Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		R	
		HAL060125	B. WING			7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	V	HARON AMIT ITE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
		ensure Section conducted a September 25, 2019 through 9.				
D 273	10A NCAC 13F .09	02(b) Health Care	D 273			
		02 Health Care Il assure referral and follow-up and acute health care needs				
	This Rule is not me TYPE A2 VIOLATION					
	reviews the facility the follow up for 2 of 6 notifying the physic above the parameter (Resident #6) and resident #6).	fons, interviews, and record failed to assure referral and sampled residents related to ian for blood glucose levels ers set by the physician not notifying the physician of and a delayed mental health £1).				
	The findings are:					
	09/12/19 revealed: - Diagnoses include -There was an orde insulin,100units/ml,	ent #6's current FL2 dated ed diabetes mellitus. er for Novolog (used to control elevated s), administer 23 units three				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '			SURVEY PLETED
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PROVIDER OR SUPPLIER					
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Continued From pa	ige 1	D 273			
times a day before -There was an orde	meals. er to check the fingerstick				
revealed an order to Endocrinologist if the	o notify Resident #6's ne blood glucose levels were				
electronic medication (eMAR) revealed: -There was an entrolood sugar (FSBS) -Special instruction NOTIFY PATIENT'S IF BLOOD SUGAR LESS THAN 60There was a section enter the FSBS real-There was a section in the first se	y to check the fingerstick) before meals and at bedtime. , in bold letters, were PLEASE S ENDOCRINOLOGY OFFICE IS GREATER THAN 450 OR on on the eMAR screen to idings. on on the eMAR screen to				
dated 09/25/19 revelon 09/19/19 at 5:4 as 451On 09/23/19 at 6:1 as 505On 09/23/19 at 3:4 as 464On 09/23/19 at 8:5 as 540On 09/24/19 at 6:2 as 515On 09/24/19 at 5:5	ealed: 18am, FSBS was documented 14am, FSBS was documented 12pm, FSBS was documented 157pm, FSBS was documented 152pm, FSBS was documented 152pm, FSBS was documented 152pm, FSBS was documented				
	PROVIDER OR SUPPLIER RC AT SHARON AMIT SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa times a day before -There was an orde blood sugar (FSBS day. A subsequent phys revealed an order t Endocrinologist if th less than 60 or great Observation of Res electronic medication (eMAR) revealed: -There was an entr blood sugar (FSBS -Special instruction NOTIFY PATIENT'S IF BLOOD SUGAR LESS THAN 60There was a section enter the FSBS rea -There was a section document notes rep parameters. Review of the vital dated 09/25/19 reve -On 09/19/19 at 5:4 as 451On 09/23/19 at 6:1 as 505On 09/23/19 at 6:1 as 505On 09/23/19 at 6:2 as 515On 09/24/19 at 6:2 as 515On 09/24/19 at 6:2 as "High".	PROVIDER OR SUPPLIER RC AT SHARON AMITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 times a day before meals. -There was an order to check the fingerstick blood sugar (FSBS) before meals, three times a day. A subsequent physician's order dated 09/11/19 revealed an order to notify Resident #6's Endocrinologist if the blood glucose levels were less than 60 or greater than 450. Observation of Resident #6's September 2019 electronic medication administration record (eMAR) revealed: -There was an entry to check the fingerstick blood sugar (FSBS) before meals and at bedtimeSpecial instruction, in bold letters, were PLEASE NOTIFY PATIENT'S ENDOCRINOLOGY OFFICE IF BLOOD SUGAR IS GREATER THAN 450 OR LESS THAN 60. -There was a section on the eMAR screen to enter the FSBS readings. -There was a section on the eMAR screen to enter the FSBS readings. -There was a section on the eMAR screen to document notes regarding the blood sugar parameters. Review of the vital signs entered into the eMAR dated 09/25/19 revealed: -On 09/19/19 at 5:48am, FSBS was documented as 451. -On 09/23/19 at 6:14am, FSBS was documented as 464On 09/23/19 at 8:57pm, FSBS was documented as 540. -On 09/24/19 at 6:25am, FSBS was documented as 545. -On 09/24/19 at 5:55pm, FSBS was documented as 515. -On 09/24/19 at 5:55pm, FSBS was documented	PROVIDER OR SUPPLIER THALOGO125 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S. AU25 N SHARON AMITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 times a day before meals. -There was an order to check the fingerstick blood sugar (FSBS) before meals, three times a day. A subsequent physician's order dated 09/11/19 revealed an order to notify Resident #6's Endocrinologist if the blood glucose levels were less than 60 or greater than 450. Observation of Resident #6's September 2019 electronic medication administration record (eMAR) revealed: -There was an entry to check the fingerstick blood sugar (FSBS) before meals and at bedtime. Special instruction, in bold letters, were PLEASE NOTIFY PATIENT'S ENDOCRINOLOGY OFFICE IF BLOOD SUGAR IS GREATER THAN 450 OR LESS THAN 60. -There was a section on the eMAR screen to enter the FSBS readings. -There was a section on the eMAR screen to document notes regarding the blood sugar parameters. Review of the vital signs entered into the eMAR dated 09/25/19 revealed: -On 09/19/19 at 5:48am, FSBS was documented as 451. -On 09/23/19 at 6:14am, FSBS was documented as 454. -On 09/23/19 at 8:57pm, FSBS was documented as 454. -On 09/23/19 at 6:25am, FSBS was documented as 515. -On 09/24/19 at 6:25am, FSBS was documented as 515. -On 09/24/19 at 5:55pm, FSBS was documented as "High".	PROVIDER OR SUPPLIER ### ALD60125 #### ALD60125	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Continued From page 1 Long results and an order to check the fingerstick blood sugar (FSBS) before meals, three times a day. A subsequent physician's order dated 09/11/19 revealed an order to notify Resident #6's Endocrinologist if the blood glucose levels were less than 60 or greater than 450. Observation of Resident #6's September 2019 electronic medication administration record (eMAR) revealed: -There was an entry to check the fingerstick blood sugar (FSBS) before meals and the detimeSpecial instruction, in bold letters, were PLEASE NOTIFY PATIENT'S ENDOCRINOLOGY OFFICE IF BLOOD SUGAR IS GREATER THAN 450 OR LESS THAN 60. -There was a section on the eMAR screen to enter the FSBS readingsThere was a section on the eMAR screen to comment to the regarding the blood sugar parameters. Review of the vital signs entered into the eMAR dated 09/2/5/19 revealed: -On 09/23/19 at 6:14am, FSBS was documented as 451On 09/23/19 at 6:14am, FSBS was documented as 451On 09/24/19 at 6:25am, FSBS was documented as 451On 09/24/19 at 6:25am, FSBS was documented as 640On 09/24/19 at 6:25am, FSBS was documented as 640On 09/24/19 at 5:55pm, FSBS was documented as 640On 09/24/19 at 5:55pm, FSBS was documented as 641On 09/24/19 at 5:55pm, FSBS was documented as 7-light.

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Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		F 09/2	R 7/2019
NAME OF I	PROVIDER OR SUPPLIER		I.	STATE, ZIP CODE	1 00/2	172010
THE PAR	C AT SHARON AMIT	Y	HARON AMIT			
			TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 2	D 273			
	as 453.					
	to check the FSBS -The reading of "HI was above the mea -The measurement higher than 600 mg -The user should in healthcare professi Telephone interview	limit of the glucometer was y/dl. nmediately consult their onal. v with a representative from				
	the contracted phar revealed: -There was a physical dated 09/11/19, to cand at bedtimeThe order included Endocrinology office 450 or less than 60-The pharmacy data parameters and othe MAR, if they were physician's orderThe facility staff coinstructionsThe special instructions.	cian's order for Resident #6, check the FSBS before meals I 'Please notify the e if the FSBS was greater than				
	09/25/19 at 11:40ar -She checked Resishe was assigned to the 100 Hall. -If the FSBS was leshe was to notify the	dent #6's FSBS at lunch when o administer medications on ss than 60 or greater than 450 e physician. physician's office staff and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	V	HARON AMIT			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 3	D 273			
	-She would docume notes the FSBS, are physicianShe had not docur greater then 450 or Interview with a sec 3:15pm revealed: -The MAs were resof any parameters in the the should care.	ent in the electronic progress and that she had contacted the mented a FSBS reading less than 60 for Resident #6. cond shift MA on 09/26/19 at ponsible to notify the physician that exceeded orders. all or fax the physician's office				
	notesThe documentation reading and the data physician's office st	mented a FSBS for Resident				
	09/27/19 at 9:10am -She checked Resi morning before bre -She did not remen parameters or spec for Resident #6, ale Endocrinologist if tr or less than 60The MA did not no nursing staff on 09/ Resident #6's FSB3 -The MA did not no nursing staff on 09/ Resident #6's FSB3 -She would normall elevated blood sug- any parameters on -She probably shou	dent #6's blood sugar in the akfast. The any blood sugar cital instructions on the eMAR erting her to contact the ne FSBS was greater than 450 tify the physician or the facility 23/19 at 8:57pm when 8 was 540. The arting her to contact the ne FSBS was greater than 450 tify the physician or the 24/19 at 6:25am when 8 was 515. The arting her to contact with an ar reading, but she did not see Resident #6's FSBS order. The arting has blood sugar in the expectation of the expectation of the see Resident #6's FSBS order. The arting has blood sugar in the expectation of the expe				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· /	* *	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. BOILDING.		F	₹
		HAL060125	B. WING			7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	V	IARON AMIT TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODERICENCY)	JLD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 4	D 273			
	on 09/27/19 at 9:06 Interview with the F (RCC) on 09/26/19 -The MAs were prir	ne interview with another MA sam was unsuccessful. Resident Care Coordinator at 12:35pm revealed: marily responsible for notifying a resident's FSBS parameters				
	had been exceeded -If the Director of R RCC were informed reading was above would notify the phy -The RCC would us Documentation form	d. esident Care (DRC) or the d by the MA the blood sugar the ordered parameters, they ysician. se the Physician Visit m and fax the FSBS to the				
	FSBS was above the physicianShe would follow undocument in the electric she had not been Resident #6's FSBS and their resphysician if a reside	esponsibilities to notify the ents blood sugar, or any vitals,				
	physician. Interview with the A 3:40pm revealed: -Resident #6's eMA included the instruction physician's office if than 450 and less tell was the responsion physician's office by day and time of the additional physiciar -If contact with the documented, then the second secon	ibility of the MA to contact the y fax or phone, document the contact, and if there were				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	•	
THE PAR	RC AT SHARON AMIT	V	IARON AMIT TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	orderedThe DRC should of the Point of Complitation and the Poin	check the eMARs daily through ance report. ed the MAs and was uring orders were carried out hysicians. Ident #6's primary care provider at 4:05pm revealed: ary care physician for Resident and regarding Resident #6's blood sugars. Ident #6 to an Endocrinologist to manage her diabetes.	D 273			

diabetes mellitus type 2, hypertension, and Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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D 273	Continued From pa	ge 6	D 273			
	hyperlipidemia.					
		#1's Resident Register dmitted to the facility on				
	summary dated 06/ would benefit from for a longitudinal as	ent #1's hospital discharge 26/19 with indicated "patient outpatient psychiatric services seessment of symptoms and ssible psychotropics".				
	care provider (PCP formal evaluation by provider was recom	tation note from the primary) dated 07/03/19 revealed "a y the in-house psych [sic] mended, discussed with the sic] to arrange, no other e. "				
	dated 07/31/19 reve documentation of tr	eatment for mild cognitive t is to be seen by facility psych				
	08/06/19 revealed t	ritten to the physician dated he resident had been more id not indicate which staff note.				
	dated 08/21/19 reve	resident had some paranoia,				
	-There was a conse services on 08/19/1	ntal health progress notes				

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DIVISION	of Health Service Re	guiation	T		T	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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NAME OF E	PROVIDER OR SUPPLIER	etdeet AD	DDESS CITY S	STATE, ZIP CODE	•	
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THE PAR	C AT SHARON AMIT	V	IARON AMI			
			TTE, NC 282			I
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				DEFICIENCY)		
D 273	Continued From pa	ine 7	D 273			
2.0	Continued From pa	igo i	52.0			
	D : (D ::)					
		t #1's progress notes revealed:				
		28am, a medication aide (MA)				
		ent refused all medication and stating that we knew better				
		thing, she was not taking				
	anything from us".	ytiling, she was not taking				
		0pm, a MA documented				
		es insulin and medication and				
	thinks the building i	s out to get her and we are				
		sident exhibited paranoid				
	behavior with the de					
		4am, a MA documented				
		lood sugar check and all				
		rning stating that we are giving				
		her sick and she doesn't need				
		I the government on her side". 8am, a MA documented				
		nat her breakfast was				
	poisoned so she die					
		1am, a MA documented				
		mely rude, swearing, and				
	wondering what kin					
	-On 09/23/19 at 10:	49am, the Director of				
	`	C) documented the resident				
		house psychosocial provider				
	and there were no	changes.				
	Tolophone interview	wwith the contracted montal				
		w with the contracted mental 09/26/19 at 11:46am revealed:				
		cted mental health provider for				
	the facility.	otos monta neatti provider for				
		er mental health provider that				
	came to the facility					
		ted Resident #1, "she is not				
	my patient".					
		dent #1's legal guardian on				
	09/27/19 revealed:					
	- The resident had a	a history of schizophrenia and				

