheet 5 of 60

DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
						•
		1141 000405	B. WING		R	
		HAL060125			06/1	3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		4025 N SH	ARON AMITY I	DRIVE		
THE PARC	AT SHARON AMITY		TE, NC 28205			
	CLIMMA DV CT		1	DDOV/DEDIC DLANLOE CODDECTION		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		l
D 352	Continued From page		D 352			
D 332	Continued From page	: 5	D 332			
	written on the eMAR.					
	-She had not verified	the orders on the eMAR				
	with the physician ord	lers.				
	-She knew best pract	ice was to verify the				
	direction on the medic	cation label with the				
	directions on the eMA	AR entry.				
	Interview with the Dire	ector of Resident Care				
	(DRC) on 06/11/19 at	2:45pm revealed:				
	-She had been rando	mly auditing the charts for				
	accuracy of orders du	e to problems with the				
	facility's eMAR softwa	are and the pharmacy.				
	-The MAs were taske	d with performing cart audits				
	on 6 residents per shi	ft Monday through				
	Wednesday.					
		the completed cart audit				1
	forms to the DRC for					
		ed verifying the medication				1
		es on the eMAR and the				1
	physician orders were					1
	-Resident #2's cart au					
	completed by the MA					1
	•	e medications from a third				1
		ot have directions in English.				
	-The MAs should hav					
	attention.					
		osed to read the information				
		npare the medication name,				
		is from the medication label				
	•	rior to administering the				
	medication.	nor to darininstering the				
	-She was responsible	for reviewing the				
	medication orders.	Torrewing the				
	-The MAs should clar	ify any guestions or				
	-	en the order entry and the				,
	medication label prior	to autilitistering				
	medications.	iah translatora an staff				
	- mere were no Span	ish translators on staff.				,

Division of Health Service Regulation

Interview with the Administrator on 06/11/19 at

STATE FORM 6899 K20312 If continuation sheet 6 of 60

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			,
		HAL060125	B. WING	<del></del>	06/1	3/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE PARC	C AT SHARON AMITY		ARON AMITY	DRIVE		
	OLUMBA DV OT		TE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 352	Continued From page	: 6	D 352			
{D 358}	the clinical aspects of -She did not know wh medications when he -The medication bottle appropriate instruction labelThe MAs should be con the eMAR with the medication packaging administering all med -The MAs should have label on the medication.	o checked Resident #2's was admitted to the facility. es should have the ns for administration on the comparing the order entries directions on the as best practice before ications. e informed the DRC the on bottle was in Spanish. ish speaking staff members	{D 358}			
	(a) An adult care hon preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained	Medication Administration me shall assure that the nistration of medications, prescription, and treatments ance with: led prescribing practitioner in the resident's record; and on and the facility's policies				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 7 of 60

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURV COMPLETEI	
			A. BUILDING: _			
		HAL060125	B. WING		R <b>06/13/2</b>	2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE PAR	C AT SHARON AMITY		ARON AMITY I	DRIVE		
	OUR MARK OT		TE, NC 28205		.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE C	(X5) COMPLETE DATE
{D 358}	Continued From page	e 7	{D 358}			
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
		ns, interviews, and record				
	-	illed to assure medications ordered for 2 of 7 residents				
	(Residents #5 and #6 8:00am medication page 1)	observed during the				
	06/12/19 regarding a	medication to treat high				
	•	dent #5), and a transdermal ementia (Resident #6), and 4				
	of 5 residents sample	ed including errors in				
	after meals, leg pain	control elevated blood sugar and symptoms of				
	gastroesophageal ref (Resident #1), a medi					
	inflammation, GERD,	mood conditions and				
	agitation (Resident #2 depression (Resident	2), a medication for :#5) and a medication for				
	heartburn (Resident #					
	The findings are:					
		rate was 13.8% (percent) as				
		ervation of 4 errors out of 29 he 9:20am medication pass				
		3:15am medication pass on				
	Review of Residen revealed:	t #6's FL2 dated 10/23/18				
	-Diagnoses included					
	-There was an order to patch 9.5mg every 24	for an exelon transdermal hours(hr).				
	Observation of the mo					
	administration pass o revealed:	n 06/11/19 at 9:45am				
	-The medication aide	(MA) prepared eight d one transdermal patch for				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 8 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL060125	B. WING		R 06/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE PAR	C AT SHARON AMITY		HARON AMITY [ FTE, NC 28205	DRIVE	
(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	ULD BE COMPLETE
(D.050)	0 " 15		(D.050)	DEFICIENCY)	
{D 358}	ounces of water, applexelon 9.5mg/24hr tra-The MA removed the resident's mid back to applied the new exelothe left of the spine.  -The previous patch with the MAs gloves a Observation of Residavailable for administ 10:10am revealed a box transdermal patches thirty patches dispension patches remaining in Review of Resident # 05/01/19 through 05/3-There was an entry for transdermal patch, removed the sites, to be administered 26 of 31 05/01/19 through 05/3-The reason documer was administered on -There was no documer was administered on administered at another through 05/31/19.	ident #6. d the eight tablets with four lied gloves and dated the ansdermal patch. e previous patch from the other ight of the spine and on patch to the mid back to was disposed in the trash and water cup.  ent #6's medications ration on 06/11/19 at box of exelon 9.5mg/24 hr to be administered daily, sed on 04/23/19 with fifteen the box.  6's May 2019 eMAR from 31/19 revealed: for an exelon 9.5mg/24hr move the old patch and ministered daily at 1:00am. Its documented as not a opportunities, from 31/19. Inted was the exelon patch first shift.  The entation on the eMAR the ministered on first shift.  6's record revealed there in the exelon patch was the retime from 05/01/19  6's June 2019 eMAR from	{D 358}		
	-There was an entry f	for an exelon 9.5mg/24hr move the old patch and			

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 9 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		_
		HAL060125	B. WING		R 06/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		4025 N SHA	ARON AMITY I	DRIVE	
THE PAR	C AT SHARON AMITY		TE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	9	{D 358}		
{D 358}	rotate sites, schedule 1:00am.  -The exelon transderr as not administered athrough 06/05/19.  -The documented reathe exelon patch at 1:0 order times".  -The exelon patch was administered daily at through 06/11/19.  Interview with the me 06/11/19 at 10:25am.  -She did not know who patches in the box disuble of the washe worked. She administered the worked of the wo	and patch was documented at 1:00am from 06/01/19  Ison for not administering 00am was " due to incorrect as documented as 8:00am from 06/06/19  dication aide (MA) on revealed: by there were 15 exelon spensed on 04/23/19. It exelon patch to Resident the medication cart. In patch was to be a ter removing the old patch.  With a pharmacist at the marmacy on 06/12/19 at a an active order for shysician's order for the ed 07/27/18 with 11 refills. Inistory for the exelon of 30, were 4/23/19, and 11/25/18. Indeed physician's order with 11 8/19. Indeed the exelon patch had been ity since 04/23/19. Indeed the exelon p	{D 358}		
	the exelon patches w				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 10 of 60

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
					R	
		HAL060125	B. WING		1	/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
THE PARC	C AT SHARON AMITY		HARON AMITY	DRIVE		
040.15	STIMMADA ST.	ATEMENT OF DEFICIENCIES	OTTE, NC 28205	PROVIDER'S PLAN OF CORRECTION	N	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 10	{D 358}			
(E 000)	at the pharmacy was indicated on the phys-The facility staff was the administration tim administration schedu-The pharmacy medic did not interface with The pharmacy could documentation by the Interview with the Dire (DRC) and the Admin 12:30pm revealed: She was responsible for correct times and She relied on the MA her attention. She entered orders of faxed a copy to the plantaneous defaut 1:00am. She did not know the keyed in at 1:00am described and the when the MAs did the Based on observation determined Resident Attempted telephone MA on 06/13/19 at 1:10.10.11.	1:00am unless otherwise ician's order. responsible for changing e based on their medication ale. cation profile for residents the facilities eMAR. not view the administration facility staff. ector of Resident Care istrator on 06/12/19 at for reviewing the eMARs medication orders. As to bring eMAR errors to conto the eMAR after the MA charmacy. It time for an order was exelon patch orders were aily. MAS were not lon patch to Resident #6. by this was not discovered	[5 550]			
	a. Review of Residen	t #5's FL2 dated 10/19/18				

Division of Health Service Regulation

revealed there was an order for lisinopril 10mg

STATE FORM 6899 K20312 If continuation sheet 11 of 60

	IDENTIFICATION NUMBER:	A BUILDING:		COMPLETED	Y
		7 BOILDING.		R	
	HAL060125	B. WING		06/13/20 <sup>-</sup>	19
NAME OF PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
THE PARC AT SHARON AMITY		ARON AMITY	DRIVE		
		TE, NC 28205		.	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE CO	(X5) MPLETE DATE
{D 358} Continued From page	e 11	{D 358}			
every day.					
at 8:20am revealed: -There were seven m multidose packageThe medication aide medications into a me Resident #5The lisinopril tablet fe -The MA disposed of -She recorded the me falling on the floorThe remaining 6 med to Resident #5The MA did not remo from a new multidosin Resident #5.  Review of Resident #	edicine cup to administer to ell to the floor.				
06/01/19 through 06/ -There was an entry f be administered daily through 06/12/19. -There was documen	• •				
of medications contai -There were no indivi 10mg on the medicat	ration on 06/12/19 at ditional multidose packages ining lisinopril 10mg. dual blister packs of lisinopril				

