	Division	of Health Service Re	egulation			FORM	APPROVED
	STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMPI	
			HAL060125	B. WING		R	7/2019
	NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		112010
	THE PAR	CAT SHARON AMIT	4025 N SI	HARON AM	TY DRIVE		
	(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)	DBE	(X5) COMPLETE DATE
	{D 000} D 273			{D 000} D 273	Responses to the cited deficiencies do not cons admission by the facility of the truth of the facts conclusions set forth in the statement of deficie corrective action report. The Plan of correction soley as a matter of compliance with state laws 10A NCAC 13F .0902(b) Health Care (b) The facility shall assure referral and follow-u	alleged or ncies or is prepared , p to meet the	10-28-2019
				0210	routine and acute health care needs of resident All New orders will be reviewed for accuracy by		
		 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews the facility failed to assure referral and follow up for 2 of 6 sampled residents related to notifying the physician for blood glucose levels above the parameters set by the physician (Resident #6) and not notifying the physician of refusals of insulin and a delayed mental health referral (Resident #1). The findings are: Review of Resident #6's current FL2 dated 09/12/19 revealed: Diagnoses included diabetes mellitus, -There was an order for Novolog 			ED on a daily routine. Any orders that needs or parameter the PCP will be notified to write para the medication at the time of writing the order. All Med-Techs will be inserviced on The Import following orders and all Med-Techs will be reva the LHPS nurse on skills and the understanding and Mars. All Med-Techs will be instructd on how often the notify PCP for refusals and in some cases the s MCM/RCC will follow up with the PCP on a wee to ensure that they are receiving the notification cuss plan of care for any residents that are in n to care. Ed will follow up on this with the MCM/RCC on routine to ensure compliance of community.	requires a imeters for ance of liadated by g of the orders ey need to specialist. ekly basis is and to dis- eed of change	
	ivision of He	insulin,100units/ml, (blood glucose levels alth Service Regulation DIRECTOR'S OR PROVIDE	(used to control elevated), administer 23 units three	IATURE	TITLE ,		X6) DATE
_	Ma	yne Mayer			Executive Director		11/04/2019