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE DATE DEFICIENCY) DEFICIENCY)		NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
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THE PARC AT SHARON AMITY 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (X5) COMPLE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			HAL060125	B. WING			
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE DATE DEFICIENCY)			CHARLOT	TE, NC 282			
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D 273 Continued From page 8 D 273	D 273	Continued From pa	ge 8	D 273			
bipolar disorder. -Resident #1 saw the mental health provider, "but it was not timely". -She requested the resident see a mental health provider on 08/16/19 due to history of psychological issues. -She faxed a consent to the facility on 08/16/19 and 08/21/19. -She called the DRC on 08/19/19 to confirm the receipt of fax and there was no response. -She asked that the facility notify her of the date of the initial visit so that she could give the mental health provider a history on the patient. -The mental health provider came to the facility and completed the evaluation without speaking with her and getting the mental health history. -In August, she noticed the resident was more confused than usual and had increased hallucinations. -She told the Administrator of the breakdown in communication and it was not addressed. -The resident was eventually seen by the in-house mental health provider on 09/09/19, "The provider called me, I don't know why he would say that he did not see her". Interview with the Resident Care Coordinator (RCC) on 09/27/19 at 9:32am revealed: -She thought the resident saw the mental health provider, however she was unable to find the mental health progress notes. -She remembered talking to the guardian about getting the mental health consent processed. -The DRC was responsible for completing the referral process and ensuring that the resident was seen by the mental health provider. -She assisted the DRC with what she instructs her to do and she was not instructed to follow-up with Resident #1's mental health provider.		bipolar disorderResident #1 saw the it was not timely"She requested the provider on 08/16/1 psychological issued. She faxed a consequence of and 08/21/19She called the DRI receipt of fax and the she asked that the of the initial visit so health provider a hingle of the initial visit so health provider a hingle of the with her and getting. In August, she notice confused than usual hallucinationsShe told the Admir communication and completed the with her and getting. The resident was expensed in the provider called would say that he did not be she to do and she was seen by the mean and the says of the provider of the pro	resident see a mental health 9 due to history of 98. Pent to the facility on 08/16/19 C on 08/19/19 to confirm the enere was no response. Per facility notify her of the date that she could give the mental story on the patient. Provider came to the facility evaluation without speaking 9 the mental health history. Per facility evaluation without speaking 9 the mental health history. Per facility evaluation without speaking 9 the mental health history. Per facility evaluation without speaking 9 the mental health history. Per facility evaluation without speaking 9 the mental health provider on 09/09/19, and mental health provider on 09/09/19, and mental health she was unable to find the resident saw the mental health she was unable to find the resident consent processed. Pensible for completing the did ensuring that the resident ental health provider. Per for completing the of the provider on the processed of the provider. Per facility of the provider on the provider on the provider on the provider on the processed of the provider on the provider on the processed of the provider on the provider on the processed of the provider on the p				

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL060125	B. WING		09/2	₹ 7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE DAT	RC AT SHARON AMIT	, 4025 N SH	IARON AMIT	TY DRIVE		
I TE PAR	RC AT SHARON AWITT	CHARLOT	TTE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 9	D 273			
	o9/26/19 at 4:23pm -Initially, the resider paranoia, however psychological exam she ordered a psyc 07/03/19She ordered the re mental health provinot seen, she was t scheduled but the a -The resident displa and talked about th -She spoke to the p about the mental he scheduled 3 weeks -She would expect resident had not be providerShe could have an provider from her p -If Resident #1 were provider sooner, it of for paranoia, halluc resident refuse med Interview with the A 10:20am revealed: -She expected the were processed tim -She expected resid provider of the resid next available visitShe did not know f the mental health p -She was told on 05 that the resident wa 09/25/19 due to lace	at did not present with when she completed a mini in the resident scored low and hological evaluation on esident to see the contracted der on 08/21/19 but she was old Resident #1 was appointment was cancelled. Anyed symptoms of paranoia estaff trying to kill her. Previous RCC on 07/03/19 ealth evaluation and it was out. The staff to let her know the een seen by the mental health ractice see the resident. The to see the mental health could have helped treatment inations, and possibly helped dications less often. DRC to ensure that referrals arely. The dent/guardian choice at the Resident #1 was not seen by the dent/guardian choice at the Resident #1 was not seen by				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		
l R	R	
HAL060125 B. WING 09/27/2	/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
THE PARC AT SHARON AMITY 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 273 Continued From page 10 mental health referral/evaluation by the DRC or RCC. b. There was a previous physician's orders signed 07/24/19 revealed there was an order for Humalog (used to control high blood sugars) 1000/mL 10 units 15 minutes before or immediately after meals three times daily. Review of a Resident #1's record revealed there was an order dated 08/21/19 to discontinue Humalog insulin 10 units three times daily 15 minutes before meals or immediately after a meal. Review of Resident #1's electronic medication administration record (eMAR) for August 2019 revealed: -There was an entry for Humalog 1000/mL to be administered three times daily 15 minutes before meals or immediately after a mealThere was documentation Humalog 1000/mL was refused 23 out of 68 opportunities from 08/01/19-08/23/19The residents blood sugars ranged from 78-376. Review of Resident #1's hospital discharge summary dated 06/26/19 revealed, the resident's A1C (test used to measure the average blood glucose, normal range is 4-5.7) was 9.5. Review of Resident #1's progess notes revealed: -There was a progress noted indicating the primary care provider (PCP) was notified of the resident refusing Humalog on 08/06/19The PCP was notified of the resident refusing Humalog on other documentation the physician		

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DIVISION	of Health Service Re	guiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
					_	
		HAL060125	B. WING		09/2	7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE		
			IARON AMIT			
THE PAI	RC AT SHARON AMIT	<i>(</i>	TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 11	D 273			
	Interview with a me 09/26/19 at 12:20pi -She did not remen insulin when she we-She would contact residents refused in the progress notesMAs were to get a administer a medic refusing, and notify Coordinator (RCC) (DRC) and the physe-The MAs were to correspondence to Interview with a MA revealed: -If a resident refuse get another MA to a medicationIf the resident cont notify the physician was refusalShe was also to no refusals and docum after each refusalShe could not remphysician when Resident #1's Humalog, "I may hashe notified the RC Resident #1's Humalog, The previous RCC that the physician was refusal of insulinResident #1 prese	dication aide (MA) on m revealed: aber if Resident #1 refused orked. The doctor immediately if asulin and would document in mother MA to try and ation if a resident was the Resident Care. Director of Resident Care of Director of Resident Care o				

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	of Fleatiff Service IN					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
711012711	OF CONTRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		OOWII	LLILD
					F	₹
		HAL060125	B. WING		09/2	7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
			HARON AMIT	,		
THE PAR	RC AT SHARON AMIT	Y	TTE, NC 282			
	OLIMANA DV. OTA					0.5-1
(X4) ID PREFIX		TEMENT OF DEFICIENCIES 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 APPRO		DATE
				DEFICIENCY)		
D 273	Continued From pa	ge 12	D 273			
	•					
	09/25/19 at 4:09pm	rimary care provider (PCP) on				
		ew refusal notes for Resident				
	#1.	W relusal flotes for Resident				
		e notified each time a resident				
		ed that the resident missed 23				
	out of 68 doses of I					
		Humalog because she was				
	notified that the res	ident refused a few times.				
		ccess to the eMARs during				
		now many times a resident				
	was refusing medic					
		or fax her of refusals, then she				
	was not aware.	00 aut af 00 danaa				
		ng 23 out of 68 doses would				
		to be at risk for hyperglycemia, age, and hospitalization.				
		be notified so that she could				
		gars or adjust other insulin				
	medications sooner	-				
		•				
	Interview with the R revealed:	RCC on 09/27/19 at 9:32am				
		Resident #1 missed 23 out of				
	68 doses of Humal					
		dent did not trust staff and				
		hy medications were given but				
		issed so many doses of				
	Humalog.					
		al of insulin she expected the				
	staff to call or fax th					
		f there was a written policy for				
	refusals.	otoff to also notify begins the				
	-She expected the s	staff to also notify her or the				
	DRC II lile resident	reiuseu Ilisuiili.				
	Interview with Resid	dent #1's legal guardian on				
	09/27/19 at 9:34am					
		history of schizophrenia and				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060125	B. WING		09/2	R 7/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 03/2	172013
THE PAF	RC AT SHARON AMIT	V	IARON AMIT TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 273	bipolar disorderResident #1 had a medications as ord reason she was ad -She did not know of the state of the PCP to be notify a resident was to the PCP to be notify -There was no writter fusalsThe DRC and RCO reinforcing the rules notifying the PCP of the faresulted in Resident diabetic ketoacidos Resident #1, with a to a history of schiz with a delayed men months, despite an behaviors, resulted non-compliance whinsulin, which put Rhyperglycemia and This failure resulted harm for Resident accordance with G. CORRECTION DA	history of not taking ered and it was part of the mitted to a facility. of any refusals of medications. Idministrator on 09/27/19 at with the "state policy" and after 3 PCP. To refuse insulin, she expected ied immediately. The policy for medication to the policy for medication and the policy for medication, and the policy for medication in increased medication in increased medication in increased medication in increased medication included a fast acting the policy for physical the policy for physical the policy for physical the policy for physical the property for the policy for physical the policy for physical the policy for physical the property for physical the physical the property for physical the property for physical the physical physical the physical physi	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL060125	B. WING		F 09/2	₹ 7/2019
	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMITY	CHARLO	TTE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 276	Continued From pa	ge 14	D 276			
D 276	10A NCAC 13F .09	02(c)(3-4) Health Care	D 276			
	following in the residual (3) written procedur a physician or other and (4) implementation	assure documentation of the				
	facility failed to assu	views and interviews, the ure orders for fingerstick blood ks were completed as ordered				
	09/12/19 revealed t	#6's current FL2 dated here was an order for gar (FSBS) checks three neals.				
	revealed an order to	n's order dated 09/11/19 o notify Resident #6's ne blood glucose levels were ater than 450.				
		ident #6's September 2019 on administration record				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060125	B. WING		F 00/2	₹ 2 7/2019
		HAL060123			09/2	.772019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE DAE	RC AT SHARON AMIT	, 4025 N SI	HARON AMIT	TY DRIVE		
IIIL FAI	CAI SHARON AMIT	CHARLO	TTE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 276	Continued From pa	ge 15	D 276			
	blood sugar (FSBS 12:00pm and 4:30p -Special instruction NOTIFY PATIENT'S IF BLOOD SUGAR LESS THAN 60There was no dock checked at 12:00pr -There was no proof for the exceptionThere were 2 of a 12:00pm the FSBS checkedThere was no dock checked at 4:30pm 09/15/19 and 09/17 -There were 13 of a 4:30pm the FSBS we checked.	y to check the fingerstick before meals at 6:30am, am., in bold letters, were PLEASE SENDOCRINOLOGY OFFICE IS GREATER THAN 450 OR amentation FSBS was non 09/20/19 or 09/25/19. Iress note indicating a reason possible 24 opportunities at was not documented as a from 09/12/19 through 1/19 through 09/25/19. It is possible 24 opportunities at was not documented as a possible 24 opportunities at was not documented as a possible 24 opportunities at was not documented as a press note indicating a reason are some series of the series of				
	09/26/19 at 3:15pm -If a resident had at would populate on timeThere would be a cresults of the FSBS -When she checked on the completion of the result, she would not result, she would not she was one of the Resident #6's medi 09/25/19.	order to check the FSBS, it the eMAR at the scheduled drop down box to enter the d the FSBS she would sign off of the tasks.				
	eMAR. she did not					

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SURVEY LETED
_
२ १ <mark>७/2019</mark>
(X5)
COMPLETE DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
, , , , , , , , , , , , , , , , , , , ,	or contraction	is even to wie with the wise it.	A. BUILDING:	A. BUILDING:		
		HAL060125	B. WING		09/2	₹ !7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	HARON AMIT			
		CHARLO	TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 276	Continued From pa	nge 17	D 276			
	in the progress not- If the MAs did not notes, it meant they Interview with the F (RCC) on 09/27/19 -She was the RCC -If a resident had a would "pop" up and when it was time to -There would be a the blood sugar che- She had not been highlighted on the e administration at the	es. document in the progress y did not check the FSBS. Resident Care Coordinator at 9:59am revealed: and a MA. n order to check FSBS, it I highlight in blue on the eMAR o check their FSBS. space to enter the results of eck. told that any orders were not eMAR screen prompting eir allotted time.				
{D 352}	10A NCAC 13F .10 (a) Prescription leg legible label with th (1) the name of the medication is presc (2) the most recent (3) the name of the (4) the name and c medication, quantit serial number; (5) directions for us (6) a statement of gindicated if a brand prescribed is dispe (7) the expiration d single unit or unit d an expiration date; (8) auxiliary statem medication;	date of issuance; prescriber; oncentration of the y dispensed, and prescription se stated and not abbreviated; generic equivalency shall be other than the brand nsed; ate, unless dispensed in a ose package that already has ents as required of the ess, telephone number of the	{D 352}			