Division of Health Service Regulation

-The correct procedure when a medication was

STATE FORM 6899 K20312 If continuation sheet 12 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			B. WING		R
		HAL060125	B. WIIVO		06/13/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
THE PAR	C AT SHARON AMITY		ARON AMITY I	DRIVE	
	I		TE, NC 28205		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 12	{D 358}		
	dispose of the medica "Wasted".  -She did not rememb processShe did not have any pack lisinopril tablets -She could not waste for one lisinopril table -She did not report th  Interview with the Dire (DRC) on 06/12/19 at -The MAs should ope medication to retrieve -They should call the have opened an addi medication and reque a new multidose pack-She had instructed the process.  -"It was not acceptable."	the other six medications it. is to her supervisor.  ector of Resident Care t 2:15pm revealed: in the multidose package of a dropped medication. pharmacy in the event they tional multidose package of est the pharmacy staff send kage.			
	facility's contracted pl 11:05am revealed: -Medications were se cycle fill in multidose -Insurance covered the medications for the 20 -If the facility had need before the fill date, a	ne cost for these			
	medication required used to the following to the following to the additional medical m				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 13 of 60

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		_	
		HAL060125	B. WING		06/1	R  3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	,	
			ARON AMITY I			
THE PARC	C AT SHARON AMITY	CHARLOT	TE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	± 13	{D 358}			
	facility.					
	2:30pm revealed: -The DRC was the sure of the DRC provided the regarding policies and administrationThe DRC coordinate to the process for refibeen wastedShe did not know the blood pressure medicate to the floor.  3. Review of Residen revealed diagnoses in and pancreatitis.  a. Review of Residen	the direction to the MAs diprocedures of medication and with the pharmacy staff as alling medications that have a MA had not administered a cation because it had fallen at #1's FL2 dated 08/07/18 included Alzheimer dementia at #1's FL2 dated 08/07/18 in order for omeprazole 20				
	04/11/19 revealed:	ent physician's order dated to discontinue omeprazole				
	20mg dailyThere was an order t 20mg twice a day at 8	to administer omeprazole 8:00am and 8:00pm for the sophageal reflux disease				
	medication administra 04/01/19 through 04/3 -There was an entry f to be administered at -There was document	for omeprazole 20mg daily,				

Division of Health Service Regulation

04/30/19.

STATE FORM 6899 K20312 If continuation sheet 14 of 60

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _	A. BUILDING:		
HAL060125		B. WING		R <b>06/13/2019</b>		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
THE DAD	NAT CHADON AMITY	4025 N S	HARON AMITY [	DRIVE		
THE PARC	C AT SHARON AMITY	CHARLO	TTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETI	Ξ
{D 358}	Continued From page	e 14	{D 358}			
	-There was no entry f administered daily at through 04/30/19. -There was no entry f administered twice da Review of Resident # revealed: -There was an entry f to be administered at -There was documen administered once da through 05/31/19. -There was no entry f	for omeprazole to be 8:00pm from 04/11/19 for omeprazole 20mg to be aily. 6's May 2019 eMAR from for omeprazole 20mg daily,				
	administered twice da Review of Resident # 06/01/19 through 06/	6's June eMAR from 11/19 revealed: for omeprazole 20mg daily,				
	administered once da 06/11/19. -There was no entry f administered daily at through 06/11/19.	tation omeprazole was ally from 06/01/19 through for omeprazole 20mg to be 8:00pm from 06/01/19 for omeprazole 20mg to be ally.				
	orders to the pharmac give the order to the I (DRC).					

Division of Health Service Regulation

by the DRC.

STATE FORM 6899 K20312 If continuation sheet 15 of 60

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		R 06/13	3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STA	TE, ZIP CODE		
THE PARC	CAT SHARON AMITY		HARON AMITY I	DRIVE		
	OLUMBA DV OT		TTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 15	{D 358}			
	-She administered me on the eMAR to admi	edications as they appeared nister.				
	revealed:	C on 06/12/19 at 2:15pm				
		esident #1's omeprazole vice a day as of 04/11/19.				
		auditing the resident's				
	charts since she bega	an her position as DRC.				
	Interview with the Adr 2:30pm revealed:	ministrator on 06/13/19 at				
	-The DRC was the su					
	•	ne direction to the MAs d procedures of medication				
	administration.	d with the pharmacy staff as				
	regards order entry.	a with the pharmacy stan as				
		esident #6 had not been				
		ning dose of omeprazole the physician on 04/11/19.				
	-It was the responsibi	lity of the DRC to ensure				
	orders were entered	on the eMAR correctly.				
	b. Review of the phys	sician's order dated 03/20/19				
		a lidocaine patch to apply to				
	the right foot daily for	pain.				
		1's April 2019 electronic				
	medication administra 04/01/19 through 04/3	ation record (eMAR) from				
		for a lidocaine patch, apply				
		foot daily, remove the old				
	•	e administered at 8:00am. tation the lidocaine patch				
		ly at 8:00am, from 04/01/19				
	Review of Resident #	1's May 2019 eMAR from				

Division of Health Service Regulation

05/01/19 through 05/31/19 revealed:

STATE FORM 6899 K20312 If continuation sheet 16 of 60

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	A. BUILDING:		
		HAL060125	B. WING		R	3/2019
		HALUGU123			06/13	0/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
THE PAR	C AT SHARON AMITY		ARON AMITY [	DRIVE		
	ı	CHARLOT	TE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 16	{D 358}			
	one patch to the right patch, scheduled to b -There was document	for a lidocaine patch, apply foot daily, remove the old e administered at 8:00am. tation the lidocaine patch ly at 8:00am, from 05/01/19				
	06/01/19 through 06/ -There was an entry f one patch to the right patch. -There was document	#1's June 2019 eMAR from 11/19 revealed: or a lidocaine patch, apply foot daily, remove the old tation the lidocaine patch ly at 8:00am, from 06/01/19				
	Observation of Reside available for administ 11:25am revealed the patches on the medication room for a	ration on 06/12/19 at tre were no lidocaine ation cart or in the				
	revealed: -She did not know Re -She did not know he for his right foot painShe had not adminis Resident #1She had not seen an cart for Resident #1She had not reported an order entry on the and none had been d pharmacyShe did not call the p or determine why the dispensed.	pharmacy to clarify the order patches were not				
	-There were a lot of e	rrors with the eMARS and an error				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 17 of 60

STATEMEN <sup>*</sup>	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71. 501251110.	AL BOILBING.		
		HAL060125	B. WING		R <b>06/13/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
THE PAR	C AT SHARON AMITY		HARON AMITY I	DRIVE		
	Т		OTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	ΓΕ
{D 358}	Continued From page	÷ 17	{D 358}			
	facility's contracted pl 11:05am revealed: -The lidocaine patch, foot daily, remove the order for Resident #6 -The original signed p lidocaine patch was 0 -The lidocaine patche cycle fill medications -The facility staff were the lidocaine patches -There had never bee to dispense the lidoca #1The lidocaine patche never dispensed to the Interview with Reside 11:15am revealed: -He had pain in his rig -He could not sleep a painHe had informed the physicianHe had never been a right foot for pain.  Observation of Reside 06/13/19 at 11:15am lidocaine patch applie  Interview with the prir on 06/12/19 at 2:50pr -She was not informe pain.	chysician's order for the 3/20/19. Is were not sent with the every 28 days. It responsible for ordering when needed. It a request from the facility aine patches for Resident Its for Resident #1 were the facility. In the facility. In the facility are the facility aine patches for Resident It is for Resident #1 were the facility. In the facility. In the facility are facility. In the facility are facility are facility. In the facility are facility. In the facility are facility are facility. In the facility are facility are facility. In the facility are facility are facility are facility. In the facility are facility are facility are facility. In the facility are facility are facility are facility. In the facility are facility				

Division of Health Service Regulation

-She expected the staff to administer the

STATE FORM 6899 K20312 If continuation sheet 18 of 60

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING		l R		
		HAL060125	B. WING		1	3/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
THE PARC	C AT SHARON AMITY		ARON AMITY	DRIVE			
			TE, NC 28205				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
{D 358}	Continued From page	e 18	{D 358}				
	lidocaine patch as ord	dered.					
	Interview with the res 06/13/19 at 8:45am re-The facility had been #1's medications.  -The medications were facility at their pharmale-He had not brought in Resident #1.  -He did not know of a pain prescribed for Recommendate of Recommend	ponsible family member on revealed: In responsible for Resident The ordered through the facty. In any medications for The lidociane patch for foot resident #1.  It #1's FL2 dated 08/07/18 In order for sertraline 50mg This order dated 01/15/19 for folets daily (150mg).  It's subsequent physician's revealed: It discontinue all previous The lidocian order for sertraline 100mg					
		subsequent physician's order 04/23/19 for sertraline g at 8:00am.					
	04/01/19-04/30/19 re -There was an entry f tablets to be administ 04/01/19 through 04/3 -There was documen	or sertraline 50mg three ered daily at 8:00am, from 30/19. tation sertraline 150mg was 7 of 30 opportunities, from					