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K20313

If continuation sheet 1 of 74

Karen Polce

Reviewed and Acknowledged

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November 7, 2019

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		a di Banana ana ana ana ana ana ana ana ana			E SURVEY PLETED
	HAL060125	B. WING			R 27/2019
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
RC AT SHARON AMIT	Ŷ				
,	CHARLO	TTE, NC 282	05		
		ID			(X5) COMPLETE
		TAG	CROSS-REFERENCED TO	THE APPROPRIATE	DATE
Continued From pa	ge 1	D 273			
-There was an orde blood sugar (FSBS day.	er to check the fingerstick) before meals, three times a				
Endocrinologist if th	e blood glucose levels were				
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					
dated 09/25/19 reve -On 09/19/19 at 5:4 as 451. -On 09/23/19 at 6:1 as 505. -On 09/23/19 at 3:4 as 464. -On 09/23/19 at 8:5 as 540. -On 09/24/19 at 6:2 as 515. -On 09/24/19 at 5:5 as "High".	ealed: 8am, FSBS was documented 4am, FSBS was documented 2pm, FSBS was documented 7pm, FSBS was documented 5am, FSBS was documented 5pm, 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 order blood sugar (FSBS) day. A subsequent physic revealed an order to Endocrinologist if th less than 60 or great Observation of Ress electronic medication (eMAR) revealed: -There was an entry blood sugar (FSBS) -Special instruction, NOTIFY PATIENT'S IF BLOOD SUGAR LESS THAN 60. -There was a section enter the FSBS reat -There was a section document notes reg- parameters. Review of the vital st dated 09/25/19 at 5:4 as 451. -On 09/23/19 at 6:1 as 505. -On 09/23/19 at 3:4 as 464. -On 09/23/19 at 3:4 as 464. -On 09/24/19 at 6:2 as 515. -On 09/24/19 at 5:5 as "High".	IDENTIFICATION NUMBER: HAL060125 PROVIDER OR SUPPLIER STREET AD RC AT SHARON AMITY 4025 N SI (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 09/23/19 at 6:14am, FSBS was documented as 461. -On 09/23/19 at 8:57pm, FSBS was documented as 540. -On 09/23/19 at 8:57pm, FSBS was documented as 540. -On 09/24/19 at 6:25am, FSBS was documented as 540. -On 09/24/19 at 5:55pm, FSBS was documented as 540.	IDENTIFICATION NUMBER: A. BUILDING: HAL060125 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S ACAT SHARON AMITY 4025 N SHARON AMIT CHARLOTTE, NC 282 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 1 D 273 times a day before meals.	IDE CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL050125 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RC AT SHARON AMITY 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEPROPENCES ID (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG Continued From page 1 D 273 Continued From page 1 D 273 Continued From page 1 D 273 Limes a day before meals. -There was an order to check the fingerstick blood sugar (FSBS) before meals, three times a day. D A subsequent physician's order dated 09/11/19 DEFICIENT revealed an order to notify Resident #6's Endocrinologist if the blood glucose levels were less than 60 or greater than 450. D Observation of Resident #6's September 2019 electronic medication administration record (eMAR) revealed: -There was a netty to check the fingerstick blood sugar (FSBS) before meals and at bedime. -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 document notes regarding the blood sugar parameters. On 09/23/19 at 3:42pm, FSBS was documented as 464. -On 09/23/19 at 3:42pm, FSBS was documented as 454. On 09/23/19 at 6:57pm, FSBS was documented as 454. On 09/23/19 at 5:5pm, FSBS was docum	IOP CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 09/ HAL050125 B. WING 09/ PROVIDER OR SUPPLIER STREET ADDRESS, GITY, STATE, ZIP CODE 09/ RCAT SHARON AMITY 4025 N SHARON AMITY DRIVE 09/ CACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTIVE ACTION BIOLD BUE 0 REGULTORY ON LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTIVE ACTION BOOLD BUE Continued From page 1 D 273 EACH OFFICIENCY Times a day before meals. -There was an order to check the fingerstick D D273 Times a day before meals. D D273 Endocrinologist if the blood glucose levels were D Iendocrinologist if the blood glucose levels were D D D273 Observation of Resident #G'S September 2019 Electoric medication administration record Edvelociency (MAR) revealed: -There was an entry to check the fingerstick D0 D0 Dod sugar (FSBS) before meals and ab defitme. -Special instruction, in bold letters, were PLEASE D00 NOTIFY PATIENT''S ENDOCRINOLOGY OFFICE IF BLODO SUGAR IS GREATER THAN 450 OR DEFICIENCY There was a section on

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		ECONSTRUCTION	(X3) DATI COM	(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING			R 9/27/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
THE PAF	C AT SHARON AMIT		ARON AMIT				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES			0.0.000		
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE	(X5) COMPLETE DATE	
D 273	Continued From page	ge 2	D 273		1		
	as 453.						
	to check the FSBS to -The reading of "HIC was above the mean						
	higher than 600 mg/	limit of the glucometer was /dl. mediately consult their					
	healthcare profession	onal.					
	the contracted pham revealed: -There was a physic dated 09/11/19, to cl and at bedtime. -The order included Endocrinology office 450 or less than 60', -The pharmacy data parameters and othe eMAR, if they were s physician's order. -The facility staff cou- instructions. -The special instruct physician's office for parameters, were en- pharmacy staff.	if the FSBS was greater than in bold letters. entry staff included the er special instructions into the specifically stated in a ild also enter special ions, regarding contacting the Resident #6's FSBS itered on the eMAR by the		z	р.		
	09/25/19 at 11:40am -She checked Reside she was assigned to the 100 Hall. -If the FSBS was less she was to notify the	ent #6's FSBS at lunch when administer medications on s than 60 or greater than 450 physician. hysician's office staff and					