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	3
		HAL060125	B. WING		09/2	7/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	HARON AMIT FTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	.D BE	(X5) COMPLETE DATE
{D 352}	Continued From pa	ge 18	{D 352}			
	(10) the name or in pharmacist.	itials of the dispensing				
	reviews, the facility were properly label residents (Resident two vials of short ad	et as evidenced by: ons, interviews and record failed to assure medications ed for 3 of 7 sampled t #2, #3 and #8), as related to cting insulin (Residents #2 and long acting insulin (Resident				
	The findings are:					
	09/12/19 revealed: -Diagnoses include -There was an orde 100units/ml, (used levels), per sliding s meals and at bedtir -The sliding scale p 151-200=2 units; 20 units; 301-350=8 units; 301-450=12 units; 401-450=12 units; 401-450=	parameters were as follows: 01-250=4 units; 251-300=6 hits; 351-400=10 units; 451-500=14 units. er for fingerstick blood sugars sed 4 times a day, before				
	hand for administra revealed: -The Humalog insu with a pharmacy ge -The label had Res	ident #2's medications on tion on 09/25/19 at11:45am lin vial was in a plastic bag enerated label. ident #2's name, the name of g 100units/ml) and 'inject per				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	
						2
		HAL060125	B. WING		09/2	7/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Y	IARON AMIT			
	TO AL OTTAKON AIMIT	CHARLOT	TE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
{D 352}	Continued From pa	ge 19	{D 352}			
	sliding scale before follows'. -The Humalog insu 08/16/19. -There was a hando 09/10/19 on the sid There were no dire parameters on the Formal Parameters on the Parameter of the Bag. -She administered Formal Parameter on the Parameter of the Parameter of the Formal Parameter of the Formal Parameter of the Formal Parameter of The Parameter	In was dispensed on written opened date of e of the plastic bag. ections as to the sliding scale computer-generated label. ections for the sliding scale insulin vial inside the plastic irst shift medication aide (MA) ipm revealed: Resident #2's Humalog sliding needed. It the sliding scale parameters armacy generated label affixed ed both the medication label medication administration ore administering medication g 100units/ml was the correct #2 according to the sliding the eMAR. MAR entries for the sliding d have labels with directions tion and correspond with the eMARs. Frought this to the attention of ident Care (DRC) to contact ovide a label with directions for e Humalog insulin for				
	order entry on the e-She should have be the Director of Resist the pharmacy to proadministration of the Resident #2.	eMARs. brought this to the attention of ident Care (DRC) to contact ovide a label with directions for e Humalog insulin for				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		UAL 000407			F	
		HAL060125	B. WING		09/2	7/2019
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMITY	1	IARON AMIT ITE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
{D 352}		ge 20 ent #8's current FL2 dated	{D 352}			
	-There was an order 100units/ml, (used glucose levels), adribefore meals per slate -The sliding scale properties and state of the state	ed diabetes mellitus. er for Novolog insulin to control elevated blood minister three times a day iding scale parameters. arameters were as follows: 51-400=4 units; 401-450=6 nits; blood sugar greater than ident #8's medications on tion on 09/25/19 at 11:55am				
	revealed: -The Novolog insulicontainer with a phate of the insulin (Novolog enclosed directions) -There were no encurrence was a handle on the Novolog insulication of the computer-generate administration of the of Resident #8's Not the cardboard contains the side of the side	n vial was in a cardboard armacy generated label. ident #8's name, the name of a 100units/ml) and 'see'. closed directions. In was dispensed on 07/16/19. written opened date of e of the cardboard container. ections on Resident #8's d label, as regards the e insulin. ections for the administration evolog on the insulin vial inside ainer.				
	on 09/26/19 at 3:25 -She administered scale insulin when resulting the sliding on the pharmacy go the insulin vial.	pm revealed: Resident #8's Novolog sliding				

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administration record (eMAR) before

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	1141,000405	B. WING R			
	HAL060125	<u>l</u>		09/2	27/2019
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PARC AT SHARON AMITY	7	HARON AMIT FTE, NC 282			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
-She knew the Nove correct insulin for R sliding scale order elementsShe followed the elementsMedications should for their administration of their administration of the Pharmacy to propose the pharmacy to propose the pharmacy to propose administration of the #8. Interview with Adminication of the #8. Interview with Adminication of the Massing revealed: -The Masshould be matched the orderIf there was a discripted the medication of the Massing propose the matched the orderIf there was a discripted the medication of the Massing propose the medication of the Massing from the medicationsThe DRC should for assure medicationsIt was the Mas responded to the medications. Interview with the Responded to the Massing from the medications. Interview with the Responded to the Massing from the medications. Interview with the Responded to the Massing from the medications.	cation to the residents. olog 100units/ml was the desident #8 according to the dentry on the eMAR. eMAR for the sliding scale d have labels with directions ion and correspond with the eMARs. rought this to the attention of dent Care (DRC) to contact ovide a label with directions for e Novolog insulin for Resident nistrator on 09/26/19 at e checking the label to verify it repancy, the MAs should not on the cart. e doing cart audits, they should the label to the physician order MARs. the DRC or the Resident Care if the label was incorrect or	{D 352}			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. BOILDING.		F	2
		HAL060125	B. WING			7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	HARON AMIT			
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ITE, NC 282	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 352}	Continued From pa	ge 22	{D 352}			
	assisted as directed -Checking the label of the cart audit pro- In between cart au medications was remedication labels we MARs, as part of a administration proc- She did not know spackaging did not hadministration of the	on the medications was part ocess. dits, any MA who administered esponsible to verify the vith the order entries on the a correct medication ess. some of the insulin vials and have the orders for e insulin. MAs to inform her if there was				
	3. Review of Resident #3's current FL2 dated 09/12/19 revealed: -Diagnoses included Alzheimer's dementia, hypertension, hyperlipidemia and chronic pancreatitisThere was a medication order for Levemir (an insulin to treat diabetes) inject 50 units at bedtime.					
		#3's physician orders dated a medication order for Levemir adtime.				
	Review of Resident #3's physician orders dated 08/13/19 revealed a medication order for Levemir inject 36 units at bedtime.					
		#3's physician orders dated a medication order for Levemir edtime.				
		ident #3's medications istration on 09/26/19 at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE COMP	SURVEY LETED
			D. WING		F	
		HAL060125	B. WING		09/2	7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	IARON AMIT ITE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 352}	computer generate with directions to in There was a sticked Levemir 36 units in on 09/18/19. There was an oper computer generate with directions to in There was a sticked Levemir 50 units in on 09/04/19. Interview with a me 09/26/19 at 11:47ar She referred to the eMAR to administed Resident #3's currinject 50 units at be Even though the diffusion with the directions, availabled Interview with a second 3:57pm revealed: When administering the order on the eM medication prior to the elf an order was recomposed a medication, the Maffixing a sticker to dose had changed eMAR. Prior to adding the would verify the corrections.	ned bottle of Levemir with a d label affixed to the bottle ject 36 units at bedtime. For affixed to the bottle of dicating the bottle was opened and bottle of Levemir with a d label affixed to the bottle ject 50 units at bedtime. For affixed to the bottle of dicating the bottle was opened dication aide (MA) on more revealed: In directions on Resident #3's or his Levemir. For the content of the content was additioned in the directions to administer wistered 50 units. The why Resident #3 had two devemir, with different for administration. For MA on 09/26/19 at the gradual state of the directions on the directions of the directions on the directions on the directions of the directions of the directions on the directions of	{D 352}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			D MINO			R
		HAL060125	B. WING		09/2	27/2019
NAME OF PROVIDER OR S	SUPPLIER			STATE, ZIP CODE		
THE PARC AT SHARO	N AMIT	V	HARON AMIT TTE, NC 282			
PREFIX (EACH D	EFICIENC'	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Resident ## directions for (09/18/19), bottle did not she did not bottle or ale Interview we revealed: -She admir order entry -If the direct different from responsible the absence -The DRC of medication do itIf the MA we medication changes did a sticky not handwritter -The facility to affix to the Interview we revealed: -If a dose we were well administer reflected or -If MAs four medication notify her shan "order control one had of Levemir shands a sticky medication notify her shands and "order control one had of Levemir"	dministed after the or inject but she of match place a pert the R ith a thir histered on the efformations on the efformation of the elevant of the	ered Levemir 50 units to the Levemir bottle containing ing 36 units was opened did not realize the label on the on the order on the eMAR so in "order change" sticker on the CC or DRC. Ind MA on 09/27/19 at 8:52am in medications based on the eMAR. In the medication label was not not not emake the maximum of the eMAR, and the medication label was not not not emake changes to the exist or would ask the MA to end to make changes to the exist of the handwrite the sto the pharmacy label or affix medication with the new order sticky note. In the emake change sto the note that the note of the pharmacy label or affix medication with the new order sticky note. In the emake change sto have "order change" stickers are con 09/27/19 at 9:38am or not not a medication label in the emake on the dose				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		R 09/27/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMITY	<i>(</i>	HARON AMIT FTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 352}	would need to have applied to it. -The facility current change" stickers, but the pharmacy on 09. Interview with the A 9:00am revealed: -MAs should compato the eMAR prior to medication. -If a MA found a mematch the entry on either the DRC or haverified, and an "order placed on the medication cart automote where the placed on 09/11. -Medication cart automote who will an audit 09/18/19 when the been opened for Research.	ject 36 units but the bottle an "order change" sticker by did not have any "order ut she had ordered more from 3/26/19. Idministrator on 09/27/19 at are the label on the medication administering any edication label that did not the eMAR, they should notify erself so the order could be der change" sticker could be cation immediately. It is ion cart audits had been 1/19 and 09/17/19. It is should be completed by the MAs, but she did had been completed since bottle of Levemir 36 units had	{D 352}			
	finding medications match the eMARShe did not know was a second control of the	containing labels that did not why no one had added an ker to Resident #3's Levemir				
{D 358}		04(a) Medication 04 Medication Administration ome shall assure that the	{D 358}			
	preparation and add	ministration of medications, n-prescription, and treatments				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING			? 27/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE DAT	OC AT CHADON AMITY	4025 N SH	IARON AMIT			
THE PAR	RC AT SHARON AMITY	CHARLOT	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{D 358}	Continued From page 26		{D 358}			
	(1) orders by a lice which are maintained	nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies				
	severity resulting in					
	TYPE A2 VIOLATIO	DN				
	reviews, the facility medications as order observed during the #6 and #7), including insulin dosage not a (Resident #6) and a not administered as for 3 of 5 residents #1, #3 and #5) includinsulin and oral medicabetes (Resident antipsychotic medical #1), and failure to he	ons, interviews, and record failed to administer ered for 2 of 6 residents e medication pass (Residents ag a scheduled fast acting administered before lunch a scheduled mood stabilizer ordered (Resident #7), and sampled for review (Residents ading errors with a fast acting dication used to treat Type 2 #3), failure to administer eation as ordered (Resident ave a medication (Resident #5).				

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DIVIDION	Of Fleatin Service IN				1	1
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	SURVEY LETED
AIND FLAIN	OI CONNECTION	IDENTII IOATION NOIVIDER.	A. BUILDING:		COMP	LLILD
					F	
		HAL060125	B. WING		09/2	7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE 51		4025 N SI	HARON AMIT			
THE PAR	RC AT SHARON AMIT	Y CHARLO	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From page 27		{D 358}			
	The findings are:					
	by the observation opportunities during	or rate was 7% as evidenced of 2 errors out of 29 the 11:30am medication pass e 8:30am medication pass on				
		ent #6's current FL2 dated diagnoses included diabetes				
	09/12/19 revealed t 100units/ml, a fast a	ent #6's current FL2 dated here was an order for Novolog acting insulin used to control cose levels, administer 23 units efore meals.				
	at 11:30am revealer-The medication aid #6's fingerstick block infection control programs at 28 and 2	de (MA) checked Resident od sugar (FSBS), observing otocol. 8. vas administered another ith a 5 ounce cup of water. computer screen visible as check and a medication				
	revealed: -She did not have a scheduled to be add the 100 Hall.	AA on 09/25/19 at 11:40am any insulin medication ministered to the residents on ot ordered any insulin before				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R	
		HAL060125	B. WING			7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Y	HARON AMIT FTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	age 28	{D 358}			
	-She only had to check the FSBS at lunch and notify the physician if the reading was greater than 450.					
	was no order to dis units to be adminis	t #6's record revealed there continue Novolog insulin, 23 tered three times a day before urrent FL2 dated 09/12/19.				
	Observation of Resident #6's medications on hand to be administered, on 09/26/19 at 3:40pm, revealed: -There was a vial of Novolog insulin 100 units/ml with a computer generated pharmacy label attached to the vial. -The label had Resident #6's name, the name of the insulin and the directions: 23 units to be administered before meals three times a day. -The Novolog insulin was dispensed on 08/29/19.					
	12:45pm revealed: -She did not know administered insulii -She did not see the MARIf an order did not a medication to be of knowing the resithat timeShe did not know highlighted on the element	Resident #6 was to be n before lunch. e order highlighted on the "pop" on the eMAR to identify administered, she had no way dent had a medication due at why the medication was not eMAR screen to administer. ted by the Administrator to olog insulin 23 units to				
	revealed:	her MA on 09/25/19 at 3:15pm dent #6 had scheduled insulin vas not sure.				