Division of Health Service Regulation

-There was an entry for sertraline 100mg two

STATE FORM 6899 K20312 If continuation sheet 19 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7.1.1.2.1.2.1.1.1		is a control of the c	A. BUILDING: _			
		HAL060125	B. WING		R 06/13/20	19
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE PAR	C AT SHARON AMITY		ARON AMITY I TE, NC 28205	DRIVE		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE CO	MPLETE DATE
{D 358}	Continued From page	e 19	{D 358}			
	04/10/19 through 04/3 -There was documen administered daily at opportunities, from 04	tation sertraline 200mg was				
	05/01/19-05/31/19 rev-There was an entry f tablets (200mg) to be 8:00am from 05/01/19-There was documen administered daily at through 05/31/19There was an entry f tablets (150mg) to be 8:00am, from 05/01/1	for sertraline 100mg two administered daily at 9 through 05/31/19. tation sertraline 200mg was 8:00am from 05/01/19  for sertraline 50mg three administered daily at 9 through 05/31/19. tation sertraline 150mg was				
	06/01/19-06/11/19 rev-There was an entry f tablets (200mg) to be 8:00am, from 06/01/1-There was documen administered daily at through 06/11/19There was an entry f tablets (150mg) to be 8:00am from 06/01/19There was documen administered daily at through 06/11/19.	for sertraline 100mg two administered daily at 9 through 06/11/19. tation sertraline 200mg was 8:00am from 06/01/19 for sertraline 50mg three administered daily at 9 through 06/11/19. tation sertraline 150mg was 8:00am from 06/01/19				
	Observation of Reside available for administ					

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 20 of 60

AND PLAN OF CORRECTION   IDENTIFICATION NUMBER:   A. BUILDING:	(X3) DATE SURVEY COMPLETED	
HAL060125 B. WING	R <b>06/13/2019</b>	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE	00/13/2013	
4025 N SHARON AMITY DRIVE		
THE PARC AT SHARON AMITY  CHARLOTTE, NC 28205		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTUAL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETE THE APPROPRIATE DATE	
{D 358} Continued From page 20 {D 358}		
3:20pm revealed: -Resident #1's medications were provided by the pharmacy in a multidose packageSertraline 100mg two tablets (200mg) every morning was in the multidose packageThere were no sertraline 50mg three tablets (150mg) on the medication aide (MA) on 06/12/19 at 3:30pm revealed: -The sertraline tablets were included in the multidosing package sent with the monthly cycle fill medicationsSince the multi dose packaging had been dispensed, she administered all the medications in the multi dose package to the residentsThere were no additional blister packets of sertraline tablets to administer to resident #1.  Interview with the DRC and Administrator on 06/12/19 at 1:40pm revealed: -She expected medication aides to administer medications as orderedNon-controlled medications could be discontinued from the eMAR system by the pharmacy or facility managementShe did not know there were several orders for sertraline on the eMAR for Resident #1She had been identifying chronic errors with the facility's eMAR systemShe had communicated problems with the eMAR system with the pharmacy and the facility's regional support team.  d. Review of Resident #1's physician's order dated 02/04/19 revealed there was an order for Novolog 100units/ml inject 4 units three times a day with meals, hold if the resident does not eat.		
Review of a subsequent order from the physician		

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 21 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
ANDILAN	or doring of the state of the s	IDEIVIII IOATION NOMBER.	A. BUILDING: _	A. BUILDING:		
		HAL060125	B. WING			R / <b>13/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE DAD	C AT SHARON AMITY	4025 N SH	HARON AMITY [	DRIVE		
THE PARC	ZAI SHARON AWII I	CHARLO <sup>*</sup>	TTE, NC 28205			
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 358}	Review of Resident # 04/01/19 through 04/3 -There was an entry finject 4 units with meathe resident does not administered at 8:00a -There was document administered 4 units of times a day administered 100 and 100 an	ntinued the Novolog ree times a day with meals.  1's April 2019 eMAR from 30/19 revealed: for Novolog 100units/ml als three times a day, hold if eat, scheduled to be im, 12:00pm and 5:00pm. Itation Resident #1 was of Novolog with meals three ered at 8:00am, 12:00pm 201/19 through 04/22/19. Inentation Resident #1was of 4 units with meals three in, 12:00pm and 5:00pm 4/30/19.  1's May 2019 eMAR from 29/19 revealed there was no revealed the revealed there was no revealed there was no revealed the revealed there was no revealed the revealed the revealed there was no revealed the revealed the revealed there was no revealed the revealed	{D 358}			
	06/12/19 at 10:00am -The pharmacy staff of Care (DRC) could ent the eMARThe pharmacy staff of					

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 22 of 60

Division	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					R	
		1141 000405	B WING	B. WING		
		HAL060125			06/13	3/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		4025 N SI	HARON AMITY I	DRIVE		
THE PARC	C AT SHARON AMITY		TTE, NC 28205			
24.5.1=	CLIMMADY CT		<u> </u>		ON	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
{D 358}	Continued From page	. 22	{D 358}			
(5 000)	Continued From page	5 ZZ	(5 000)			
	order to discontinue.					
	-The MAs could not e	nter or discontinue orders				
	on the eMAR					
	-She administered me	edications as the order				
	appeared on the eMA	R to administer.				
	-If there was no order	for insulin, she could not				
	administer it.					
	-She did not know the	e entry for the Novolog				
	insulin for Resident #	1 was dropped from the				
	eMAR before the disc	continue order was received				
	from the physician.					
	-"We have a lot of pro	blems with orders dropping				
	off the eMARs."					
	Interview with the DR	C on 06/12/19 at 12:30pm				
	revealed:					
	-She was responsible	for entering medication				
	orders on the eMAR s	system.				
	-She entered orders of	onto the eMAR after the MA				
	faxed a copy to the pl	narmacy.				
	-At times, there was a	a delay in when orders were				
	received because the	fax machine was in the				
	front of the building.					
	-MAs were supposed	to place orders in her box				
	after they faxed them	to the pharmacy.				
	-The staff did not follo	w the medication order				
	process as they have	been instructed.				
	-The MAs were assig	ned 3 residents per shift to				
	audit their medication	s on the medication cart.				
	-Medications on the c	art were to be reconciled				
	with the most current	physician's order summary.				
	-The MAs were also r	esponsible for ordering				
	medications when ne	eded and removing expired				
	medications from the	medication carts.				
		rder to discontinue Resident				
	•	when she received the order				
	in her box.					
		g physician orders "all over				
	the place."					

Division of Health Service Regulation

-There was no one assigned to review the

STATE FORM 6899 K20312 If continuation sheet 23 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING		R
		HAL060125	B. WING		06/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
THE PAR	C AT SHARON AMITY		ARON AMITY I TE, NC 28205	DRIVE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETE
{D 358}	-The facility had conta Resident #1's Novolo meals, due to his fing readingsShe reviewed Reside and discontinued the units before each mea- -She did not know Readministered Novolog 04/23/19 through 05/0- -She expected the fact as directed.  Interview with the Adr 2:30pm revealed: -She did not know Readministered Novolog meal from 04/23/19 the some medication or eMAR" recentlyThe regional IT depated of determining the readiscrepanciesIt was the responsibility orders were entered of	with the primary care 6/12/19 at 2:50pm revealed: acted her to discontinue g insulin 4 units before erstick blood sugar (FSBS) ent #1's FSBS on 05/09/19 scheduled Novolog insulin 4 al. esident #1 had not been g before meals from 09/19. cility to carry out her orders ministrator on 06/13/19 at esident #1 had not been g insulin 4 units before each arough 05/09/19. ders had been "falling off the artment was in the process ason for the eMAR lity of the DRC to ensure on the eMAR correctly.  t #2's FL2 dated 05/23/19 included Alzheimer's	{D 358}		
	a. Review of Residen revealed there was an	t #2's FL2 dated 05/23/19 n order for prednisone 20mg nation) two tablets every			

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 24 of 60

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING	B. WING		3/2019
NAME OF D					1 00/1	3/2019
	ROVIDER OR SUPPLIER		DRESS, CITY, STA HARON AMITY I			
THE PARC	C AT SHARON AMITY		TTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	24	{D 358}			
	finished.					
	revealed a physician operation of prednisone 10mg one beginning 06/04/19, depending on the prednisone 10mg one beginning 06/04/19, depending on the prednison of the prednisone 20mg two as administered 05/24 discontinue date of 05 and the prednisone 20mg the prednisone 20mg on the 20	e tablet daily for four days liscontinue after four days.  2's May 2019 electronic ation Record (eMAR)  or prednisone 20mg two art date of 05/24/19.  to tablets was documented 4/19-05/25/19, with a 5/25/19.  or prednisone 20 mg one ed with a start date of etablet daily was nistered 05/26/19-05/30/19,				
	tablet daily at 8:00am -Prednisone 20mg wa administered 06/01/19 discontinue date of 06	or prednisone 20mg one until finished. as documented as 9-06/07/19, with a 6/07/19. or prednisone 10mg from				
	-There was one bottle remaining available for	/19 at 3:33pm revealed: of prednisone 5mg tablets or administration. on the bottle was 05/23/19.				