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	TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				R			
		HAL060125	B. WING		09/:	27/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE			
	C AT SHARON AMIT	4025 N SI	HARON AMIT	Y DRIVE			
		CHARLO	TTE, NC 282	05			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE	
D 273	Continued From pa	ge 3	D 273	10			
	notes the FSBS, an physician. -She had not docur	ent in the electronic progress id that she had contacted the nented a FSBS reading less than 60 for Resident #6.					
	3:15pm revealed:	cond shift MA on 09/26/19 at ponsible to notify the physician					
	of any parameters that exceeded orders. -The MAs should call or fax the physician's office staff and document in the electronic progress notes. -The documentation should include the FSBS reading and the date and time she contacted the physician's office staff. -She had not documented a FSBS for Resident #6 greater than 450 or less than 60. Telephone interview with a third shift MA on 09/27/19 at 9:10am revealed: -She checked Resident #6's blood sugar in the						
	morning before breakfast. -She did not remember any blood sugar parameters or special instructions on the eMAR for Resident #6, alerting her to contact the Endocrinologist if the FSBS was greater than 450 or less than 60. -The MA did not notify the physician or the facility nursing staff on 09/23/19 at 8:57pm when Resident #6's FSBS was 540. -The MA did not notify the physician or the				n. U		
ivision of H	Resident #6's FSBS -She would normall elevated blood suga any parameters on -She probably shou	y be concerned with an ar reading, but she did not see Resident #6's FSBS order. Id have contacted the ut the mornings were very					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED
	HAL060125		B. WING			R 27/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE PAR	CAT SHARON AMIT		ARON AMIT			
		CHARLOT	TE, NC 282	05		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF C		(X5)
TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	EAPPROPRIATE	COMPLETE DATE
D 273	Continued From page	ge 4	D 273			
	on 09/27/19 at 9:06 Interview with the R	e interview with another MA am was unsuccessful. esident Care Coordinator				
	-The MAs were prim the physician when had been exceeded					
1	 -If the Director of Resident Care (DRC) or the RCC were informed by the MA the blood sugar reading was above the ordered parameters, they would notify the physician. -The RCC would use the Physician Visit Documentation form and fax the FSBS to the physician's office, notifying the office staff the FSBS was above the parameters set by the physician. -She would follow up with a phone call and document in the electronic progress notes. -She had not been notified by the MAs that Resident #6's FSBS was above 450. -It was all of their responsibilities to notify the physician if a residents blood sugar, or any vitals, go above the parameters ordered by the physician. 					
	3:40pm revealed: -Resident #6's eMAF included the instruct physician's office if the than 450 and less the -It was the responsite physician's office by day and time of the of additional physician -If contact with the p documented, then the	he parameters were greater an 60. illity of the MA to contact the fax or phone, document the contact, and if there were			8	

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Division of Health Service Regulation