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DIVISION	Of Fleatur Service IN	guiation	T		1	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COIVIF	LETED
					F	2
		HAL060125	B. WING		09/2	7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4025 N S	HARON AMIT			
THE PAR	RC AT SHARON AMIT	Y	TTE, NC 282			
(X4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,		
{D 358}	Continued From page 29		{D 358}			
	-She never had the	experience of a medication				
		ed on the eMAR at the time of				
	administration.					
		#6's electronic medication				
	2019 revealed:	rd (eMAR) for September				
		y for Novolog insulin 100units				
		three times a day, scheduled				
	for 6:30am, 12:00p	m and 4:30pm.				
		umentation Novolog 23 units				
		t 12:00pm on 09/20/19 or				
	09/25/19.					
		ress note indicating an histration of Novolog insulin on				
	09/20/19 or 09/25/1					
		possible 24 opportunities at				
	12:00pm that Novo					
	documented as adr	ministered.				
		umentation Novolog 23 units				
		it 4:30pm from 09/12/19				
		nd 09/17/19 through 09/25/19. a possible 24 opportunities at				
		sulin was not documented as				
	administered.	sum was not accumented as				
		ress note indicating an				
		nistration of Novolog insulin				
	from 09/12/19 throu	ugh 09/15/19 and 09/17/19				
	through 09/25/19.					
	Review of the vital	signs entered into the eMAR				
	dated 09/25/19 reve	•				
		8am, FSBS was documented				
	as 451.	,				
		4am, FSBS was documented				
	as 505.					
		2pm, FSBS was documented				
	as 464.	7pm, FSBS was documented				
	as 540.	was documented				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. Boilbing.			R	
		HAL060125	B. WING			7/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THE PAR	RC AT SHARON AMIT	Y	HARON AMIT TTE, NC 282				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
{D 358}	Continued From pa	age 30	{D 358}				
	as 515. -On 09/24/19 at 5:5 as "High".	25am, FSBS was documented 55pm, FSBS was documented 57pm, FSBS was documented					
	Review of the Prodigy glucometer manual, used to check the FSBS for Resident #6, revealed: - The reading of "HIGH" appeared when the result was above the measurement limitThe measurement limit of the glucometer was higher than 600 mg/dlIf the glucometer reads "HIGH", the user should immediately consult their healthcare professional.						
	Interview with a medication aide (MA) on 09/26/19 at 3:15pm revealed: -If a resident had an order for insulin, it would populate on the eMAR when it was time to administer their insulinThere would be a drop down box to enter the units of insulin administeredWhen she administered the insulin, she would sign off on the completion of the taskIf there was no drop down box to enter the units of insulin administered, she would not administer the insulinShe was one of the MAs who administered Resident #6's medications from 09/12/19 through 09/25/19If the insulin units administered were not documented on the eMAR, she did not administer the insulin.						
	on 09/27/19 at 9:08	ne interview with another MA Bam was unsuccessful.					

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DIVISION	of Health Service Re	guiation	_			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					_	,
		1141 000405	B. WING		F	
		HAL060125	B. WING		09/2	7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		4025 N SH	ARON AMIT	TY DRIVE		
THE PAR	C AT SHARON AMITY	Y	ΓΤΕ, NC 282			
040.15	CLIMMAN DV CTA		1		DNI .	0/5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES 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 APPROPRIES		DATE
				DEFICIENCY)		
(D 3E0)	Continued From no	24	(D 350)			
{D 358}	Continued From pa	ge 31	{D 358}			
	-The facility's contra	acted pharmacy staff entered				
	all medication order					
	-The Director of Re	sident Care (DRC) was then				
		fying the orders were entered				
	correctly.	, 5 : : : : : : : : : : : : : : : : : :				
	•	ulin orders, the DRC had to				
		idministration were correct and				
	•	es were activated to allow the				
	MAs to enter the da					
		heck the eMARs daily through				
		d by the eMAR program.				
	-This report showed					
	•	cate orders and medications				
	administered late.					
		ninistered the insulin but did				
		document the results on the				
		have documented the results				
	in the progress note					
		document in the progress				
		administer the insulin.				
	notos, they did not					
	Interview with the R	Resident Care Coordinator				
		at 9:59am revealed:				
	-She was the RCC					
		n order for insulin, it would				
		ght in blue on the eMAR when				
	it was time to admir					
		space to enter the site of the				
		the amount of insulin				
	administration and administered.	uic ailiouiii Oi IliSuiili				
		told that any modications were				
	-She had not been told that any medications were not highlighted on the eMAR screen at their					
	allotted time.	HE ENIAR SCIEETI AL LITEII				
	anotteu time.					
	Intonvious with Design	dont #6's primary care provides				
		dent #6's primary care provider				
		at 4:05pm revealed:				
		ry care physician for Resident				
	#6.	d no mondina Decident #01-				
		d regarding Resident #6's				
	continued elevated	blood sugars.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
		HAL060125	B. WING		09/2	7/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	V	HARON AMIT FTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	in August of 2019 to The PCP question between the staff at there had been no August visit, and the elevated. These high blood sketoacidosis, (a porproblem that occurs breaking down fat fill blood to become to failure. Attempted telephore Endocrinologist on 09/27/19 at 11:20ar Attempted interview 4:10pm was unsuch determined Reside 2. Review of Reside 09/12/19 revealed: Diagnoses include behavioral disturbation and legand administer one half Observation of the at 8:30am revealed There was a mediagenerated label and The directions on the gone half tablet (approximate the stablet) and the stablet (approximate t	dent #6 to an Endocrinologist to manage her diabetes. ed the communication and the Endocrinologist, since medication changes since the e blood sugar continued to be sugars could cause diabetic tentially life threatening swhen the body starts for energy, which causes the o acidic), and possible organ are interview with the 09/26/19 at 4:10pm and m was unsuccessful. We with the DRC on 09/26/19 at cessful. Jons and interviews it was and the was not interviewable. The was not interviewable. The was another dementia with the part of the part o	{D 358}			

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	of Fleatiff Service IN		1		I	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
, HED I LAIN	O. GOMMEDITON	IDENTIFICATION NOWIDER.	A. BUILDING:		COIVIE	,-5
					F	
		HAL060125	B. WING		09/2	7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4025 N S	HARON AMIT	TY DRIVE		
THE PARC AT SHARON AMITY CHARLO			TTE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				BELLOIL		
{D 358}	Continued From pa	ge 33	{D 358}			
	-The medication aid	de (MA) removed one whole				
		ould not find a pill splitter on				
	the cart.					
	-The MA informed t	he Administrator there were				
		ither medication cart in the				
	facility.					
		sent a staff person to				
	purchase a pill split	ter locally. aff person found a plastic pill				
		ation room which was cleaned				
	and able to be used					
		blet and administered to				
	Resident #7 with wa					
		ident #7's medications on				
		administration on 09/26/19 at				
	8:45am revealed:	of Dominion with 40 whole				
	tablets.	of Paroxetine with 12 whole				
		pharmacy bottle was				
	09/17/19.	pharmacy bettle was				
		nt on 09/17/19, with directions				
		alf tablet (20mg) daily.				
		, ,				
		#7's electronic medication				
		rd (eMAR) for September				
	2019 revealed:	u for Darovotina 40 mm ass				
		y for Paroxetine 40 mg, one ily, for mood stability.				
		entation Paroxetine was				
		/18/19 at 8:00am, and				
	09/20/19 through 09					
		entation Paroxetine was not				
		/17/19 at 8:00am and				
		due to the medication not in				
	the facility.					
		view and observation of				
		nd, there should have been				
		tablets left if the Paroxetine				
	had been administe	ereu as ordered.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	₹
		HAL060125	B. WING		09/2	7/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Y	IARON AMIT			
			TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 34	{D 358}			
	revealed: -She had administed on 09/17/19She had document notes "Not administ -RX order was the of medication was not were awaiting its arron 09/19/19, the Name of the eMAR progress orderThe MA informed the Resident #7's Paros be administeredThe MA faxed a not pharmacy and caller regarding the medical administrationShe had been off the the medication on the medication on the medication on the medication of the medication of the medication of the medication on the medication of the medication on the medication of the medication on the medication on the medication of the medication on the medication of the	documentation entered when a in the building and the staff rival. MA was again administering cations and documented on a note 'Not administered-RX the DRC and the RCC exetine was not in the facility to obtification to Resident #7's ed leaving a message cation not available for the past few days and found the cart this morning. Responsible family member on m revealed: Ilications were all ordered 7's pharmacy. Ilent #7's medications to the ration by the staff. Baroxetine tablets on Sunday, onle tablets in the medication				
	revealed: -She did not remem	nber documenting the aroxetine to Resident #7 on				

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09/18/19, 09/21/19 and 09/22/19.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			,		R	
		HAL060125	B. WING			7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	V	HARON AMIT FTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{D 358}	8) Continued From page 35		{D 358}			
	administeredShe could not expl Paroxetine was adr	ain why she had documented ministered to Resident #7 cumentation the medication				
	Interview with the primary care physician (PCP) on 09/27/19 at 9:30am revealed: -She was not the physician who prescribed Paroxetine to Resident #7Paroxetine was an antidepressant which assisted with mood stabilityResident #7 had a diagnosis of Alzheimer's Dementia with behavioral disturbancesResident #7 could manifest an increase in behavioral disturbances if he missed several doses of Paroxetine.					
	3:50pm revealed: -If a medication was medication count in administered as pre exposed during a c-The policy for cart-The Physician Ord printed from the coordersThe MA, or whome audit, used the POS orders on the eMAF cartAnything that did no cartThe medication tal	audits was as follows: er Summary (POS) was mputer and had all the active ever was assisting with the S and compared it to the R and the medications on the ot match was pulled off the plets were counted and left margin of the POS. e used to order refill				

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NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [A. BUILDING: B. WING A. BUILDING: B. WING A. BUILDING: B. WING A. BUILDING: B. WING CHARLOTTE, XC 2IP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIADED TO THE APPROPRI	R 09/27/2019
NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) {D 358} Continued From page 36 -The last cart audit was completed on 09/11/19.	
THE PARC AT SHARON AMITY 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) {D 358} Continued From page 36 -The last cart audit was completed on 09/11/19.	
THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [A 358] Continued From page 36 -The last cart audit was completed on 09/11/19.	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [A 358] Continued From page 36 -The last cart audit was completed on 09/11/19.	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 358) (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIAD DEFICIENCY) (D 358) (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIAD DEFICIENCY)	(VE)
-The last cart audit was completed on 09/11/19.	BE COMPLETE
was given to the DRC to be reviewed.	
Review of the POS for the cart audit completed on 09/11/19 revealed Resident #7 had 3 tablets of Paroxetine remaining.	
There was no documentation in the Progress Notes dated 09/11/19 through 09/22/19 the staff attempted to contact the responsible family member and request a refill for Resident #7's Paroxetine.	
Attempted telephone interview with the prescribing physician on 09/26/19 at 4:25pm was unsuccessful.	
3. Review of Resident #3's current FL2 dated 09/12/19 revealed diagnoses included Alzheimer's dementia, hypertension, hyperlipidemia and chronic pancreatitis.	
a. Review of Resident #3's physician's notes dated 09/03/19 revealed: -Resident #3 had a diagnosis of Type 2 diabetes mellitus.	
-Resident #3 was seen by his Primary Care Provider (PCP) on 09/03/19 for a hospital follow-upResident #3 was sent to the emergency room (ER) on 09/01/19 because staff were unable to get an FSBS reading on his glucometerWhen Resident #3 arrived at the hospital, his FSBS was 469His BMP (basic metabolic panel; a blood test) showed a blood sugar result of 508Resident #3 was treated and returned to the	