Division of Health Service Regulation

Interview with a pharmacist from Resident #2's

STATE FORM 6899 K20312 If continuation sheet 25 of 60

DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
					_	,
		1141.000425	B. WING		F 00/4	
		HAL060125			06/1	3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		4025 N SH	IARON AMITY I	DRIVE		
THE PARC	C AT SHARON AMITY	CHARLOT	TE, NC 28205			
0(0)15	STIMMADV ST.	ATEMENT OF DEFICIENCIES	<del></del>	PROVIDER'S PLAN OF CORRECTION	ı	0/5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE	DATE
				DEFICIENCY)		
{D 358}	Continued From page	25	{D 358}			
(D 000)	Continued From page	5 20	(D 330)			
	-	on 06/13/19 at 9:15am				
	revealed:					
	-There were 40 tablet					
	dispensed on 05/23/1					
		received an order dated				
	05/29/19 for predniso	ne 10mg.				
	latamiadha a alaam					
	Interview with a pharm					
	revealed:	n 06/12/19 at 11:07am				
		ot receive the order dated				
	05/29/19 for predniso					
	•	ted as "profile only" in their				
		ations had been delivered.				
	system and no medic	ations had been delivered.				
	Interview with the me	dication aide (MA) on				
	06/12/19 at 10:00am	• •				
		esident #2 prednisone 20mg				
	06/04/19-06/07/19.	polacine #2 produitorito 2011ig				
		esident #2 had an order for				
	prednisone 10mg beg					
	produced roung and	,g				
	Interview with the Dire	ector Resident Care on				
	06/12/19 at 06/12/19					
		ny Resident #2's prednisone				
		on the eMAR when it was				
	ordered.					
	-She entered the orde	er onto the MAR when she				
	found the order in her	r box.				
	Interview with the prin	mary care provider (PCP) on				
	06/12/19 at 11:16am	revealed:				
	-Resident #2 was initi	ially seen by her on				
	05/29/19.					
		ny Resident #2 was initially				
	ordered prednisone.					
	-She wrote a new ord	ler for Resident #2's				
	prednisone on 05/29/	19 because the end date on				
	the FI 2 was unclear		1			

Division of Health Service Regulation

-She wanted Resident #2's prednisone to be

STATE FORM 6899 K20312 If continuation sheet 26 of 60

Division of	of Health Service Regu	ilation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					F	₹
		HAL060125	B. WING		1	13/2019
NAME OF D		OTDEET AS	DDECC CITY CTA	TE 7/D CODE		
NAIVIE OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
THE PARC	C AT SHARON AMITY		HARON AMITY I TTE, NC 28205	DRIVE		
			TTE, NC 26205			T
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
{D 358}	Continued From page	e 26	{D 358}			
	_	efore discontinuing the				
	medicationPrednisone would ne	and to be gradually				
	decreased to prevent					
	reoccurring.					
	recoduring.					
	Attempted interview v	with Resident #2's				
		RP) on 06/11/19 at 3:26pm				
	was unsuccessful.					
		h the medication aide (MA)				
	on 06/12/19 at 10:00a	am.				
	Defer to interview with	h the Director Resident Care				
	(DRC) on 06/12/19 at					
	(DRC) 011 00/12/19 at	t 12.30pm.				
	Refer to interview with	h the Administrator on				
	06/13/19 at 2:30pm.					
	•					
	b. Review of Residen	t #2's FL2 dated 05/23/19				
		n order for omeprazole				
	20mg (used to treat a	acid reflux) twice daily.				
	·	ent order dated 05/29/19				
		n order for omeprazole				
	20mg to be administe	ered once daily.				
	Review of Resident #	2's May 2019 eMAR				
	revealed:	-23 May 2013 CM/ 11				
		for omeprazole 20mg twice				
	daily between meals.	· · · · · · · · · · · · · · · · · · ·				
	-Omeprazole 20mg w	vas administered twice daily				
		19 at 10:00am and 3:00pm.				
		ed to receive omeprazole				
	20mg twice daily in e	rror from 05/29/19-05/31/19.				
	Davison of David Co	101- Ivin - 0040 -1445				
	Review of Resident #	zs June 2019 eMAR				
	revealed:	for omeprazole 20 mg twice				
		from 05/24/19-06/07/19.				
	,		1	1		1

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 27 of 60

DIVISION	i Health Service Regu	alion				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPL	=1ED
					R	<b>t</b>
		HAL060125	B. WING		06/1	3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
	to the Little of the Line		ARON AMITY I	,		
THE PARC	AT SHARON AMITY		TE, NC 28205	SKIVE		
	OLIMANA DV OT		<del></del>	PROVIDERIO PLAN OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	27	{D 358}			
	-Omeprazole 20mg w from 06/01/19-06/07/2-Resident #2 continue twice daily in error fro-There was an entry from daily beginning 06/08. Observation of Reside medications on 06/11 omeprazole 20mg was administration.  Interview with Reside on 06/13/19 at 9:15ar -Sixty tablets of omep 05/24/19The pharmacy never 05/29/19 for omeprazole 1. The pharmacy on revealed: -The pharmacy never 05/29/19 for omepraz-Resident #2 was listed system and no medicolomolomolomolomolomolomolomolomolomolo	as administered twice daily 19 at 10:00am and 3:00pm. 2d to receive omeprazole 2d to receive omeprazole 3d 06/01/07-06/07/19. 2d or omeprazole 20mg once 2d once 2d 3:33pm revealed 3d available 3d available for				
		y Resident #2's omeprazole r was not entered on to the				

Division of Health Service Regulation

- "Sometimes the medication order process is not

STATE FORM 6899 K20312 If continuation sheet 28 of 60

DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIED
					F	₹
		HAL060125	B. WING		06/1	3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
T		4025 N SH	ARON AMITY I	DRIVE		
THE PARC	C AT SHARON AMITY	CHARLOT	TE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
{D 358}	Continued From page	28	{D 358}			
	followed like they are -She received the om late and entered it on received the order.	eprazole order in her box				
	Interview with the prir 06/12/19 at 11:16am -Resident #2 was initi					
05/29/19Resident #2 was ordered omeprazole for acid						
	refluxShe wrote a new ord	er for Resident #2's 05/29/19 because she felt				
	that the resident did r -She wanted Residen be decreased to once	not need it twice daily. It #2's omeprazole 20mg to				
	written.	sility to follow orders as				
	Attempted interview v Responsible Party (R was unsuccessful.	vith Resident #2's P) on 06/11/19 at 3:26pm				
	Refer to interview with on 06/12/19 at 10:00a	n the medication aide (MA) am.				
	Refer to interview with (DRC) on 06/12/19 at	n the Director Resident Care :12:30pm.				
	Refer to interview with 06/13/19 at 2:30pm.	n the Administrator on				
	revealed an order for treat mental/mood co	t #2's FL2 dated 05/23/19 quetiapine 100mg (used to nditions) one tablet every ne 50mg one tablet every ternoon.				
	Review of a subseque	ent order dated 05/29/19				

Division of Health Service Regulation

revealed an order for quetiapine 50mg one tablet

STATE FORM 6899 K20312 If continuation sheet 29 of 60

· , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
		HAL060125	B. WING		R 06/13/2019
	ROVIDER OR SUPPLIER	4025 N S	DDRESS, CITY, STA Haron Amity I Tte, NC 28205		,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETE
{D 358}	tablet at 8:00pm.  -Quetiapine 100mg w from 05/30/19-05/31/ -There was an entry f tablet at 8:00am.  -Quetiapine 50mg wa from 05/24/19-05/31/ -There was an entry f frequency and time at -Quetiapine 50mg wa documented as "othe  Review of Resident's revealed: -There was an entry f tablet at 8:00pmQuetiapine 100mg w from 06/01/19-06/06/ -There was an entry f tablet at 8:00amQuetiapine 50mg wa from 06/01/19-06/07/ -There was an entry f frequency and time at -Quetiapine 50mg wa from 06/01/19-06/07/ -There was an entry f frequency and time at -Quetiapine 50mg wa documented as "othe  Observation of Reside medications on 06/11 -There were 19 quetia for adminstration.	2's May 2019 eMAR for quetiapine 100mg one as administered at 8:00pm 19. for quetiapine 50mg one as administered at 8:00am 19. for quetiapine 50mg, the dministered was "other". s administered with time r" from 05/30/19-05/31/19. #2 June 2019 eMAR for quetiapine 100mg one as administered at 8:00pm 19. for quetiapine 50mg one as administered at 8:00am 19. for quetiapine 50mg one as administered at 8:00am 19. for quetiapine 50mg, the dministered was "other". s administered with time r" from 06/01/19-06/04/19. ent #2's available /19 at 3:33pm revealed: apine 100mg pills available ang bottle had a dispense	{D 358}		

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 30 of 60

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		06/1	3/2019
NAME OF PROVIDER		4025 N SH	PRESS, CITY, STA ARON AMITY I TE, NC 28205		,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
Intervented and the second sec	acted pharmacy aled: pharmacy had no 2/19 for quetiapin tablets of quetiality and 04/29/1 y tablets of quetiality and 04/29/1 y tablets of quetiality act pharmacy or aled: pharmacy received a pharmacy or aled: pharmacy received a pharmacy or aled: pharmacy received a pharmacy or aled: pharmacy received with the me 2/19 at 10:00 am administered Reapine 50 mg twice tappeared on the aled: did not know Reapine 50 mg twice tappeared on the aled: did not know who was a twice daily order a until 06/07/19. The times the medical process of the queen tered it on the aled at 11:16 am and 11:16 am aled and 11:1	on 06/13/19 at 9:15am  ot received an order dated the 50mg twice daily. Tapine 50mg were filled on 9. Tapine 100mg were filled on Imacist at the facility's 106/12/19 at 11:07am  The daily on 06/07/19. The das "profile only" in their ations had been delivered.  dication aide (MA) on The revealed: The sident #2 quetiapine as it than. The daily beginning 05/29/19 The eMAR 06/07/19.  Con 06/12/19 at 12:30pm  The y Resident #2's quetiapine The rewas not entered on to the The dication orders process is The are supposed to". The tiapine order in her box late The eMAR when she received it.  The provider (PCP) on	{D 358}			

Division of Health Service Regulation

05/29/19.