HALG60125 B. WING R P NAME OF PROVIDER OR SUPPLICE STREET ADDRESS, CITY, STATE, ZP CODE 4025 N SHARON AMITY 4025 N SHARON AMITY DRIVE THE PARC AT SHARON AMITY 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 2305 000000000000000000000000000000000000		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
4225 N SHARON AMITY DRIVE CHARLOTTE, NC 22205 COULD PREFINE TAG SUMMARY STATEMENT OF DEFICIENCIES (COURDERCENCY MUSTRIE PRECIDED BY PULL PRECINC ORRECTIVE ACTION SHOULD BE COURDERCENCY MUSTRIE PRECIDED BY PULL PRECINC ORRECTIVE ACTION SHOULD BE CONTENT AC DOWNERS PRECINCENT OF MUSTRIE PRECIDED BY PULL PRECINC ORRECTIVE ACTION SHOULD BE CONTENT AC CONSTRUCTION SHOULD BE CONTENT AC D 273 Continued From page 5 ordered. -The DRC should check the eMARs daily through the Point of Compliance report. -The DRC supervised the MAs and was responsible for ensuring orders were carried out as written by the physicians. D 273 Image Action Content Action Action Action Continued Flow and was responsible for ensuring orders were carried out as written by the physicians. D 273 Image Action Content Action Continued Flow and the Content Action Action Continued Flow and the physicians for Resident #6. She was the primary care physician for Resident #8. She was the primary care physician for Re			HAL060125	B. WING			
THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 px410 SUMMARY STATEMENT OF DEFICIENCES p TMS REDULATORY ON LSC DESIMPTIVE INFORMATION p(x) p(x) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
Description SUMMARY STATEMENT OF DEFICIENCIES p PROVIDER'S PLAN OF CORRECTION QUART PAGE REGULATORY OR LSC DENTPYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY D273 D 273 Continued From page 5 ordered. -The DRC should check the eMARs daily through the Point of Compliance report. -The DRC supervised the MAs and was responsible for ensuring orders were carried out as written by the physicians. D 273 D Interview with Resident #6's primary care provider (PCP) on 09/26/19 at 4:05pm revealed: -She was the primary care physician for Resident #6, -She was concerned regarding Resident #6's continued elevated blood sugars. -She referred Resident #6's to an Endocrinologist in August of 2:019 to manage her diabeles. -The PCP questioned the communication between the staff and the Endocrinologist, since there had been no medication charges since the August visit, and the blood sugars could cause diabetic ketocacidosis, (a potentially life threatening problem that for energy, which causes the blood to become too acidic), and possible organ failure. Attempted interview with the DRC on 09/26/19 at 4.10pm was unsuccessful. Attempted interviews with Resident #6's Endocrinologist on 9/26/19 at 4.10pm and 09/27/19 at 11:20am were unsuccessful Based on observations and interviews it was determined Resident #1's current FL2 dated	THE PAR	C AT SHARON AMIT	Y				
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE D 273 Continued From page 5 D 273 D 273 </td <td></td> <td></td> <td>TEMENT OF DEFICIENCIES</td> <td>ID</td> <td>PROVIDER'S PLAN OF CORREC</td> <td></td> <td>(X5)</td>			TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5)
ordered. -The DRC should check the eMARs daily through the Point of Compliance report. -The DRC supervised the MAs and was responsible for ensuring orders were carried out as written by the physicians. Interview with Resident #%s primary care provider (PCP) on 09/26/19 at 4:05pm revealed; -She was the primary care physician for Resident #%s continued elevated blood sugars. -She was the primary care physician for Resident #%s -She was concerned regarding Resident #%s continued elevated blood sugars. -She was concerned regarding Resident #%s -She was concerned regarding Resident #%s continued elevated blood sugars. -The PCP questioned the communication between the staff and the Endocrinologist, since there had been on medication changes since the August visit, and the blood sugar continued to be elevated. -These high blood sugars could cause diabetic ketoacidosis, (a potentially life threatening problem that occurs when the body starts breaking down fat for energy, which causes the blood to become too acidi(i), and possible organ failure. Attempted interviews with Resident #%'s Endocrinologist to 09/26/19 at 4:10pm was unsuccessful. Attempted telephone interviews with Resident #%'s Endocrinologist to 09/26/19 at 4:0pm and 09/27/19 at 11:20am were unsuccessful Based on observations and interviewable. 2. Review of Resident #1's current FL2 dated		TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 5 ordered. -The DRC should check the eMARs daily through the Point of Compliance report. -The DRC supervised the MAs and was responsible for ensuring orders were carried out			CROSS-REFERENCED TO THE APP		
 (PCP) on 09/26/19 at 4:05pm revealed: She was the primary care physician for Resident #6. She was concerned regarding Resident #6's continued elevated blood sugars. She referred Resident #6 to an Endocrinologist in August of 2019 to manage her diabetes. The PCP questioned the communication between the staff and the Endocrinologist, since there had been no medication changes since the August visit, and the blood sugar continued to be elevated. These high blood sugars could cause diabetic ketoacidosis, (a potentially life threatening problem that occurs when the body starts breaking down fat for energy, which causes the blood to become to a acidic), and possible organ failure. Attempted interview with the DRC on 09/26/19 at 4:10pm was unsuccessful. Attempted telephone interviews with Resident #6's Endocrinologist on 09/26/19 at 4:10pm and 09/27/19 at 11:20am were unsuccessful. Based on observations and interviews it was determined Resident #6's was not interviewable. Review of Resident #1's current FL2 dated 	D 273			D 273			
		Interview with Resid (PCP) on 09/26/19 -She was the prima #6. -She was concerne continued elevated -She referred Resid in August of 2019 t -The PCP questione between the staff at there had been no r August visit, and the elevated. -These high blood s ketoacidosis, (a pot problem that occurs breaking down fat fo blood to become too failure. Attempted interview 4:10pm was unsuco Attempted telephon #6's Endocrinologis 09/27/19 at 11:20ar Based on observati determined Resider 2. Review of Resider	dent #6's primary care provider at 4:05pm revealed: ry care physician for Resident d regarding Resident #6's blood sugars. lent #6 to an Endocrinologist o manage her diabetes. ed the communication nd the Endocrinologist, since medication changes since the e blood sugar continued to be sugars could cause diabetic entially life threatening s when the body starts or energy, which causes the o acidic), and possible organ with the DRC on 09/26/19 at cessful. to n 09/26/19 at 4:10pm and n were unsuccessful ons and interviews it was at #6 was not interviewable. ent #1's current FL2 dated				