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL060125	B. WING			R 27/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TUE DA		, 4025 N SH	IARON AMIT	Y DRIVE		
THE PAR	RC AT SHARON AMITY	CHARLO1	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 37	{D 358}			
	Review of Resident -On 09/01/19, Resident hospital for high blo -On 09/09/19, Resident	#3's progress notes revealed: dent #3 was sent to the od sugar. dent #3's FSBS was 541 and instructed the facility to send				
	09/10/19 revealed a Humalog insulin pe -If FSBS was 0-150 administered. -If FSBS was 151-2 -If FSBS was 201-2 -If FSBS was 251-3 -If FSBS was 301-3 -If FSBS was 351-4 -If FSBS was 401-4	250: inject 6 units. 200: inject 8 units. 250: inject 10 units. 250: inject 12 units. 249 inject 14 units. 250: inject 14 units and				
	dated 09/09/19 reve	#3's ER discharge summary ealed Resident #3 had been hyperglycemia (high blood				
	09/12/19 revealed t blood sugar before inject Humalog Kwi fast-acting insulin to following sliding sca	sugar (FSBS) was 0-150, no Iministered. 100: inject 4 units. 150: inject 6 units. 150: inject 8 units. 150: inject 10 units. 150: inject 12 units.				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		HAL060125	B. WING		09/2	₹ ?7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
		4025 N SH	IARON AMIT			
THE PAR	RC AT SHARON AMIT	CHARLOT	TE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 38	{D 358}			
	-If FSBS was greate contact the physicial	er than 450, inject 14 units and an.				
	09/13/19 revealed a Humalog Kwikpen i insulin (a fast-acting the following sliding -If FSBS was 0-150 administered. -If FSBS was 151-2 -If FSBS was 251-3 -If FSBS was 301-3 -If FSBS was 351-4 -If FSBS was 401-4	20, no insulin was to be 200: inject 4 units. 250: inject 6 units. 300: inject 8 units. 350: inject 10 units. 300: inject 12 units. 349 inject 14 units. 350: er than 450, inject 14 units and				
	electronic medicatic (eMAR) from 09/01 -There was an entry 100 units/ml to be at 7:00am, 12:00pn start date of 09/11/109/13/19There was a block a block for entering administered for earthere was documentable been administed 12:00pm through 09-There was an entry units/ml to be administed 6:30am, 4:30pm, 8:	a #3's September 2019 on administration record /19-09/25/19 revealed: y for Humalog Kwikpen insulin administered per sliding scale in, 5:00pm and 8:00pm with a 19 and a discontinue date of for entering the FSBS result, the site of administration, and the number of units ch administration time. entation Humalog Kwikpen ered correctly from 09/11/19 at 19/13/19 at 12:00pm. y for Novolog insulin 100 nistered per sliding scale at 00pm and 11:30pm with a 19 and a discontinue date of				
		for entering the FSBS result,				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* *	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		F	2
		HAL060125	B. WING			7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAI	RC AT SHARON AMIT	V	IARON AMIT TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{D 358}	a block for entering a block for entering administered at 6:3 - There was no docresults, site of adminsulin units admini-There were no blo result, the site of acinsulin units admini-There was no docresults or Novolog at 4:30pm through consecutive doses There was an entrunits/ml to be administered was an entrunits of the entering a block for entering a block for entering administered for earthere was a block a block for entering administered for earthere was documbeen administered 6:30am through 09 Review of Resident there was no docur administration of No9/13/19-09/16/19. Observation of Resavailable for admining 11:47am revealed to the insulin 100 units/ml with an open date of the contracted 4:44pm revealed the contracted 4:44pm r	the site of administration, and the number of units 0am and 11:30pm. Unmentation of the FSBS inistration, or the number of stered at 6:30am or 11:30pm. Cks for entering the FSBS dministration or the number of stered at 4:30pm and 8:00pm. Unmentation of the FSBS administration from 09/13/19 09/16/19 at 8:00pm for 14 Y for Novolog insulin 100 nistered per sliding scale at 4:30pm and 8:00pm with a 19. for entering the FSBS result, the site of administration, and the number of units inch administration time. Entation Novolog insulin had correctly from 09/17/19 at 12:00pm. It #3's progress notes revealed mentation of FSBS results or ovolog insulin from ovolog insulin from sistered was a vial of Novolog available for administration	{D 358}			

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DIVISION	Of Fleatin Service IN	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COIVIE	LETED
					F	2
		HAL060125	B. WING			7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4025 N SI	ARON AMIT			
THE PAR	C AT SHARON AMIT	Y	TTE, NC 282			
(V4) ID	SI IMMARV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
(X4) ID PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	.D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				BEI IOIENOT)		
{D 358}	Continued From pa	ge 40	{D 358}			
	09/13/19.					
	00/10/10.					
	Interview with a me	dication aide (MA) on				
	09/26/19 at 3:57pm	revealed:				
		n order for sliding scale insulin,				
		pulate on the eMAR when it				
		he resident's FSBS and				
	administer their ins					
	-There should be a space to enter the result of the FSBS.					
	-Once the FSBS was entered into the computer					
		should automatically populate				
		in to administer based on the				
	sliding scale.					
		tered the insulin, she would				
	sign off on it as beir					
		stances when there was no				
		FSBS result, and she would				
		sliding scale insulin because m would not populate the				
	amount of insulin to					
		Resident #3's medications				
	during the week of					
		all there not being a space to				
		Resident #3's FSBS and could				
		administering his sliding scale				
	insulin.	and to a decide a second				
		and insulin units administered				
	did not administer t	ed on the eMAR, it meant she				
	aid flot ddiffillioter t	no modiin.				
	Interview with the R	Resident Care Coordinator				
		at 9:59am revealed:				
	-She was the RCC	and a MA.				
		n order for sliding scale insulin,				
		pulate on the eMAR when it				
		he resident's FSBS and				
	administer their ins					
		space to enter the result of				
	the FSBS.					

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		HAL060125	B. WING	· · · · · · · · · · · · · · · · · · ·	09/2	7/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	4025 N SH	IARON AMIT	Y DRIVE		
IIIE I AI	TO AT OTTAKON AIMIT	CHARLOT	TE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 41	{D 358}			
	she had she did no automatically popul give based on the F-She would administ the sliding scale or resident. If there was no sparagraph or the insulin units a check the resident's scale to administer and then document insulin units adminitated administration of the Administration of the Administration of the Administration of the Administering sliding the week could not recall che administering sliding the did not know the Resident #3's FSBS	ster the insulin by referring to der on the eMAR for that acce to enter the FSBS results administered, the MAs should as FSBS, refer to the sliding the proper amount of insuling the proper amount of insuling to both the FSBS result and the stered in a progress note. Her the Director of Resident was an issue with the ot allowing them to document of medications. Fired medications to Resident of 09/13/19-09/16/19, but she tecking his FSBS or				
	09/27/19 at 9:20am -She had been Res 2019Resident #3 had a	ident #3's PCP since April history of diabetes.				
	he was hospitalized 1000 and ketoacido life-threatening prol body starts breakin causes the blood to -Resident #3's last the average level of months) was drawn	days admission to this facility, it with a FSBS greater than one is (a potentially older that occurs when the grown fat too fast, which obecome too acidic). Hgb A1C (a test that shows if blood sugar over the past 2-3 in on 09/17/19 and the result rican Diabetes Association				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDING:			
		HAL060125	B. WING		F 09/2	₹ 7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Y	IARON AMIT			
		CHARLOT	TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFINED TO THE	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 42	{D 358}			
{D 358}	recommends people A1C below 7.0). -She did not know I without having his I missed 14 consecus scale insulin from 0 -Resident #3 not has sliding scale insulin for hyperglycemia was a, and fatigue -If Resident #3's blood due to lack of insuling ketoacidosis which with the A 9:00am revealed: -The facility's contramedication orders of -The DRC was the orders were entered -In the case of sliding to verify the order was the times for check administering insuling "calculator." -The DRC did not was resident #3's Novo instead of 11:30am 11:30pm. -Resident #3's sliding was not set correct system would not put to administer after 1 -She was unsure was entering the FSBS 8:00pm time slots. -The MA had broughters -The MA had broughter	e with diabetes keep their Hgb Resident #3 had gone 3 days SBS checked and had tive doses of Novolog sliding 19/13/19-09/16/19. The properties of the proper	{D 358}			
	system.	corrected it in the eMAR ecked Resident #3's FSBS and				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060125	B. WING		F 09/2	₹ 2 7/2019
					1 0312	.772019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	/	HARON AMIT FTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 43	{D 358}			
	a place to record the should have recorded -If the MAs did not onotes, it meant they administer insulin.	g scale insulin but did not have e results on the eMAR, they ed it in the progress notes. document in the progress or did not check the FSBS or				
	09/25/19 revealed t metformin 1000mg	ent #3's current FL2 dated here was an order for one tablet twice daily (an oral treat Type 2 diabetes).				
	09/03/19 revealed t	#3's physician's orders dated here was an order to nin and start metformin				
		#3's FL2 dated 08/13/19 an order for metformin 500mg				
	(09/01/19-09/26/19) -There was an entry tablet to be adminis	#3's September 2019 eMAR) revealed: y for metformin 500mg one stered at 8:00am with a start d a discontinue date of				
	-There was docume administered once and again 09/08/19 -There was docume not administered or -There was a secor 1000mg, one tablet and 8:00pm daily wand a discontinue de-There was docume	entation metformin 500mg was n 09/07/19 due to "duplicate." nd entry for metformin, to be administered at 8:00am ith a start date of 09/03/19 late of 09/10/19. entation metformin 1000mg				
	through 09/10/19.	t 8:00am from 09/05/19 entation metformin 1000mg				

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE: CROSS-REFERENCED TO THE APPROPRIATE DATE: CROSS-REFERENCED TO THE APPROPRIATE		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH DEFICIENCY DAYS OF LSC IDENTIFYING INFORMATION) B. WING AUGUST AND MING STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205 (X4) ID PROVIDER'S PLAN OF CORRECTION (X COMPONE) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPONE) TAG CROSS-REFERENCED TO THE APPROPRIATE DAY OP/27/2019				A. BUILDING:			5
THE PARC AT SHARON AMITY 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X COMPRESS) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPRESS REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE A025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205 (X4) ID PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPRESS REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE: OUT OF THE PARC AT SHARON AMITY DRIVE CHARLOTTE, NC 28205			HAL060125	B. WING	 		
THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CAMP TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE: The part of the	NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DAY	THE PAR	C AT SHARON AMIT	Y				
DEFICIENCY)	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO	JLD BE	(X5) COMPLETE DATE
(D 358) Continued From page 44 was not administered at 8:00am on 09/04/19 due to "duplicate orders." -There was documentation metformin 1000mg was administered at 8:00pm from 09/04/19 through 09/08/19There was documentation metformin 1000mg was not administered at 8:00pm on 09/09/19 due to Resident #3 being hospitalizedThere was a third entry for metformin, 1000mg, one tablet to be administered at 8:00am and 8:00pm daily with a start date of 09/10/19There was documentation metformin 1000mg was administered at 8:00am from 09/11/19 through 09/26/19There was documentation metformin 1000mg was administered at 8:00am from 09/11/19 through 09/26/19There was documentation metformin 1000mg was administered at 8:00pm from 09/10/19 through 09/05/19There was documentation Resident #3 was administered at 8:00am from 09/04/19 through 09/09/19 and again from 09/08/19 and 11:47am revealed there was metformin 1000mg available for administration on 09/26/19 at 11:47am revealed there was metformin 1000mg available for administration within multi-dose packages for both morning and evening doses dispensed on 09/25/19. Telephone interview with a representative with the facility's contracted pharmacy had dispensed a 7-day supply of metformin 1000mg two tablets daily for Resident #3 on 09/03/19, 09/07/19, 09/4/19, and 09/25/19. Interview with a medication aide (MA) on 09/26/19 at 3:57pm revealed:		was not administer to "duplicate orders". There was docume was administered at through 09/08/19. There was docume was not administer to Resident #3 beir. There was a third one tablet to be add 8:00pm daily with a There was docume was administered at through 09/26/19. There was docume was administered at through 09/25/19. There was docume was administered at through 09/25/19. There was docume administered both in metformin 1000mg through 09/06/19 at through 09/09/19 for Observation of Resavailable for admin 11:47am revealed the available for admin packages for both in dispensed on 09/28. Telephone interview facility's contracted 4:44pm revealed the 7-day supply of medaily for Resident #09/14/19, and 09/28. Interview with a median package with a median pac	ed at 8:00am on 09/04/19 due s." entation metformin 1000mg at 8:00pm from 09/04/19 entation metformin 1000mg ed at 8:00pm on 09/09/19 due ng hospitalized. entry for metformin, 1000mg, ministered at 8:00am and a start date of 09/10/19. entation metformin 1000mg at 8:00am from 09/11/19 entation metformin 1000mg at 8:00pm from 09/10/19 entation Resident #3 was metformin 500mg and at 8:00am from 09/04/19 at 8:00am from 09/04/19 nd again from 09/08/19 or 5 doses. Sident #3's medications istration on 09/26/19 at there was metformin 1000mg istration within multi-dose morning and evening doses 5/19. W with a representative with the pharmacy on 09/26/19 at the pharmacy had dispensed a atformin 1000mg two tablets 43 on 09/03/19, 09/07/19, 5/19. edication aide (MA) on	{D 358}			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
	2. 00.0.2011011	.sz	A. BUILDING:			
					F	3
		HAL060125	B. WING		09/2	7/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			HARON AMIT			
THE PAR	RC AT SHARON AMIT	Y	TTE, NC 282			
	OLIMAN AND VOTA		-			0.5-1
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / 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 APPRO		DATE
				DEFICIENCY)		
{D 358}	Continued From pa	ge 45	{D 358}			
(,	•		,			
		IAR to the directions on the				
	medication prior to					
		formin was typically packaged				
		iging from the pharmacy.				
		ent #3's metformin 500mg d in multi-dose packaging and				
		nged, the pharmacy sent a				
		ck of metformin 1000mg				
	tablets.	ok of medomin rooting				
		lated on the eMAR and both				
		le for administration, the MAs				
	could have adminis	•				
	-Even though she h	ad documented administration				
	of both metformin d	loses, she could not recall				
		erent doses that populated on				
	the eMAR for admir					
		two different doses of				
		MAR, she would have				
		esident Care Coordinator				
	,	of Resident Care (DRC).				
		ıld have administered both				
	doses."					
	Interview with a sec	cond MA on 09/27/19 at				
	8:25am revealed:	3011d W/X 011 03/27/13 dt				
		istered medications according				
	to the eMAR.					
		ooth metformin 500mg and				
		was administered to Resident				
	#3 "probably" becau	use both doses populated on				
	his eMAR.					
		administering both doses of				
		ight if she had seen two				
		e should have clarified it with				
	the DRC.					
	Intomious with the D	looidant Cara Caardinatar				
		Resident Care Coordinator				
	-She was the RCC	at 9:45am revealed:				
		and a MA. acted pharmacy entered				
	- THE TACHILY S COILL'S	acieu pilaililacy ellieleu				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		HAL060125	B. WING	·	09/2	7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	4025 N SH	IARON AMIT	TY DRIVE		
IIILIAN	TO AT OTTAKON AMIT	CHARLOT	TE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	the medication order to the MAs administered due to the MAs adminisupplied by the medicate the computer system someone had verificated. However, Residen 1000mg twice daily computer system of opportunity to verify. The MA told her Resident additional entry for the RCC documer duplicate orders for the discontinued of the tolerand for the discontinued of the tolerand for the tolerand for the documented metfor administered due to the tolerand for the did not discontinued for the did not remember the system of the tolerand for the tole	onto the eMAR. ere responsible for verifying ers were entered correctly prior tering the medications. ations would not populate in m for administration until ed the order was correct. t #3's order for metformin had populated in the n 09/04/19 before she had the v it. esident #3 had three entries etformin including duplicate in 1000mg twice daily and an metformin 500mg. Inted on Resident #3's eMAR for metformin 1000mg at 9. Interest of the metformin 1000mg and verified the second twice daily order as correct. tinue the metformin 500mg are MAR on 09/04/19 and could #3's MA on 09/07/19, and she min 500mg was not o "duplicate order." Resident #3's metformin 9 at 8:00am and documented	{D 358}			
	-If MAs documented doses, it confirmed	ed it from the eMAR. d the administration of both both metformin 500mg and were administered to				