STATE FORM 6899 K20312 If continuation sheet 31 of 60

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL060125	B. WING		06/13/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE PARC	C AT SHARON AMITY		ARON AMITY I	DRIVE		
	OLUMBA DV OT		TE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	e 31	{D 358}			
	50mg twice daily to a	ent #2's quetiapine order to				
	Attempted interview w Responsible Party (R was unsuccessful.	vith Resident #2's P) on 06/11/19 at 3:26pm				
	Refer to interview with on 06/12/19 at 10:00a	n the medication aide (MA) am.				
		n the Director Resident Care 06/12/19 at 12:30pm.				
	Refer to interview with 06/13/19 at 2:30pm.	n the Administrator on				
		t #2's FL2 dated 05/23/19 trazodone 50mg one tab eeded.				
		ent physician's order dated order for trazodone 50mg for anxiety, agitation,				
	tablet twice dailyTrazodone 50mg wa daily as ordered from -Resident #2's trazod as not administered 6 05/29/19-05/31/19.	or trazodone 50mg one s not administered twice 05/29/19-05/31/19. one 50mg was documented out of 6 doses from				
	Review of Resident #	2's June 2019 eMAR				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 32 of 60

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL060125	B. WING		06/13/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	ATE. ZIP CODE	·	
			HARON AMITY			
THE PARC AT SHARON AMITY			TTE, NC 28205			
			1112, NO 20203	T		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
{D 358}	Continued From page	e 32	{D 358}			
	revealed:	for trans days FOres are				
	_	for trazodone 50mg one				
	tablet twice daily at 8	:00am and 8:00pm				
	beginning 06/07/19.	a not documented as				
	-Trazodone 50mg wa					
		aily from 06/01/19-06/06/19.  Jone 50mg was documented				
		13 out of 22 doses from				
	06/01/19-06/11/19.	13 Out of 22 doses from				
	00/01/13-00/11/13.					
	Observation of Resid	ent #2's medications on				
		evealed trazodone 50mg				
	was available for adm					
	Was available for adir	miou duoin.				
	Interview with Reside	ent #2's contracted pharmacy				
	on 06/12/19 at 9:15ar	•				
	-Sixty tablets of trazo	done 50mg was dispensed				
	on 04/03/19 and 06/0	2/19.				
	-The pharmacy had n	not received the order dated				
	05/29/19 for trazodon	ne 50mg twice daily.				
	Interview with a phari	macist at the facility's				
	I	n 06/12/19 at 11:07am				
	revealed:	1 00/12/19 at 11.0/am				
		ved the order for trazodone				
	50mg twice daily on (					
	,	ted as "profile only" in their				
		cations had been delivered.				
	Interview with the me	dication aide (MA) on				
	06/12/19 at 10:00am					
		esident #2 trazodone 50mg				
	as it instructed on the	S .				
		esident #2 had an order for				
	trazodone 50mg twice	e daily beginning 05/29/19.				
	_	nt out on 06/02/19 after				
	punching a MA in the					
	,					
	Interview with the DR	C on 06/12/19 at 12:30pm				

Division of Health Service Regulation

revealed:

STATE FORM 6899 K20312 If continuation sheet 33 of 60

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL060125	B. WING		06/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE PAR	C AT SHARON AMITY		HARON AMITY I	DRIVE	
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	TTE, NC 28205	PROVIDER'S PLAN OF CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 33	{D 358}		
{D 356}	-She did not know who some twice daily order eMAR until 06/07/19.  - "Sometimes the mean of followed like they -She received the trazentered it on the eMAR eview of an incident Resident #2 on 06/02-Resident #2 "struck a-Resident #2 was ser room for an evaluation-Resident #2 was ser of o6/02/19 to follow-up Interview with the primulation of the serion	ly Resident #2's trazodone er was not entered on to the edication orders process is are supposed to".  It is report completed for larger of larger of larger or larger or larger of l	{D 356}		
		n the Director Resident Care			

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 34 of 60

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			71. 501251110		R	
		HAL060125	B. WING		1	3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE PARC	C AT SHARON AMITY		ARON AMITY I	DRIVE		
	CHMMADY CT		TE, NC 28205	DROWDEN'S DLAN OF CORRECTION	N	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 34	{D 358}			
	Refer to interview with 06/13/19 at 2:30pm.	n the Administrator on				
		t #5's FL2 dated 10/19/18 ncluded Alzheimer's disease, n, and schizophrenia.				
	revealed there was ar	ent order dated 04/29/19 n order for Remeron 15mg sion) every night at bedtime.				
	Review of Resident # revealed:					
	night at bedtime.	or Remeron 15mg every  2 of 2 doses of Remeron				
	Review of Resident # revealed:					
	-There was no entry f night at bedtime. -Resident #5 missed a Remeron 15mg from					
	Review of Resident # revealed:	5's June 2019 eMAR				
	tablet to be administe -Mirtazapine 15mg wa administered from 06					
	hand on 06/11/19 at 3 of mirtazapine 15mg	ent #5's medications on 3:33pm revealed 14 tablets was available for as dispensed on 05/29/19.				
	Interview with Reside	nt #5's contracted pharmacy				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 35 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL060125	B. WING		06/13/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
		4025 N SH	ARON AMITY I	DRIVE	
THE PARC AT SHARON AMITY CHARLO			TE, NC 28205		
040.15	SLIMMADV ST.	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	N 0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 35	{D 358}		
{D 358}	on 06/13/19 at 10:25a-The order for Remer 04/29/19.  -The pharmacy dispe 15mg on 05/29/19.  -It could not be deterr was not dispensed ur received on 04/29/19.  -The facility was resp medications when ne  Interview with the me 06/12/19 at 10:00am  -She administered Rewhen it appeared on 5-She did not know Resupposed to start on 5-She was responsible orders on the eMAR seshe entered orders or the eMAR seshe entered orders or received them after the pharmacy.  -There was a delay in because the fax mach building.  -MAs were supposed after they faxed to the service orders were for trash and she was no initially misplaced.	am revealed: on 15mg was received on nsed 9 pills of Remeron mined why Remeron 15mg ntil 05/29/19, if the order was . onsible for requesting eded from the pharmacy. dication aide (MA) on revealed: esident #5's mirtazapine the eMAR. esident #5's mirtazapine was 04/29/19. a.C on 06/12/19 at 06/12/19 at e for entering medication system. onto the eMAR when she he MA faxed a copy to the a when orders were received hine was in the front of the to place orders in her box e pharmacy. dication orders process is	{D 358}		
	when she received or	der.			
	Interview with the prin	mary care provider (PCP) on			

Division of Health Service Regulation

06/12/19 at 11:16am revealed:

STATE FORM 6899 K20312 If continuation sheet 36 of 60

Division of	<u>of Health Service Regu</u>	lation			
	AN OF COPPECTION IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL060125	B. WING		R 06/13/2019
NAME OF D			DDDESS CITY STA	TE ZID CODE	1 00/10/2010
NAIVIE OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA SHARON AMITY [		
THE PAR	C AT SHARON AMITY		OTTE, NC 28205	SAVE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	36	{D 358}		
	mental health provide	ered Remeron 15mg by the r. cility to follow orders as			
	-He ordered Remeror 04/29/19 to treat deprecase that Resident Remeron 15mg due to depressionIf Resident #5 did no	13/19 at 12:00pm revealed: n 15mg for Resident #5 on ression. #5 really needed the o her symptoms of t receive Remeron as we increased sadness,			
	Attempted interview v Responsible Party (R was unsuccessful.	vith Resident #5's P) on 06/13/19 at 12:35pm			
	Based on interview, re observation, Residen	ecord review, and t #5 was not interviewable.			
	Refer to interview with on 06/12/19 at 10:00a	n the medication aide (MA) am.			
	Refer to interview with (DRC) on 06/12/19 at	n the Director Resident Care 12:30pm.			
	Refer to interview with 06/13/19 at 2:30pm.	n the Administrator on			
	05/17/19 revealed dia	t #3's current FL-2 dated gnoses of dementia, oidemia, osteoporosis, gout.			
	Review of Resident #	3's physician order's			

-There was an order dated 04/12/19 for sodium bicarbonate 650mg tablet (used to treat

STATE FORM 6899 K20312 If continuation sheet 37 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
		HAL060125	B. WING		06	R 5/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
THE PAR	C AT SHARON AMITY		HARON AMITY DR	IIVE		
	T	CHARLO	OTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 37	{D 358}			
	for 14 days.  -A physician signed r dated 05/15/19 for so tablet to be administed.  Review of Resident # orders dated 05/22/1 bicarbonate 650mg to 005/22/19.  Review of Resident # revealed sodium bicated administered three tirnot listed on the eMA Review of Resident # revealed:  -An entry for sodium be administered three documented as admin 05/20/19 at 8:00pm at 05/21-05/31/19.	#3's April 2019 eMAR arbonate 650mg tablet to be mes per day for 14 days was AR. #3's May 2019 eMAR bicarbonate 650mg tablet to e times per day was				
	revealed: -There was an entry to 650mg tablet to be act day was documented on 06/01/19 and thre	for sodium bicarbonate dministered three times per d as administered one time e times on 06/02/19. ate of 05/20/19 with an end				
	- There was a card for 650mg tablets of 12 t	lent #3's medications tration on 06/12/19 revealed: or sodium bicarbonate tables dispensed on 4/12/19 ing in the blister pack				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 38 of 60