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Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING			R 27/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	0.01	2112015	
	C AT SHARON AMIT	4025 N S	HARON AMIT				
	CAT SHARON ANT	CHARLO	TTE, NC 282	05			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE	
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 (ent #1's hospital discharge 26/19 with indicated "patient outpatient psychiatric services					
		sessment of symptoms and ssible psychotropics''.					
	care provider (PCP) formal evaluation by provider was recom	ation note from the primary dated 07/03/19 revealed "a / the in-house psych [sic] mended, discussed with the sic] to arrange, no other 9. "					
	dated 07/31/19 reve documentation of tre	eatment for mild cognitive t is to be seen by facility psych					
	08/06/19 revealed th	itten to the physician dated ne resident had been more d not indicate which staff ote.			5		
	dated 08/21/19 reve	esident had some paranoia,					
	-There was a conser services on 08/19/19 -There were no men	#1's record revealed: nt signed for psychological Э. ital health progress notes					
	available for review. alth Service Regulation)			

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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	
		HAL060125	B. WING			R 27/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
		4025 N SH	ARON AMITY	DRIVE		
INE PAR	C AT SHARON AMIT	CHARLOT	TE, NC 2820	5		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		(X5) COMPLETE DATE
IAG	TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			DEFICIENCY)		DATE
D 273	Continued From pa	ge 7	D 273			
	-On 08/17/19 at 9:2 documented "reside insulin this morning than to give her any	#1's progress notes revealed: 8am, a medication aide (MA) ent refused all medication and stating that we knew better /thing, she was not taking				
		0pm, a MA documented is insulin and medication and				
	 "resident still refuses insulin and medication and thinks the building is out to get her and we are going to kill her, resident exhibited paranoid behavior with the doctor in the room". On 08/21/19 at 9:54am, a MA documented "resident refused blood sugar check and all medication this morning stating that we are giving her things to make her sick and she doesn't need to be here, she had the government on her side". On 08/22/19 at 9:18am, a MA documented "resident claimed that her breakfast was poisoned so she did not eat it". On 09/04/19 at 9:41am, a MA documented "resident was extremely rude, swearing, and wondering what kind of place was in". On 09/23/19 at 10:49am, the Director of Resident Care (DRC) documented the resident was seen by the in-house psychosocial provider and there were no changes. 					
	health provider on 0 -He was the contract the facility. -There was no othe came to the facility -He had not evaluat my patient".	ted Resident #1, "she is not				
	09/27/19 revealed:	dent #1's legal guardian on history of schizophrenia and				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
	HAL060125		B. WING			R
					09/	27/2019
VAIVIE OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
THE PAF	RC AT SHARON AMIT	Y	HARON AMIT			
			TTE, NC 2820			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN O (EACH CORRECTIVE AC		(X5)
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
D 273	Continued From pa	ge 8	D 273			
	bipolar disorder.					
	-Resident #1 saw th	ne mental health provider, "but				
	it was not timely".					
	-She requested the	resident see a mental health				
	provider on 08/16/1 psychological issue					
		nt to the facility on 08/16/19				
	and 08/21/19	in to the facility of 00/10/19				
	-She called the DR	C on 08/19/19 to confirm the				
	receipt of fax and th	nere 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 his					
	-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					
		I and had increased				
	hallucinations.					
		istrator of the breakdown in				
		it was not addressed.				
		ventually seen by the				
		alth provider on 09/09/19,				
1	would say that he di	me, I don't know why he				
	would bay that he u	a not see her .				
	Interview with the R	esident Care Coordinator				
	(RCC) on 09/27/19					
	-She thought the res	sident saw the mental health				
		he was unable to find the				
	mental health progr					
		alking to the guardian about				
		ealth consent processed.			2	
	referral process and	onsible for completing the l ensuring that the resident				1
		ental health provider.				
		RC with what she instructs				
		as not instructed to follow-up				
		nental health evaluation.				
	-"I am not sure what					
on of He	alth Service Regulation					1