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Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		R 09/27/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE DAE	C AT SHARON AMIT	4025 N SH	HARON AMIT	TY DRIVE		
I TE PAN	C AT SHARON AWIT	CHARLO	TTE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 47	{D 358}			
	Resident #3 at the	same time.				
	Care Provider (PCF revealed: -She had been Res 2019Resident #3 had a -She had increased 500mg daily to 100 after his hospitaliza -She did not know metformin 1000mg Resident #3 for five -High doses of met liver damage over a	formin could cause kidney and a longer period. facility to administer				
	9:00am revealed: -The facility's contra medication orders of -The DRC was ther orders were enteredThe RCC verified If 1000mg twice daily but did not disconting metformin 500mg of -The MAs had adm 500mg and metform	n responsible for verifying the d correctly. Resident #3's metformin order as correct on 09/04/19 nue the previous order for				
		ne interview with a third MA on m was unsuccessful.				
		ne interview with a second MA				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
HAL060125		HAL060125	B. WING		09/2	7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	IARON AMIT			
			TTE, NC 282			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 48	{D 358}			
	09/12/19 revealed: -Diagnoses include type 2, hypertension -There was an order	ent #1's current FL2 dated d dementia, diabetes mellitus n, and hyperlipidemia. er for quetiapine 50mg (used to rs) take one and a half tablets				
	Review of Resident #1's physician's order revealed: -There was a physician's order dated 07/24/19 for quetiapine 25mg one tablet at bedtimeThere was a physician's order dated 08/07/19 for quetiapine 50mg one tablet at bedtimeThere was a physician's order dated 09/04/19 for quetiapine 25mg one tablet twice dailyThere was a physician's order dated 09/09/19 for quetiapine 75mg twice daily.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R	
	HAL060125	B. WING		09/2	7/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PARC AT SHARON AMITY		IARON AMIT TE, NC 282			
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
one tablet twice daily -Quetiapine 25mg wa administered twice d from 09/06/19-09/19There was a third er and a half tablet (75r and 8:00pmQuetiapine 75mg wa administered twice d the resident refused Observation of Resident of the resident refused Observation of the resident of the resident refused Observation of Resident of the resident refused Observation of Resident of the resident refused Observation of the refused Obs	d entry for quetiapine 25mg at 8:00am and 8:00pm. as documented as laily at 8:00am and 8:00pm //19. as documented as laily at 8:00am and 8:00pm //19. as documented as laily for quetiapine 50mg, one mg) twice daily at 8:00am as documented as laily from 09/10/19-09/25/19, on 09/19/19 at 8:00am. dent #1's medications on revealed: a pack containing 4 tablets of pensed on 08/07/19. a pack containing 11 tablets of pensed on 09/05/19. a pack containing 18 tablets of pensed on 09/09/19. a pack containing 20 half 50mg dispensed on -dose package containing for administration. armacy technician at Resident 20/26/19 at 9:35am revealed: a current order for quetiapine and containing dated a previous order for the tablet at bedtime dated a previous order quetiapine are daily dated 09/04/19.	{D 358}			

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	of Fleatill Service IN				ı	1
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	,
		HAL060125	B. WING		09/27/2019	
		11/12/00/12/0			0312	112013
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE DAR	THE PARC AT SHARON AMITY 4025 N			Y DRIVE		
ITE PAR	C AT SHARON AWITT	CHARLOT	TTE, NC 282	05		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	•	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR LS	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DET ICIENCT)		
{D 358}	Continued From pa	ge 50	{D 358}			
	guatianina 25mg an	07/05/10				
	quetiapine 25mg or					
		ets of quetiapine 25mg was				
	dispensed on 08/02					
		lets of quetiapine 25mg was				
	dispensed on 09/05					
	sent on 09/09/19.	blets of quetiapine 50mg was				
		ookly multi doso packaging				
	 -The facility used weekly multi-dose packaging, however not all medications were not included 					
	each week.					
		were included in the bubble				
		ot in multi-dose packaging if				
		ifter multi-dose packaging in				
	delivered.	inter multi-dose packaging was				
		ld not indicate which dates				
		uded in multi-dose packing.				
	quellapine was inch	uded in muiti-dose packing.				
	Interview with a me	dication aide (MA) on				
	09/26/19 at 12:20pr					
		medications to Resident #1				
	when she worked.	ricultations to resident #1				
		dministered quetiapine as				
	<u> </u>	t #1 as the medication was				
	included in multi-do					
		e bubble packs containing				
		he cart however she did not				
		ication because it was in the				
	multi-dose packagir					
		oble packs left on the cart				
		left them on the cart on				
		ey would be removed by				
	someone else.	o, modia be removed by				
	22.1100110 0100.					
	Interview with a MA	on 09/26/19 at 4:20pm				
	revealed:					
		iapine was not always				
	included in multi-do					
		's orders changed, bubble				
		th the medication to be				

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administered.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R	
		HAL060125	B. WING		09/2	7/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Y	IARON AMIT TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 51	{D 358}			
	packaging and the were not included, to a bubble packShe did not realize packs on the cart to surveyor completed available for administrative with a MA revealed: -She had not notice	ible for reading the multi-dose MAR and if all medication they should check the cart for there was quetiapine bubble to be administered until the dobservation of medication istration. a on 09/27/19 at 11:37am and quetiapine bubble packs administration for Resident #1.				
	were included in the Interview with Resid	Resident #1's medications e multi-dose packaging.				
	O9/27/19 at 9:34am revealed: -Resident #1 had a history of schizophrenia and bipolar disorderResident #1's medications were delivered from the pharmacy and she was not sure if the resident received her medications as orderedOver the past month, she observed Resident #1 experiencing increased hallucinations.					
	(RCC) on 09/27/19 -She and the Direct were responsible for medications receive -She and the DRC at to ensure medication administrationThe MAs were to r and if the all medicat were to check the or -She did not realize	desident Care Coordinator at 9:32am revealed: for of Resident Care (DRC) or checking the eMAR with ed from the pharmacy weekly. also checked the cart weekly ons were available for ead the multi-dose packaging ations were not included, they eart for a bubble pack. There were extra cards of e on the cart for administration.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		09/2	₹ 2 7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	IARON AMIT			
1115171	TO AT OHARON AIIIT	CHARLOT	TE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 52	{D 358}			
{D 358}	Interview with Resid (PCP) on 09/26/19 -She continued que ordered by the hosp the facilityQuetiapine was us paranoia and halluder of quetiapine was in the resident would oparanoia, hallucinated she expected Resident and the cart for a beautiful to the control of the contro	dent #1's primary care provider at 4:33pm revealed: stiapine for Resident #1 as bital when she was admitted to ed to treat symptoms of sinations in Resident #1. The strategies of the strategie	{D 358}			
	as needed. Observation of med	dication available for				

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DIVISION	OF FIGARITY SETVICE INC	guiation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		HAL060125	B. WING			7/2019
		HAL000125			03/2	112019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE DAT	O AT OUADON AMIT	, 4025 N S	HARON AMIT	Y DRIVE		
THE PAR	RC AT SHARON AMIT	CHARLO	TTE, NC 282	05		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
{D 358}	Continued From pa	ae 53	{D 358}			
, ,	-		`			
		9/25/19 at 3:25pm revealed				
	∠otran 4mg was no	t available for administration.				
	Later Course 200 and a	disation side (BAA) as				
		dication aide (MA) on				
	09/26/19 at 10:40ar					
		lved in processing orders				
	received from the p	en to the Resident Care				
	Coordinator (RCC) or the Director of Resident Care (DRC) to process.					
		id not appear on the eMAR it				
	was not given.	id not appear on the emark it				
		ed a Zofran 4mg order for				
	Resident #5.	a a Zonan 4mg order for				
		ot complained to her about				
	experiencing nause	·				
	onpononing nades					
	Interview with a pha	armacy technician at the				
		pharmacy on 09/26/19 at				
	9:35am revealed					
	-The pharmacy did	not receive an order for				
	Zofran 4mg on 09/1	12/19.				
	-Once orders are re	eceived from the facility, the				
	order was entered	on the eMAR by the pharmacy.				
		Resident Care Coordinator				
		at 10:17am revealed:				
		went to the Director or				
		C) to be processed.				
		he DRC and fax orders to the				
	pharmacy when red					
		uld profile orders and she or				
	the DRC would verify in the computer systemShe worked on 09/12/19, however did not					
	Resident #5.	he order for Zofran 4mg for				
		why the Zofran 4mg order was				
	not faxed to the pha	аппасу.				
	Interview with Resid	dent #5 on 09/27/19 at 8:59am				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		F	
		HAL060125	B. WING			27/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	V	IARON AMIT TTE, NC 282			
(X4) ID PREFIX TAG	ÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	revealed: -She had an upset doctor on 09/12/19 -Sometimes she ge milk to help her sto Interview with the n provider (PCP) on 0-The physician wro nausea and vomitir and dehydration that The resident would nausea and vomitir her symptoms of gather physician expibe administered to Review of a subsect Resident #5 dated was to be administered to was to be administer and vomiting; up to more than one dose. Interview with the A 10:20am revealed: -The DRC was respected all of the DRC was not assist with process. She expected all of pharmacy once recessed in the pharmacy. Based on observation determined the DR interview during the interv	stomach when she went to the ets nauseous and she asks for mach. urse for the primary care 09/26/19 at 4:15pm revealed: the an order for Zofran 4mg for any related to gastroenteritis at was diagnosed on 09/12/19. The distribution of the arrisk for increased any if Resident #5 experienced astroenteritis. The ected Zofran to be available to Resident #5 if needed. Quent physician's order for 09/25/19 revealed Zofran 4mg ered prior to meals for nausea one dose per day, if requiring the call the office back. Administrator on 09/27/19 at consible for faxing orders to verifying the order. It available the RCC would ing orders. In available the RCC would ing orders. In available the RCC would ing orders to be faxed to the every different to the every different to see the consideration of the considera	{D 358}			

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		HAL060125	B. WING			₹ ?7/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Y	ARON AMIT			
			TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ige 55	{D 358}			
	the facility's policy of during the medication a scheduled dose of administered before of 5 sampled reside insulin not being acceptable doses putting the rehyperglycemia, dial death (Resident #3 insulin not administ elevated blood sug ketoacidosis (Resident #3 This failure resulted	betic ketoacidosis, coma and), and a scheduled fast acting tered for 15 doses with ar levels and a risk for diabetic				
{D 367}	violation in accorda 09/25/19. THE CORRECTIONEXCEED OCTOBE A2 VIOLATION. 10A NCAC 13F .10 Administration 10A NCAC 13F .10 (j) The resident's management of the medical part of the medi	04 Medication Administration nedication administration be accurate and include the	{D 367}			