DIVISION	or riealin Service Regu	ilation				
STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			-		_	
					F	₹
		HAL060125	B. WING	<del></del>	06/1	3/2019
NAME OF D	DOVIDED OD CUDDUED	OTDEET AS	DDECC CITY CTA	TE 710 CODE		
NAIVIE OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
THE PAR	C AT SHARON AMITY		IARON AMITY	DRIVE		
		CHARLO	TTE, NC 28205			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEI ICIENCT)		
{D 358}	Continued From page	e 38	{D 358}			
,,	Communication page		' ' ' ' ' '			
	medication card.					
	- There was a second	d card for sodium				
	bicarbonate 650mg ta	ablets of 42 tablets				
	_	with 13 tablets remaining in				
	the blister pack medic					
	- There was a card fo					
	650mg tablets of 24 t					
	_					
		ets remaining in the blister				
	pack medication card					
	Interview with Deside	at #2la abusisian an				
	Interview with Reside					
	06/12/19 at 11:15am					
		dium bicarbonate 650mg				
		ered three times per day for				
	Resident #3 on 04/12	2/19.				
	-She had ordered soc	dium bicarbonate 650mg				
	tablet three times per	day to improve Resident				
	#3's kidney function.					
	-She expected the fac	cility to start the sodium				
		ablet three times per day as				
	soon as possible in A					
		dication clarification order to				
		9 because she had identified				
	•	ot been documented as				
	administered from 04					
		continue order for sodium				
	bicarbonate 650mg ta	ablet to the facility on				
	05/22/19.					
		cility to discontinue sodium				
	_	ablet on or about 05/23/19.				
		sodium bicarbonate 650mg				
	tablet three times per	day had been documented				
	as administered 05/2	3/19-05/31/19 and				
	06/01/19-06/02/19.					
	Interview with a repre	esentative at the facility's				
		on 06/12/19 at 1:00pm				
	revealed:	r				
		esponsible for filling all of				
	Resident #3's medica					

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 39 of 60

Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
					R	
		HAL060125	B. WING		1	3/2019
		11/12/00/12/			1 00/10	3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE DADO	AT CHADON AMITY	4025 N SF	HARON AMITY	DRIVE		
INE PARC	C AT SHARON AMITY	CHARLO	TTE, NC 28205			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	I	COMPLETE DATE
TAG	KEGULATURT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DAIL
			+	•		
{D 358}	Continued From page	∍ 39	{D 358}			
	-The pharmacy had re	eceived an order for sodium				
		ablet to be administered				
		or 14 days on 04/12/19 with				
	an end date of 04/26/	•				
		a blister pack medication				
		04/12/19 with 12 tablets of				
		650mg three times per day.				
		a blister pack medication				
		04/12/19 with 42 tablets of				
	_	650mg three times per day.				
	-Sodium bicarbonate	650mg three times per day				
	was added back to Re	esident #3's pharmacy				
	profile on 05/16/19 at	·				
		ved a discontinue order for				
		650mg three times per day				
		ated Resident #3's pharmacy				
	profile accordingly.	<u> </u>				
	-The eMAR should ha					
	_	nree times per day was				
	discontinued on 05/22					
		nate 650mg three times per				
	from the eMAR system	omatically been removed				
	-The facility was resp					
		tinued sodium bicarbonate				
		as no longer administered.				
		ny the facility continued to				
		tion of sodium bicarbonate				
		er day after 05/22/19 through				
	06/02/19.	,				
	-There was no docum	nentation that Resident #3's				
	sodium bicarbonate 6	650mg had been returned to				
	the pharmacy.	-				
	Interview with a medi-	cation aide on 06/12/19 at				
	12:20pm revealed:					
		e for administering Resident				
	#3's medications.					
	-Resident #3 had an	order for sodium				

bicarbonate 650mg to be administered daily in

STATE FORM 6899 K20312 If continuation sheet 40 of 60

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	<del></del>		
	HAL060125 B. WING			R 06/13/2019		
NAME OF B	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIR CODE	1 03:10:2010	
NAME OF T	NOVIDEN ON 3011 FIEN					
THE PAR	C AT SHARON AMITY		SHARON AMITY I OTTE, NC 28205	DRIVE		
	OUR MADY OF			DD0/4DED10 DLAM OF 00DDE0710	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
{D 358}	Continued From page	e 40	{D 358}			
	May 2040					
	May 2019She was responsible	for decumenting the				
	_ ·	ident #3's medications.				
	-She was not aware f					
		ablet to be administered				
	_	listed on the June eMAR				
	_	had been discontinued on				
	05/22/19 by facility st					
		ations were only to be				
	administered as orde	•				
	physician.	•				
	-Resident #3's sodiur	n bicarbonate 650mg three				
	times per day should	have been removed from				
	the eMAR by the pha	rmacy or the Director of				
	Resident Care (DRC)	).				
		the DRC were responsible				
	-	nued medications from the				
	medication cart.					
		ny Resident #3's sodium				
	_	as still in the medication				
	cart.					
	Interview with the DD	C on 06/12/19 at 1:40pm				
	revealed:	.O 011 00/12/19 at 1.40pm				
		ation aides to administer				
	medications as order					
	-She expected medic					
		ns listed on the eMAR that				
	had a valid physician					
		Resident #3's sodium				
	bicarbonate 650mg ta	ablet three times a day				
	_	nistered after Resident #3's				
	physician discontinue	ed the medication on				
	05/22/19.					
	-Non-controlled medi-	cations could be				
		e eMAR system by the				
	pharmacy or facility n					
	•	ation aides to remove				
	discontinued medicat	ions from the medication	1			

Division of Health Service Regulation

cart immediately upon the medication being

STATE FORM 6899 K20312 If continuation sheet 41 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDIEAN	or doring of the second of the	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL060125	B. WING		R 06/13/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE PAR	C AT SHARON AMITY		ARON AMITY I TE, NC 28205	DRIVE		
	OLIMANA DV. OT			DDO//DEDIG DI AN OF GODDEGTIO	N.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	e 41	{D 358}			
	removed from the eM -She had been identif facility's eMAR syster had been discontinue to re-populate randon -She had communica system with the pharr regional support team  Based on observation review, Resident #3 v  Refer to interview with on 06/12/19 at 10:00a  Refer to interview with (DRC) on 06/12/19 at	AR system.  fying chronic errors with the m whereby medications that ad from the eMAR continued only.  ted problems with the eMAR macy and the facility's n.  as, interview, and record was not interviewable.  the medication aide (MA) am.  the Director Resident Care is 12:30pm.				
	Refer to interview with the Administrator on 06/13/19 at 2:30pm.  Interview with the medication aide (MA) on 06/12/19 at 10:00am revealed: -MAs were responsible for faxing the medication orders to the pharmacy and then give the order to the Director of Resident Care (DRC)New orders received were entered on the eMAR by the DRCShe administered medications as they appeared on the eMAR to administer.  Interview with the Director Resident Care on 06/12/19 at 06/12/19 at 12:30pm revealed: -She was responsible for entering medication orders into the eMAR systemShe entered orders onto the eMAR when she received themThere was a delay in when she received orders					

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 42 of 60

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		R <b>06/13/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	,	
THE PAR	C AT SHARON AMITY		ARON AMITY [ TE, NC 28205	DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
{D 358}	Interview with the Adr 2:30pm revealed: -Medications disconticontinued on the eM/incorrect dosages admedications ordered administered was a p-The fax machine who was in the receptionis-When the order was the DRC would follow. The MAs were not for system-retrieving the fax machine to the mipharmacy and leaving. The facility software developing a software eMAR and the pharm. This would allow the staff to see both sides. She did not know of eMARs.  The facility failed to a administered as order observed during the resulted in Resadministered Novolog times a day for 16 day patch prescribed on Complain of foot pain medication for gastro (GERD). Resident #3	to place orders in her box to the pharmacy.  ministrator on 06/13/19 at mued by the physician and AR, medications with the ministered to residents, and by physicians and not roblem.  Pere orders were received at front office.  The order process system.  Illowing the order process orders from the front office edication room, faxing to the ga copy for the DRC. It was working on a program for the facility acy computer to interface. In pharmacy and the facility as of the order entry. It medication errors on the medication passes and 4 of for record review. This sident #1 not being gainsulin with meals, three yes, did not receive a pain 13/20/19 and continued to and missed 62 doses of a resophageal disease	{D 358}			

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 43 of 60

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		R 06/1	3/2019
NAME OF PR	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 00/1	3/2013
THE PARC	AT SHARON AMITY		ARON AMITY D	DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 43	{D 358}			
	failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B violation.					
		as requested from the with G.S. 131D-34 on tion.				
	CORRECTION DATE VIOLATION SHALL N 2019.	FOR THE TYPE B IOT EXCEED JULY 29,				
{D 367}	10A NCAC 13F .1004 Administration	(j) Medication	{D 367}			
	{D 367}  10A NCAC 13F .1004 (j) Medication Administration  10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be					

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 44 of 60

DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLET	ED
					R	
		HAL060125	B. WING		06/13/	2010
		HAE000123			1 06/13/	2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		4025 N S	HARON AMITY I	DRIVE		
THE PAR	C AT SHARON AMITY	CHARLO	TTE, NC 28205			
	CLIMMADY CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		245)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
{D 367}	Continued From page	44	{D 367}			
(D 301)	Continued From page	<del>, 44</del>	(D 301)			
	This Rule is not met					
		ns, record reviews and				
	interviews, the facility					
		Administration Records				
	T	ate and complete for 4 of 5				
		esidents #1, #2, #3, and				
	T	umentation of medications				
		ed blood sugar after meals,				
		ns of gastroesophageal				
	reflux disease (GERD					
		nflammation, GERD, mood				
	conditions and agitati					
		ession (Residents #5 and				
	#3).					
	The findings are:					
	The findings are:					
	1. Review of Residen	t #1's FL2 dated 08/07/18				
	revealed diagnoses ir	ncluded Alzheimer's				
	dementia and pancre	atitis.				
	a. Review of Residen	t #1's FL2 dated 08/07/18				
	revealed there was a	n order for omeprazole 20				
	mg daily in the morning	ng.				
	•	ent physician's order dated				
	04/11/19 revealed:					
		to discontinue omeprazole				
	20mg daily.	La administra accessor				
		to administer omeprazole				
	twice a day at 8:00am					
		sophageal reflux disease				
	(GERD).					
	Povious of Posidors #	1's April 2010 sMAD from				
	Review of Resident #	1's April 2019 eMAR from	1			