Division of Health Service Regulation

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING			R 27/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		4025 N SH	ARON AMIT			-
THE PAR	C AT SHARON AMIT	Y	TTE, NC 2820			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	CTION	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHO		COMPLETE
TAG	REGULATORT ON E	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE	DATE
D 273	Continued From pa	ge 9	D 273			
	09/26/19 at 4:23pm -Initially, the resider paranoia, however	rimary care provider (PCP) on revealed: nt did not present with when she completed a mini a the resident scored low and				
		hological evaluation on				
		sident to see the contracted				
		der on 08/21/19 but she was				
	not seen, she was t	old Resident #1 was				
		ppointment was cancelled.				1 1
		yed symptoms of paranoia				
		e staff trying to kill her.				
		revious RCC on 07/03/19				
		ealth evaluation and it was				
	scheduled 3 weeks	the staff to let her know the				
		en seen by the mental health				
	provider.	on seen by the mental health				
		anged for a mental health				
		ractice see the resident.				
		e to see the mental health				
	provider sooner, it o	could have helped treatment				
		inations, and possibly helped				
	resident refuse med	dications less often.				
	Interview with the A	dministrator on 09/27/19 at				
	10:20am revealed:					
		DRC to ensure that referrals				
	were processed tim					
		lents to be seen by the				
	provider of the resident/guardian choice at the next available visit. -She did not know Resident #1 was not seen by the mental health provider. -She was told on 09/25/19 by the legal guardian					
						1
		is being discharged on				
		k of communication with staff.				
		been follow-up with the				
Tivision of He	ealth Service Regulation			· · · · · · · · · · · · · · · · · · ·		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The second second	ECONSTRUCTION		E SURVEY PLETED
		HAL060125	B. WING			R 27/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE PAR	C AT SHARON AMITY		HARON AMIT			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ROPRIATE	COMPLETE DATE
D 273	Continued From page	ge 10	D 273			
	mental health referr RCC.	al/evaluation by the DRC or				
	signed 07/24/19 rev Humalog (used to c	ious physician's orders ealed there was an order for ontrol high blood sugars)				
	100u/mL 10 units 15 immediately after m	5 minutes before or eals three times daily.				
	was an order dated Humalog insulin 10 minutes before mea meal. Review of Resident administration recor- revealed: -There was an entry administered three t meals or immediatel -There was docume was refused 23 out o 08/01/19-08/23/19, -The residents blood Review of Resident summary dated 06/2	ntation Humalog 100u/mL of 68 opportunities from I sugars ranged from 78-376. #1's hospital discharge 26/19 revealed, the resident's easure the average blood		r	r	
	Review of Resident a -There was a progre primary care provide resident refusing Hu -The PCP was notifie Humalog on 08/21/1 -There was no other	#1's progess notes revealed: ss noted indicating the er (PCP) was notified of the malog on 08/06/19. ed of the resident refusing				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A Concentration of the second	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING			7/2019
	PROVIDER OR SUPPLIER	4025 N SH	DRESS, CITY, S IARON AMIT TE, NC 282			
(X4) ID PREFIX TAG	EFIX (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 273	Interview with a me 09/26/19 at 12:20pr -She did not rememi insulin when she we -She would contact residents refused in the progress notes. -MAs were to get an administer a medic refusing, and notify Coordinator (RCC), (DRC) and the phys -The MAs were to be correspondence to Interview with a MA revealed: -If a resident refuse get another MA to a medication. -If the resident refuse the physician was n refusal. -She was also to no refusals and docum after each refusal. -She could not rem physician when Res Humalog, "I may ha -She notified the RC Resident #1's Hum -The previous RCC that the physician w refusal of insulin. -Resident #1 prese	dication aide (MA) on m revealed: aber if Resident #1 refused orked. the doctor immediately if asulin and would document in nother MA to try and ation if a resident was the Resident Care Director of Resident Care sician. call the physician and fax notify of each insulin refusal. a medication, she was to after 3 refusals. Ind a medication such as insulin notified immediately after first outified in the progress notes, ember if she called the sident #1 refused her ave gotten busy". CC a couple of times about alog refusals. and Administrator instructed vas to be called after each inted with paranoid behavior	D 273	DEFICIENCY)		
	and did not always administration.	trust staff with medication				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING.			R		
		HAL060125	B. WING			09/27/2019	
NAME OF 1	PROVIDER OR SUPPLIER		DRESS, CITY, S				
THE PAR	C AT SHARON AMIT	Ŷ	HARON AMIT	151 Walkers (2017) 2018			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION		
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC	TION SHOULD BE	(X5) COMPLETE	
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE	
D 273	Continued From pa	ige 12	D 273				
		rimary care provider (PCP) on					
	09/25/19 at 4:09pm						
		ew refusal notes for Resident					
5.	#1.	a natified agab time a regident					
	-She expected to be notified each time a resident refused insulin.						
	-She was not notified that the resident missed 23						
	out of 68 doses of H	Humalog.					
		-lumalog because she was					
		ident refused a few times.					
	-She did not have a	ccess to the eMARs during					
	was refusing medic	now many times a resident					