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DIVISION	OF FIGARITY SETVICE INC	guiation			_	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAIN	OI JOINLOTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL060125	B. WING		F 09/2	? :7/2019
			1		03/2	112013
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	/	HARON AMIT TTE, NC 282			
(V4) ID	SLIMMA DV STA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION)N	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{D 367}	Continued From pa	Continued From page 56				
(5 501)	(5) reason or justifice medications or treat documenting the retermine (6) date and time of (7) documentation of medications or treat omission, including (8) name or initials the medication or tresignature equivalent	cation for the administration of tments as needed (PRN) and sulting effect on the resident; f administration; of any omission of tments and the reason for the refusals; and, of the person administering the teatment. If initials are used, a to those initials is to be aintained with the medication	{D 367}			
	facility failed to assumedication administof 7 sampled reside #7) related to schedinsulin and fingersti documented on the administered (Residual medication for moo administered and not the findings are:	views and interviews, the ure accuracy of the electronic tration records (eMARs) for 3 ents (Residents #3, #6, and duled insulin, sliding scale ck blood sugars not able to be eMAR and were not dents #3 and #6), and a d stability documented as ot in the facility (Resident #7).				
	revealed diagnoses	ent #6's FL2 dated 09/12/19 included diabetes mellitus. der for Novolog 100units/ml, (a				

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DIVISION	Of Fleatur Service IN	guiation	T		_	1
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COIVIE	LETED
					F	₹
		HAL060125	B. WING			7/2019
NAME OF	PROVIDER OR SUPPLIER	etheet an	DDESS CITY S	STATE, ZIP CODE		
NAIVIL OI	FROUDER OR SUFFEILIR					
THE PAR	RC AT SHARON AMIT	Y	HARON AMIT			
	T		TTE, NC 282			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / 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 367}	Continued From pa	ge 57	{D 367}			
[5 007]	-		(5 007)			
		sed to control elevated blood				
		minister 23 units three times a				
	day before meals.					
	Daview of Desident	#Cla algebrania madication				
		#6's electronic medication				
	2019 revealed:	rd (eMAR) for September				
		y for Novolog insulin				
		dministered three times a day,				
		am, 12:00pm and 4:30pm.				
		umentation Novolog 23 units				
		it 12:00pm on 09/20/19 or				
	09/25/19.	12.00pm 011 00/20/10 01				
		ress note indicating an				
		nistration of Novolog insulin on				
	09/20/19 or 09/25/1					
	-There was no docu	umentation Novolog 23 units				
	was administered a	it 4:30pm from 09/12/19				
		nd 09/17/19 through 09/25/19.				
		ress note indicating an				
	•	nistration of Novolog insulin				
		ugh 09/15/19 and 09/17/19				
	through 09/25/19.					
	الله المارة	disation aids (MAN) ==				
		dication aide (MA) on				
	09/26/19 at 3:15pm	revealed: drop down box on the eMAR				
		d administration of the insulin.				
		p down box to enter the				
		e insulin, she would not				
	administer the insul	•				
		e MAs who administered				
		cations from 09/12/19 through				
	09/25/19.	555 55 55 12. 15 till 5ugil				
		p down boxes to enter				
		ne insulin administration during				
	that time frame.	game game and				
		administered were not				
		eMAR, it meant she did not				
	administer the insul					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			74. BOILEBING.		R	
		HAL060125	B. WING			7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAF	RC AT SHARON AMIT	Y	HARON AMIT FTE, NC 282			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (COM	
{D 367}	Continued From pa	age 58	{D 367}			
	-She would have th	nought the order had changed.				
	b. There was an order to check the fingerstick blood sugar (FSBS) before meals, three times a day.					
	Review of Resident #6's electronic medication administration record (eMAR) for September 2019 revealed: -There was an entry for FSBS to be checked three times a day, at 6:30am, 12:00pm and 4:30pmThere was no documentation FSBS was checked at 12:00pm on 09/20/19 or 09/25/19There was no progress note indicating a reason for the exceptionThere was no documentation the FSBS was checked at 4:30pm from 09/12/19 through 09/15/19 and 09/17/19 through 09/25/19.					
	for the exception.	gress note indicating a reason				
	Interview with a medication aide (MA) 09/26/19 at 3:15pm revealed: -There should be a drop down box on the eMAR to enter the results of the FSBS -If there was no drop down box to enter the FSBS result, she would not check the FSBSShe was one of the MAs who administered Resident #6's medications from 09/12/19 through 09/25/19There were no drop down boxes to enter documentation of FSBS during that time frameIf the FSBS result was not documented on the eMAR, it meant she did not check the FSBS.					
	9:00am revealed:	administrator on 09/27/19 at acted pharmacy entered all onto the eMAR.				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		HAL060125	B. WING			7/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT		IARON AMIT TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
{D 367}	responsible for vericorrectly. -The DRC had to very were activated for the FSBS and the insululif the MAs had che administered sliding have a place to receively should have renotes. -If the MAs did not conotes, it meant they administer insulin. Interview with the R (RCC) on 09/27/19 -She was the RCC -If a resident had an "pop" up and highligit was time to check administer their insulin. -There should be a the FSBS, the site of amount of insulin an another the result documented the result documented the result documented the DRC or Attempted telephorn 09/26/19 at 4:10pm 2. Review of Reside 09/12/19 revealed: - Diagnoses include behavioral disturbation and legitations and legitations.	sident Care (DRC) was then fying the orders were entered erify the drop down boxes he MAs to document the in administration. Incked Resident #6's FSBS and greate insulin, but did not produce the results on the eMAR, accorded it in the progress and document in the progress and document in the progress and and and the care Coordinator at 9:59am revealed: and a MA. In order for insulin, it would get in blue on the eMAR when a the resident's FSBS and allin. In space to enter the result of of the administration and the deministered. Here was no drop down box to the sults in the progress notes and the RCC. The interview with the DRC on was unsuccessful. The interview with the DRC on was unsuccessful. The interview dementia with inces, anoxic brain damage,	{D 367}	DEFICIENCY		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		R 09/27/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE DAR	RC AT SHARON AMIT	, 4025 N SI	HARON AMIT	TY DRIVE		
THE PAR	C AT SHARON AWIT	CHARLO	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
{D 367}	Continued From pa	ge 60	{D 367}			
	stability.					
	administration reco 2019 revealed: -There was an entry half tablet 20mg da -There was docume administered on 09 09/26There was docume administered on 09 the medication not Observation of the for administration for 8:45am revealed: -There was a bottle tablets12 tablets were se	#7's electronic medication rd (eMAR) for September y for Paroxetine 40 mg, one ily for mood stability. entation Paroxetine was /18/19, and 09/20 through entation Paroxetine was not /17/19 and 09/18/19 due to in the facility. medications on hand available or Resident #7 on 09/26/19 at of Paroxetine with 12 whole nt on 09/17/19, with directions alf tab (20mg) daily.				
	and review of the S	ons of medications on hand eptember MAR and a cart here should only be seven and naining.				
	09/27/19 at 11:30ar -She had administe on 09/17/19She had documen notes "Not administ -RX order was the of medication was not awaiting its arrivalOn 09/19/19, the M #7's medications ar progress note "Not	red Resident #7's medications ted on the electronic progress				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					3) DATE SURVEY COMPLETED	
					F	2	
		HAL060125	B. WING			7/2019	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
THE PARC AT SHARON AMITY			HARON AMIT FTE, NC 282				
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE	
{D 367}	Continued From pa	ge 61	{D 367}				
	(DRC) and the Resident Care Coordinator (RCC) Resident #7's Paroxetine was not in the facility to be administered.						
	revealed: -She did not rement administration of Pa 09/18/19, 09/21/19 -She could not expl Paroxetine was administration of Pa 19/21/19	ain why she had documented ministered to Resident #7 cumentation the medication					
	Interview with the responsible family member on 09/27/19 at 10:20am revealed: -She brought the Paroxetine 40mg to the facility on Sunday, 09/22/19There were 12 tablets in the bottle.						
	3:50pm revealed: -If a medication was count indicated it has prescribed, that sho auditThe last cart audit -When the cart aud was given to the DF-The MAs should not be	dministrator on 09/26/19 at s not on the cart, or the pill ad not been administered as buld be exposed during a cart completed was on 09/11/19. it was completed, the report RC to be reviewed. otify the DRC or RCC if a r less tablets and had not been					
	for the cart audit co	ician Order Summary (POS) impleted on 09/11/19 revealed tablets of Paroxetine					
	3. Review of Reside	ent #3's current FL2 dated diagnoses included					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				R	
	HAL060125	B. WING		09/2	7/2019
NAME OF PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
THE PARC AT SHARON AMITY		HARON AMIT FTE, NC 282			
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST I TAG REGULATORY OR LSC IDEN	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Alzheimer's dementia, hyphyperlipidemia and chronia. Review of Resident #3' 09/12/19 revealed there willood sugar before each rinject Humalog Kwikpen 1 fast-acting insulin to treat following sliding scale: -If fingerstick blood sugar insulin was to be administ life FSBS was 151-200: in life FSBS was 201-250: in life FSBS was 301-350: in life FSBS was 351-400: in life FSBS was 351-400: in life FSBS was greater than contact the physician. Review of Resident #3's proportion of the polymore o	ic pancreatitis. Is current FL2 dated was an order to check meal and at night and 100 units/mL (a diabetes) per the (FSBS) was 0-150, no tered. Inject 4 units. Inject 8 units. Inject 10 units. Inject 12 units. In 450, inject 14 units and only sician orders dated er to start Humalog liding scale: Insulin was to be Inject 4 units. Inject 4 units. Inject 5 units. Inject 6 units. Inject 6 units. Inject 10 units. Inject 10 units. Inject 10 units. Inject 14 units. Inject 15 units. Inject 16 units. Inject 17 units. Inject 18 units. Inject 19 units.	{D 367}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		_	
		HAL060125	B. WING		R 09/27/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	HARON AMIT			
(V4) ID	STIMMADV STA	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTI	ON	(VE)
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 367}	Continued From pa	nge 63	{D 367}			
	administeredIf FSBS was 151-2 -If FSBS was 201-2 -If FSBS was 351-3 -If FSBS was 351-4 -If FSBS was 401-4 -If FSBS was great contact the physicia	200: inject 4 units. 250: inject 6 units. 300: inject 8 units. 350: inject 10 units. 400: inject 12 units. 449 inject 14 units. er than 450, inject 14 units and an.				
	Review of Resident #3's September 2019 electronic medication administration record (eMAR) from 09/01/19-09/25/19 revealed: -There was an entry for Humalog Kwikpen insulin 100 units/mL to be administered per sliding scale at 7:00am, 12:00pm, 5:00pm and 8:00pm with a start date of 09/11/19 and a discontinue date of 09/13/19There was a block for entering the FSBS result, a block for entering the site of administration, and a block for entering the number of units administered for each administration timeThere was documentation Humalog Kwikpen had been administered correctly from 09/11/19 at 12:00pm through 09/13/19 at 12:00pm.					
	100 units/mL to be at 6:30am, 4:30pm start date of 09/13/09/17/19. -There was a block a block for entering administered at 6:3 -There were no blo result, the site of acunits administered -There was no door results or Novolog	and entry for Novolog insulin administered per sliding scale, 8:00pm and 11:30pm with a 19 and a discontinue date of a for entering the FSBS result, the site of administration, and the number of units 30pm. Cks for entering the FSBS dministration or the number of at 4:30pm and 8:00pm. Unmentation of the FSBS administration from 09/13/19 09/16/19 at 8:00pm for 14				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION		X3) DATE SURVEY COMPLETED	
			7 BOILBING.		F	2	
		HAL060125	B. WING			7/2019	
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
THE PAR	THE PARC AT SHARON AMITY 4025 N S CHARLO			Y DRIVE 05			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)	
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE	
{D 367}	Continued From pa	ge 64	{D 367}				
{D 367}	consecutive doses. -There was a third units/mL to be adm 6:30am, 11:30am, a start date of 09/17/ -There was a block a block for entering a block for entering administered for earning administered for earning administered for earning administered 6:30am through 09/26/19 at 3:57pm at the scale should powas time to check to administer their insubstant their insubstant their insubstant the system and the FSBS. -Once the FSBS was system, the system the amount of insubstant and the scale should be a start their insubstant their insubstant their insubstant their insubstant the system the amount of insubstant sign off on it as being the computer system amount of insulin to she administer any the computer system amount of insulin to the system and the FSBS result for the FSBS result.	entry for Novolog insulin 100 inistered per sliding scale at 4:30pm and 8:00pm with a 19. for entering the FSBS result, the site of administration, and the number of units ich administration time. The entation Novolog insulin had correctly from 09/17/19 at 12:00pm. Idication aide (MA) on revealed: In order for sliding scale insulin, epulate on the eMAR when it the resident's FSBS and ulin. In space to enter the result of as entered into the computer in should automatically populate in to administer based on the stered the insulin, she would ng administered. It is stances when there was no FSBS result, and she would sliding scale insulin because in would not populate the oradminister. Resident #3's medications 09/13/19-09/16/19. and insulin units administered a	{D 367}				
		ne interview with a second MA 5pm was unsuccessful.					