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 45 of 60

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		HAL060125	B. WING	<del></del>	06/13/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE PARG	C AT SHARON AMITY		ARON AMITY I	DRIVE		
			TE, NC 28205			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 367}	Continued From page	<del>2</del> 45	{D 367}			
{D 367}	04/01/19 through 04/3 -There was an entry f to be administered at -There was document administered once da -There was no docum 20mg to be administer and 8:00pm starting 0 Review of Resident # 05/01/19 through 05/3 -There was an entry f to be administered at -There was document administered once da -There was no docum administered twice a  Review of Resident # 06/01/19 through 06/3 -There was an entry f to be administered at -There was document administered once da -There was document administered once da -There was document administered once da -There was no document	30/19 revealed: or omeprazole 20mg daily, 8:00am. tation omeprazole was illy from 04/01/19-04/30/19. nentation of omeprazole bred twice a day at 8:00am 04/11/19.  1's May eMAR from 31/19 revealed; or omeprazole 20mg daily, 8:00am. tation omeprazole was illy from 05/01/19-05/31/19. nentation omeprazole was day at 8:00am and 8:00pm.  1's June eMAR from 11/19 revealed: or omeprazole 20mg daily,	{D 367}			
	Interview with the me 06/12/19 at 10:00am	revealed:				
	orders to the pharmac the Director of Reside	· ·				
	by the DRC.	were entered on the eMAR edications as they appeared				
	Interview with the DR revealed:	C on 06/12/19 at 2:15pm				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 46 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7.1.2 1 27.11 61 661.1		ISELLIN ISTANCING	A. BUILDING: _	A. BUILDING:		
		HAL060125	B. WING		R 06/13/20	)19
NAME OF PROVIDE	ER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
THE PARC AT S	HARON AMITY		HARON AMITY I TTE, NC 28205	DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE CO	(X5) OMPLETE DATE
20m -She reco Inter 2:30 -The rega -She adm 20m -It w orde b. Revi 04/0 -The one patc -The was  Revi 05/0 -The one patc	e had not finished ords since she beg rview with the Adri opm revealed: e DRC coordinated ands order entry. e did not know Resinistered the everage as ordered by the asthe responsibilities were entered or eview of the physicaled an order for lied to the right foot iew of Resident # 1/19 through 04/3 ere was an entry for patch to the right chrow administered dail iew of Resident # 1/19 through 05/3 ere was an entry for patch to the right chrow administered dail iew of Resident # 1/19 through 05/3 ere was document administered dail iew of Resident # 1/19 through 6/11 ere was an entry for patch to the right chrow and entry for patch to t	auditing the resident's pan her position as DRC.  Ininistrator on 06/13/19 at d with the pharmacy staff as sident #6 had not been hing dose of omeprazole he physician on 04/11/19. Ity of the DRC to ensure on the eMAR correctly.  Ician's order dated 03/20/19 a lidocaine patch to be of daily for pain.  It's April 2019 eMAR from 80/19 revealed: or a lidocaine patch, apply foot daily, remove the old administration at 8:00am. It's May 2019 eMAR from 81/19 revealed: or a lidocaine patch y at 8:00am.  It's May 2019 eMAR from 81/19 revealed: or a lidocaine patch, apply foot daily, remove the old did did did did inistration at 8:00am. It's May 2019 eMAR from 81/19 revealed: or a lidocaine patch, apply foot daily, remove the old did did did inistration at 8:00am. It is June 2019 eMAR from 81/15 June 2019 eMAR from	{D 367}			

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 47 of 60

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		
		HAL060125	B. WING		R 06/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
THE PAR	C AT SHARON AMITY	4025 N S	HARON AMITY [	DRIVE	
IIIL FAIN	ZAT STIAROR AWITT	CHARLO	TTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 367}	Continued From page	e 47	{D 367}		
	was administered dail	ly at 8:00am.			
	was no documentatio been requested to be	1's record revealed there n the lidocaine patch had filled by the pharmacy. on 06/12/19 at 11:30am			
	revealed:				
	-She did not know Resident #1 had foot painShe did not know he received lidocaine patches for his right foot painShe had not administered lidocaine patches to Resident #1She had not seen any lidocaine patches on the cart for Resident #1She had not reported to her supervisor there was an order entry on the eMAR for lidocaine patches				
	and none had been d pharmacyShe did not call the p or determine why the dispensed.	pharmacy to clarify the order			
	-There were a lot of e she thought this was -Sometimes orders co	ome up as not given after a "you think you administered			
	on 06/12/19 at 2:50pr -She was not informe pain.	d of recent episodes of foot E Lidocaine patch had never Resident #1. aff to administer the			
	Interview with the DR revealed:	C on 06/12/19 at 2:15pm			

Division of Health Service Regulation

-She did not know Resident #1's lidocaine patch

STATE FORM 6899 K20312 If continuation sheet 48 of 60

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _		R	<b>.</b>
		HAL060125	B. WING			3/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
THE PARC	C AT SHARON AMITY		ARON AMITY I	DRIVE		
	OLUMBA DV OT		TE, NC 28205	DD0//DD0/ D1 A 4 05 00DD507100		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 48	{D 367}			
{D 307}	to be administered dabeen dispensed since. She did not know the been dispensed or ac were documenting the The MAs did not repwere not available for active order.  She expected the Mapharmacy or the man patches were not dispensed eman patches were not dispensed eman since she begone to the man patches were not dispensed eman and the since she begone to the following the man patches were not dispensed eman and the since she begone to the following the man patches were not dispensed eman and the since she begone to the following th	aily on his right foot had not the order date of 03/20/19. The lidocaine patch had not diministered since the MAs the patch was administered. The lidociane patches or administration with an administration as DRC.  If #1's FL2 dated 08/07/18 an order for sertraline 50mg an order dated 04/08/18 sertraline 100mg daily.  The physician's order dated an order for sertraline 100mg and order for sertraline 100mg and order physician's order artraline 150mg every  If 's April 2019 eMAR from 30/19 revealed: for sertraline 50mg three artraline 50mg three artraline 50mg three artraline 50mg was and opportunities, from 30/19.	{U 30/}			
	administered daily, 27 04/01/19 through 04/3	7 of 30 opportunities, from				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 49 of 60

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		
			A. BUILDING:			
		HAL060125	B. WING		06	R 6/ <b>13/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE DAD	C AT SHARON AMITY	4025 N S	HARON AMITY DR	IVE		
I TE PARI	CAI SHARON AWITT	CHARLO	TTE, NC 28205			
(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 ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 367}	667} Continued From page 49		{D 367}			
	through 04/30/19There was documen	tation sertraline 200mg was of 20 opportunities from 30/19.				
	Review of Resident #1's May 2019 eMAR from 05/01/19 through 05/31/19 revealed:  -There was an entry for sertraline 100mg two tablets (200mg) to be administered daily at 8:00am.  -There was documentation sertraline 200mg was administered daily at 8:00am from 05/01/19 through 05/31/19.  -There was an entry for sertraline 50mg three tablets (150mg) to be administered daily at 8:00am.  -There was documentation sertraline 150mg was administered daily at 8:00am from 05/01/19 through 05/31/19.					
	06/01/19 through 06/ -There was an entry fitablets (200mg) to be 8:00amThere was documen administered daily at through 06/11/19There was an entry fi	to the sum of the sum				
	8:00amThere was documen administered daily at through 06/11/19. Interview with the me 06/12/19 at 3:30pm re-The sertraline tablets	tation sertraline 150mg was 8:00am from 06/01/19 dication aide (MA) on				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 50 of 60

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING	B. WING		
	NAME OF PROVIDER OR SUPPLIER  THE PARC AT SHARON AMITY  STREET AD  4025 N SI  CHARLO			TE, ZIP CODE DRIVE	06/13/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMP	LETE
{D 367}	in the multi dose pack-There were no additi sertraline tablets to accomply the packet of the packet	packaging had been histered all the medications tage to the residents. Conal blister packets of dminister to Resident #1.  C and Administrator on evealed: Administer to administer to administer to ed. Coations could be to eMAR system by the hanagement. For every e	{D 367}			

Division of Health Service Regulation

from 04/01/19 through 04/22/19.