	-If staff did not call of	or fax her of refusals, then she					
	was not aware.						
		ng 23 out of 68 doses would					
		to be at risk for hyperglycemia,					
		age, and hospitalization.					
		e notified so that she could gars or adjust other insulin					
	medications sooner						
	Interview with the R	CC on 09/27/19 at 9:32am					
	revealed:						
		Resident #1 missed 23 out of					
	68 doses of Humale						
		lent did not trust staff and ny medications were given but					
		issed so many doses of					
	Humalog.						
	-After the first refus	al of insulin she expected the					
	staff to call or fax th	e physician.					
		f there was a written policy for					
	refusals.						
	DRC if the resident	staff to also notify her or the refused insulin.					
	Interview with Resid	lent #1's legal guardian on					
	09/27/19 at 9:34am		1				
		history of schizophrenia and					
	alth Service Regulation						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING 0			R 9/27/2019	
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
THE PAR	C AT SHARON AMIT	/	IARON AMIT				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 273	bipolar disorder. -Resident #1 had a medications as ord reason she was ad	history of not taking ered and it was part of the	D 273				
	10:20am revealed: -MAs were to follow	dministrator on 09/27/19 at (the "state policy" and after 3					
	refusals notify the PCP. -If a resident was to refuse insulin, she expected the PCP to be notified immediately. -There was no written policy for medication refusals. -The DRC and RCC was responsible for reinforcing the rules and ensuring that staff was notifying the PCP of refusals.						
	resulted in Residen diabetic ketoacidos Resident #1, with a to a history of schiz with a delayed men months, despite an behaviors, resulted non-compliance wh insulin, which put R hyperglycemia and This failure resulted	in substantial risk for physical 6 and Resident #1 and					
	accordance with G.	d a plan of protection in S. 131D-34 on 09/26/19. TE FOR THE TYPE A2 NOT EXCEED OCTOBER					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY
	HAL060125		B. WING		F 09/2	र 7/2019
	PROVIDER OR SUPPLIER	4025 N SI	DRESS, CITY, HARON AMI		1 0012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE
D 276 D 276			D 276 D 276	10 A NCAC 13F .0902 (c)(3-4) Health Care (c) the facility shall assure documentation of the the resident's record: (3) written procedures, treatments or orders fro or other licensed health professional; and (4) in of procedures, treatments or orders specified in graph (c)(3) of this Rule. All new orders will be reviewed for accuracy by on a daily routine. Any order that is written or w cessed by the "Order Processing System" and in a too be filed folder. Filing will be done week ium to ensure that all records are up to date. All notes from doctors visits will be placed in th are received and reviewed to ensure that all or ments will be handled in the approriate time fra ED will follow up with the MCM/RCC to ensure and documentation is placed in the charts at m per week. ED will also assist with the filing of a and or documentation once reviewed to ensure community stays in compliance and that record date. MCM/RCC will instruct staff on the new system will be processed in case of an emergency or a admission to ensure that all orders have been in a adequate time frame.	m a physicaia pplementation Subpara- it the MCM/EC vill be proc- then placed dy at the min- e chart as the ders, appoint- inium once ny orders a that the filing inium once ny orders a that a are up to a and how it after hours	y
	facility failed to assu sugar (FSBS) check for 1 of 5 sampled re Review of Resident a 09/12/19 revealed th fingerstick blood sug times daily before m A previous physician revealed an order to Endocrinologist if the less than 60 or great Observation of Resid	views and interviews, the re orders for fingerstick blood s were completed as ordered esidents (#6). #6's current FL2 dated here was an order for gar (FSBS) checks three eals. 's order dated 09/11/19 notify Resident #6's e blood glucose levels were				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL060125		B. WING			R 27/2019
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
THE PAR	CAT SHARON AMIT	· · · · · · · · · · · · · · · · · · ·	ARON AMIT			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	DATE
D 276	Continued From pa	ge 15	D 276			
		y to check the fingerstick				
	blood sugar (FSBS 12:00pm and 4:30p) before meals at 6:30am,				
		, in bold letters, were PLEASE				
	NOTIFY PATIENT'S ENDOCRINOLOGY OFFICE					
		IS GREATER THAN 450 OR				
	LESS THAN 60.	umentation FSBS was				
		n on 09/20/19 or 09/25/19.				
	-There was no progress note indicating a reason for the exception.					
		possible 24 opportunities at				
	checked.	was not documented as	4			
		umentation the FSBS was				
	checked at 4:30pm	from 09/12/19 through				
		/19 through 09/25/19.				
		a possible 24 opportunities at vas not documented as				
	checked.	vas not documented as				
		ress note indicating a reason				
	for the exception.					
		dication aide (MA) on				
	09/26/19 at 3:15pm	revealed: n order to check the FSBS, it				
	would populate on t	the eMAR at the scheduled				
	time.	drop down how to optor the				
	results of the FSBS	drop down box to enter the				
		d the FSBS she would sign off				
	on the completion of	of the tasks.				
		p down box to enter the FSBS				
	result, she would no	e MAs who administered				
		cations from 09/12/19 through				
	09/25/19.	na Andreas and Annan an annan ann - Christian an Annan Annan an Annan Annan Annan Annan Annan Annan Annan Annan				
		were not documented on the				
	eMAR, she did not	check the FSBS.				
iviaion of H	ealth Service Regulation	5. (11.10) (11.10)				