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STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					F	₹	
		HAL060125	B. WING		09/2	7/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE PARC AT SHARON AMITY			IARON AMIT				
	T		TTE, NC 282				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
{D 367}	Continued From page 65		{D 367}				
	(RCC) on 09/27/19 -She was the RCC -If a resident had at the scale should powas time to check the administer their insumer insumer insumer insumer insuling the liding scale or residentIf there was no span or the insulin units administer and then document insulin units administer and then document insuling units administer insuling units administration of the administration of the administration for 1. The facility did not she assumed if the order and a facility order was correct, the emark. Interview with the Answer insuling with the Answer insuling units administration for 1. The facility did not she assumed if the order and a facility order was correct, the emark.	n order for sliding scale insulin, spulate on the eMAR when it the resident's FSBS and ulin. space to enter the result of ely work as a MA, but when it recall the computer system ating the amount of insulin to FSBS result. Ster the insulin by referring to der on the eMAR for that eace to enter the FSBS results administered, the MAs should is FSBS, refer to the sliding the proper amount of insuling the proper amount of insuling the both the FSBS result and the stered in a progress note. Her the Director of Resident is was an issue with the ot allowing them to document of medications. There was no documentation of S or sliding scale insuling the consecutive doses. Complete audits of the eMAR. It is presented the staff person had verified the entered was no need to audit the entered pharmacy entered all eacted pharmacy entered all					

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MULTIPL	E CONSTRUCTION	(X3) DATE	SLIDVEV
	OF CORRECTION	IDENTIFICATION NUMBER:	` '			LETED
			A. DOILDING.			
		HAL060125	B. WING		09/2	≀ 7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4025 N SI	HARON AMIT			
THE PARC AT SHARON AMITY CHARLO			TTE, NC 282			
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	.D BE	(X5) COMPLETE DATE
TAG	REGOLATORT OR E	OCIDENTII TING INI ONWATION)	TAG	DEFICIENCY)	INAIL	57.1.2
{D 367}	Continued From pa	ge 66	{D 367}			
	-The DRC was ther	n responsible for verifying the				
	orders were entered	d correctly.				
		ng scale insulin, the DRC had				
		vas entered correctly including				
	the times for check					
	"calculator."	n, and she also had to set the				
		verify the times were correct for				
		olog sliding scale insulin so				
		, the time was set for				
	11:30pm.					
	-Resident #3's slidir	ng scale insulin "calculator"				
		ly by the DRC so the computer				
		opulate the amount of insulin				
		the FSBS result was entered.				
	entering the FSBS	hy there was no box for result at the 4:30pm and				
	8:00pm time slots.	ht the issue to her attention on				
		corrected it in the eMAR				
	,	ecked Resident #3's FSBS and				
		g scale insulin but did not have				
		e results on the eMAR, they				
		ed it in the progress notes.				
		document in the progress				
		did not check the FSBS or				
	administer insulin.					
		ion cart and eMAR audits had				
	•	09/11/19 and 09/17/19.				
		ompleted by Thursday of each				
	week by the MAs.					
	h Review of Reside	ent #3's current FL2 dated				
		there was an order for				
		one tablet twice daily (an oral				
		treat Type 2 diabetes).				
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		t #3's physician's orders dated there was an order to				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			X3) DATE SURVEY COMPLETED	
			7 t. BOILBING.		F	,	
		HAL060125	B. WING			7/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE PAR	RC AT SHARON AMIT	Υ	IARON AMIT				
		CHARLO	TTE, NC 282				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			(X5) COMPLETE DATE	
{D 367}	Continued From pa	ge 67	{D 367}				
	discontinue metform 1000mg twice daily	min and start metformin					
	Review of Resident #3's FL2 dated 08/13/19 revealed there was an order for metformin 500mg one tablet daily.						
	Review of Resident #3's September 2019 eMAR (09/01/19-09/26/19) revealed: -There was an entry for metformin 500mg one tablet to be administered at 8:00am. -There was documentation metformin 500mg was administered daily from 09/01/19-09/06/19 and again 09/08/19-09/09/19. -There was documentation metformin 500mg was not administered on 09/07/19 due to "duplicate." -There was a second entry for metformin 1000mg one tablet to be administered at 8:00am and 8:00pm daily with a start date of 09/03/19 and a discontinue date of 09/10/19. -There was documentation metformin 1000mg was administered at 8:00am from 09/05/19 through 09/10/19.						
	was not administer to "duplicate orders -There was docume was administered a through 09/08/19. -There was docume was not administer to Resident #3 bein	entation metformin 1000mg at 8:00pm from 09/04/19 entation metformin 1000mg ed at 8:00pm on 09/09/19 due					
	one tablet to be add 8:00pm daily with a -There was docume was administered a through 09/26/19. -There was docume	ministered at 8:00am and start date of 09/10/19. entation metformin 1000mg at 8:00am from 09/11/19 entation metformin 1000mg at 8:00pm from 09/10/19					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HALOGOADE	B. WING		R 09/27/2019	
NAME OF I	PROVIDER OR SUPPLIER	HAL060125		STATE, ZIP CODE	09/2	7/2019
		4025 N SH	HARON AMIT			
THE PAR	RC AT SHARON AMIT	CHARLO1	TE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{D 367}	Continued From pa	ge 68	{D 367}			
{D 367}	through 09/25/19. -There was docume administered both in metformin 1000mg through 09/06/19 at through 09/09/19 for the order on the elemedication prior to -Resident #3's metformin multi-dose packar-lit was likely Reside tablet was package when the order chaseparate blister packatablets. -If both doses popul doses were available could have administered the order chaseparate blister packatablets. -If both doses popul doses were available could have administered the of both metformin of the being two doses. If she had noticed metformin on the elecked with the R (RCC) or Director of the order think I would doses."	entation Resident #3 was metformin 500mg and at 8:00am from 09/04/19 and again from 09/08/19 or 5 doses. Idication aide (MA) on a revealed: ag medications, she compared MAR to the directions on the administration. Formin was typically packaged aging from the pharmacy. Bent #3's metformin 500mg and anged, the pharmacy sent a ck of metformin 1000mg Idlated on the eMAR and both alle for administration, the MAs	{D 367}			
	8:25am revealed: -She always admin to the eMAR.	istered medications according ooth metformin 500mg and				
	metformin 1000mg	was administered to Resident use both doses populated on				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	,
		HAL060125	B. WING		09/27/2019	
		HAL000123			03/2	112019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4025 N SI	ARON AMIT	TY DRIVE		
THE PAR	RC AT SHARON AMIT	Y	ΓΤΕ, NC 282			
040.15	CUMMADY CTA		1		NI.	0/5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES 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 APPROPRIES		DATE
				DEFICIENCY)		
(D, 007)	Osafissad Fasas as	00	(D. 007)			
{D 367}	Continued From pa	ge 69	{D 367}			
	-She did not recall a	administering both doses of				
		ight if she had seen two				
		should have clarified it with				
	the DRC.	o criodia riavo olarinoa it with				
	uic Bito.					
	Interview with the R	Resident Care Coordinator				
		at 9:45am revealed:				
	-She was the RCC					
		acted pharmacy entered				
	medication orders					
		ere responsible for verifying				
		ers were entered correctly prior				
		5 ·				
		tering the medications.				
		ations would not populate in				
		m for administration until				
		ed the order was correct.				
		t #3's order for metformin				
		had populated in the				
		n 09/04/19 before she had the				
	opportunity to verify					
		esident #3 had three entries				
		etformin including duplicate				
		in 1000mg twice daily and an				
	additional entry for	-				
		on Resident #3's eMAR				
		or metformin 1000mg at				
	8:00am on 09/04/19					
		one of the metformin 1000mg				
		nd verified the second				
		twice daily order as correct on				
	09/04/19.					
		tinue the metformin 500mg				
		eMAR on 09/04/19 and could				
	not explain why.					
		#3's MA on 09/07/19, and she				
		min 500mg was not				
	administered due to					
		Resident #3's metformin				
	1000mg on 09/07/1	9 at 8:00am and documented				
	the administration of					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		HAL060125	B. WING			7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	V	HARON AMIT			
0(0) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	TE, NC 282		ON	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			(X5) COMPLETE DATE
{D 367}	500mg order from the she was busy with the She did not rement 500mg remained or brought it to her atterime she discontinuted of the she discontinuted of the she discontinuted of the she assumed if the order and she or the was correct, there we shall be shown in the she assumed if the order and she or the was correct, there we shall be shown in the she she with the she shown in the she she was correct, there we shall be shown in the she she was correct, there we shall be shown in the she she was correct, there we shall be shown in the she she was shown in the she she was she was she with the she she was she with the she she was she with the she she was she was she with the she she was s	tinue Resident #3's metformin the eMAR at that time because her medication pass. The Resident #3's metformin in the eMAR until another MA ention on 09/09/19 at which red it from the eMAR. It did the administration of both both metformin 500mg and were administered to same time. Complete audits of the eMAR. The pharmacy had entered the e DRC had verified the order was no need to audit the administrator on 09/27/19 at	{D 367}			
	Interview with the Administrator on 09/27/19 at 9:00am revealed: -The facility's contracted pharmacy entered all medication orders onto the eMAR. -The DRC was then responsible for verifying the orders were entered correctly. -The RCC verified Resident #3's metformin 1000mg twice daily order as correct on 09/04/19 but did not discontinue the previous order for metformin 500mg daily. -The MAs had administered both metformin 500mg and metformin 1000mg at 8:00am for five days because both orders remained on the eMAR. -She knew eMAR audits had been completed on 09/11/19 and 09/17/19. The facility failed to assure the electronic medication administration records (eMARs) were accurate for 3 of 7 samples residents (Resident #3, #6, #7) resulting in 15 scheduled doses of insulin not administered to a diabetic resident with					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7. Boilbing.		R		
		HAL060125	B. WING			7/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE PAR	C AT SHARON AMIT	Y	IARON AMIT TTE, NC 282				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE	
{D 367}	Continued From page 71		{D 367}				
	#6) and sliding scal administered for 14 the resident at risk The facility's failure medication errors v	rperglycemic levels, (Resident le insulin that was not consecutive doses placing for ketoacidosis (Resident #3). increased the risk for which was detrimental to the f the residents and constitutes					
		n in accordance with G.S. ested on 09/27/19 for this					
		TE FOR THE TYPE B NOT EXCEED NOVEMBER					
{D912}	G.S. 131D-21(2) D	eclaration of Residents' Rights	{D912}				
	Every resident shal 2. To receive care adequate, appropri	laration of Residents' Rights I have the following rights: and services which are ate, and in compliance with d state laws and rules and					
	Based on observation reviews, the facility received care and sappropriate, and in	et as evidenced by: ions, interviews, and record failed to ensure residents services which were adequate, compliance with relevant ws and rules and regulations re and medication					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING			R 27/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
THE PARC AT SHARON AMITY 4025 N SHARON AMITY DRIVE								
CHARLOTTE, NC 28205								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE		
{D912}	Continued From pa	ge 72	{D912}					
	reviews the facility follow up for 2 of 6 sometifying the physical above the parameter (Resident #6) and refusals of insulin a referral (Resident #	rations, interviews, and record failed to assure referral and sampled residents related to ian for blood sugar levels ers set by the physician not notifying the physician of nd delayed mental health 1). [Refer to Tag 0273 10A b) Health Care (Type A2						
	reviews, the facility medications as order observed during the #6 and #7), including insulin dosage not a (Resident #6) and a administered as order of 5 residents samp #3 and #5) including insulin and oral mediabetes (Resident antipsychotic medical #1), and failure to hausea available for [Refer to Tag 0358 Medication Administration of the service of the factor of	ered for 2 of 6 residents e medication pass (Residents ng a scheduled fast acting administered before lunch a scheduled mood stabilizer dered (Resident #7), and for 3 oled for review (Residents #1, g errors with a fast acting dication used to treat Type 2 #3), failure to administer cation as ordered (Resident ave a medication ordered for r administration (Resident #5). 10A NCAC 13F .1004(a)(1) tration (Type A2 Violation)].						
	facility failed to assumedication adminis of 7 sampled reside #7) related to sched insulin and fingersti documented on the	reviews and interviews, the ure accuracy of the electronic tration records (eMARs) for 3 ents (Residents #3, #6, and duled insulin, sliding scale ck blood sugars not able to be eMAR and were not dents #3 and #6), and a						

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	3:							
		R						
HAL060125 B. WING		09/27/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
THE PARC AT SHARON AMITY 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205								
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE						
(D912) Continued From page 73 medication for mood stability documented as administered and not in the facility (Resident #7). [Refer to Tag 0367 10A NCAC 13F .1004(j) Medication Administration (Type B Violation)]								

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