STATE FORM 6899 K20312 If continuation sheet 51 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		
		HAL060125	B. WING	B. WING		19
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE DAD	AT CHADON AMITY	4025 N SH	ARON AMITY I	DRIVE		
THE PARC	C AT SHARON AMITY	CHARLOT	TE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE CO	(X5) MPLETE DATE
{D 367}	7) Continued From page 51  -There was no documentation Resident #1 received Novolog 4 units with meals three times a		{D 367}			
	day from 04/23/19 thr					
	through 05/09/19 reve	019 eMAR from 05/01/19 ealed there was no entry on				
	with meals, to be adm 12:00pm and 5:00pm	· · · · · · · · · · · · · · · · · · ·				
	Interview with the medication aide (MA) on 06/12/19 at 10:00am revealed: -The pharmacy staff or the Director of Resident					
	Care (DRC) could enter the eMAR.	ter or discontinue orders on				
		discontinued orders on the eived a signed physician's he medication.				
	on the eMAR.	enter or discontinue orders				
	appeared on the eMA -If there was no order administer it.	AR to administer. for insulin, she could not				
	-She did not know the insulin for Resident #	e entry for the Novolog 1 was dropped from the				
	from the physician.	continue order was received oblems with orders dropping				
	off the eMARs."	and the second displans				
	revealed:	C on 06/12/19 at 12:30pm				
	orders on the eMAR s	e for entering medication system. onto the eMAR when she				
		ne MA faxed a copy to the				
		a delay when orders were fax machine was in the				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 52 of 60

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
			A. BOILDING.		R	,
		HAL060125	B. WING		1	3/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE DAD	C AT SHARON AMITY	4025 N SI	HARON AMITY I	DRIVE		
IIIL FAIN	AT STIARON AMITT	CHARLO	TTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 52	{D 367}			
	front of the building.  -MAs were supposed after they faxed them -The staff did not follour process as they have assig audit their medication.  -Medications on the county with the most current.  -The MAs were also remedications when nemedications from the above the output of the support of	to place orders in her box to the pharmacy. when the medication order been instructed. ned 3 residents per shift to s on the medication cart. eart were to be reconciled physician's order summary. esponsible for ordering eded and removing expired				
	2:30pm revealed: -She did not know Readministered Novologmeal from 04/23/19 the Some medication or eMAR" recentlyThe regional (informate department was in the reason for the eMAR lt was the responsibility.	ders had been "falling off the ational technology) IT be process of determining the				
	3. Review of Resident #2's FL2 dated 05/23/19 revealed: -Review of Resident #2's FL2 dated 05/23/19 revealed diagnoses included Alzheimer's Disease, vascular dementia, abnormal gait, restlessness and agitation -There was an order for quetiapine 100mg (used					

Division of Health Service Regulation

to treat mental/mood conditions) one tablet every

STATE FORM 6899 K20312 If continuation sheet 53 of 60

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
		HAL060125	B. WING	B. WING		R 5/ <b>13/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
<b>-</b> 11 <b>- -</b> 14 <b>-</b> 1		4025 N S	HARON AMITY D	RIVE		
THE PAR	C AT SHARON AMITY	CHARLO	TTE, NC 28205			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX			PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 367}	367} Continued From page 53		{D 367}			
	evening, and quetiapine 50mg one tablet every morning and every afternoon.  Review of a subsequent order dated 05/29/19 revealed an order for quetiapine 50mg one tablet twice daily.  Review of Resident #2's May 2019 eMAR revealed:  -There was an entry for quetiapine 50mg, the frequency and time administered was "other".  -Quetiapine 50mg was administered with time					
		r" from 05/30/19-05/31/19. mined when the quetiapine nistered.				
	Review of Resident's revealed:	#2 June 2019 eMAR				
	frequency and time a	or quetiapine 50mg, the dministered was "other".				
		s administered with time r" from 06/01/19-06/04/19				
	•	mined when the quetiapine nistered.				
	Interview with the me 06/12/19 at 10:00am					
	provide a time and ins -She did not know wh	discontinued but it did structions for administering. y the eMAR did not print out				
	time or instructionsShe could not remen administered the que					
	(DRC) on 06/12/19 at -She was responsible orders on the eMAR s	for entering medication				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 54 of 60

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			_
		HAL060125	B. WING	B. WING		R / <b>13/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	E, ZIP CODE		
THE PAR	C AT SHARON AMITY		HARON AMITY D TTE, NC 28205	RIVE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	DE CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	COMPLETE DATE
{D 367}	Continued From page 54		{D 367}			
	eMARThere was a "glitch" -There was information could not view.	were missing from the with the eMAR system. on MAs could view that she etime and frequency was kR was printed.				
	-	h the Administrator on				
	4. Review of Resident #5's FL2 dated 10/19/18 revealed: -Diagnoses included Alzheimer's disease, psychosis, depression, and schizophreniaThere was an order for Levemir insulin inject 30 units twice daily.					
		ent order dated 03/27/19 70 units Levemir insulin at				
	Review of a subsequent order for Resident #5 dated 05/04/19 revealed an order for Levemir insulin inject 80 units at bedtime.					
	units at bedtime at 8: -Levemir 70 units was administered 11/31 o 05/01/19-05/31/19There was an entry I Levemir inject 80 unit -Levemir 80 units was administered 26 out o 05/05/19-05/31/19.	for Levemir insulin inject 70 00pm. s documented as pportunities from beginning 05/04/19 for its bedtime at 8:00pm.				

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 55 of 60

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		R 06/13/2019	
	NAME OF PROVIDER OR SUPPLIER  THE PARC AT SHARON AMITY  STREET AD  4025 N SH  CHARLOT			TE, ZIP CODE DRIVE	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
{D 367}	units at bedtime at 8: -Levemir 70 units was administered on 06/0 -There was an entry the Levemir inject 80 unither inject 90 units was administered 6 out of 06/01/19-06/11/19.  Interview with the me 06/13/19 at 12:30pm -New orders received by the Director of Research inject 90 units and i	for Levemir insulin inject 70 20pm. Is documented as 1/19. Deginning 06/11/19 for Is bedtime at 8:00pm. Is documented at 11 opportunities from  dication aide (MA) on revealed: In are entered on the eMAR Isident Care (DRC). It both orders, however Intries as administered "by Inber if she told the DRC that Itere listed on the eMAR for Itere listed on the eMAR for Itere on 06/12/19 at 06/12/19 at Itere on 06/12/19 at 06/12/19 at Itere was placed on the eMAR Itere was placed on t	{D 367}			

Division of Health Service Regulation

to treat depression) tablet to be administered

STATE FORM 6899 K20312 If continuation sheet 56 of 60

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL060125		B. WING	B. WING		3/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	, 55/1		
			HARON AMITY I				
THE PARC	C AT SHARON AMITY	CHARLO	TTE, NC 28205				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
{D 367}	Continued From page	e 56	{D 367}				
	every night.						
	orders dated 05/01/19 sertraline 100mg table Review of Resident # Medication Administratevealed: -Sertraline 100mg table documented as administration of the commented as not at a documented as not at a docu	olet every day was nistered on 05/01-05/12/19. olet every day was dministered due to Resident n 05/13-05/15/19. nentation that Sertraline ered from 05/16-05/31/19.					
	12:20pm revealed: -Resident #3 had an obe administered daily-She was responsible administration of Res-She did not know Retablet to be administed the June eMARShe did not know wh 100mg was not listed -The eMAR system uhad medication adminisuch as duplicate methat did not show up, incorrect dosage or a	e for documenting ident #3's medications. esident #3's sertraline 100mg red daily was not listed on any Resident #3's sertraline on the June 2019 eMAR. sed by the facility frequently histration recording errors, dications listed, medications					

Division of Health Service Regulation

(DRC) on 06/12/19 at 1:40pm revealed:

STATE FORM 6899 K20312 If continuation sheet 57 of 60

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
74101 1244	or contraction	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL060125	B. WING		R 06/1	3/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE ZIP CODE	1 00/1	0,2010
			ARON AMITY I			
THE PARC AT SHARON AMITY CHARLOT		TE, NC 28205				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
(=,	-She expected medication aides to document every medication administered to a residentShe was not aware Resident #3's sertraline 100mg tablet every day was not listed on the June eMARShe expected medication aides to communicate to the DRC if a medication is available for administration but not listed on the eMAR to clarify if the medication should be administered or removed from the medication cartShe had been identifying chronic errors with the facility's eMAR system whereby medications were listed in duplicate, did not show up, changed dosage information, or administration directionsShe had been communicating with the pharmacy, physician, and facility regional support staff to resolve eMAR issues.  Refer to interview with the Administrator on 06/13/19 at 2:30pm.  Interview with the Administrator on 06/13/19 at 2:30pm revealed: -The fax machine where orders were received was in the receptionist front officeThere was a second fax machine ordered for the Director of Resident Care's office (DRC)Medication orders and physician transmissions would go directly to the DRC officeWhen the order was received in the DRC office, the DRC would follow the order process systemThe MAs were not following the order process system-retrieving the orders from the front office FAX machine to the medication room, faxing to the pharmacy and leaving a copy for the DRCShe did not know of the inaccuracy of the		{D 367}			

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 58 of 60

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMP	LETED	
			B. WING	B. WING		R	
		HAL060125	B. WIIVO		06	/13/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
THE PARC	C AT SHARON AMITY		HARON AMITY I	DRIVE			
			TTE, NC 28205				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
{D912}	Continued From page	e 58	{D912}				
{D912}	G.S. 131D-21(2) Dec	laration of Residents' Rights	{D912}				
	Every resident shall h  2. To receive care an adequate, appropriate	ration of Residents' Rights lave the following rights: lid services which are e, and in compliance with state laws and rules and					
	This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure residents received care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules related to administering medication as ordered by a physician.						
	The findings are:						
	reviews, the facility fa were administered as (Residents #5 and #6 8:00am medication po 06/12/19 regarding a blood pressure (Resident patch used to treat desoff 5 residents sample	medication to treat high dent #5), and a transdermal ementia (Resident #6), and 4 ed including errors in control elevated blood sugar and symptoms of lux disease (GERD) ications to treat mood conditions and					

Division of Health Service Regulation

STATE FORM 6899 K20312 If continuation sheet 59 of 60

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:	(X3) DATE COMI	(X3) DATE SURVEY COMPLETED		
		HALOCO425	B. WING			R
		HAL060125			00	/13/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT BHARON AMITY D			
THE PAR	C AT SHARON AMITY		OTTE, NC 28205	I I I I		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D912}	depression (Residen heartburn (Resident	e 59 t #5) and a medication for #3). [Refer to Tag D358 10A Medication Administration	{D912}			

Division of Health Service Regulation