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	NT OF DEFICIENCIES	(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	TATE, ZIP CODE			
THE PAP	RC AT SHARON AMIT	T	HARON AMIT				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG	REGULATORY OR L	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE	
D 276	Continued From pa	ge 16	D 276		7 - 5 W.R.		
	dated 09/25/19 reve	signs entered into the eMAR ealed: 8am, FSBS was documented			e		
	-On 09/23/19 at 6:14am, FSBS was documented as 505.						
	as 464.	2pm, FSBS was documented				i i	
	as 540. -On 09/24/19 at 6:2 as 515.	7pm, FSBS was documented 5am, FSBS was documented 5pm, FSBS was documented					
	as 453. Review of the Prodig to check the FSBS f -The reading of "HIC was above the meas	7pm, FSBS was documented gy glucometer manual, used for Resident #6, revealed: GH" appeared when the result surement limit. limit of the glucometer was					
	higher than 600 mg/	/dl. mediately consult their					
	9:00am revealed: -The facility's contra all medication orders	dministrator on 09/27/19 at cted pharmacy staff entered s into the eMAR. sident Care (DRC) was then					
	responsible for verify correctly. -In verifying the FSB verify the times of ac	ying the orders were entered S orders, the DRC had to dministration were correct and s were activated, to allow the					
	MAs to enter the dat -If the MAs had check have a place to docu						

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		R 09/27/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	C AT SHARON AMIT	4025 N SH	ARON AMI	TY DRIVE		
		CHARLOT	TE, NC 282	205		
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF CORRECTION		
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		
D 276	 D 276 Continued From page 17 in the progress notes. -If the MAs did not document in the progress notes, it meant they did not check the FSBS. Interview with the Resident Care Coordinator (RCC) on 09/27/19 at 9:59am revealed: -She was the RCC and a MA. -If a resident had an order to check FSBS, it would "pop" up and highlight in blue on the eMAR when it was time to check their FSBS. -There would be a space to enter the results of the blood sugar check. -She had not been told that any orders were not highlighted on the eMAR screen prompting 		D 276	10		
	10A NCAC 13F .104 (a) Prescription leg legible label with the (1) the name of the medication is presc (2) the most recent (3) the name of the (4) the name of the (4) the name and co medication, quantity serial number; (5) directions for us (6) a statement of g indicated if a brand prescribed is disper (7) the expiration dat single unit or unit do an expiration date; (8) auxiliary statement	03(a) Medication Labels 03 Medication Labels end medications shall have a e following information: resident for whom the ribed; date of issuance; prescriber; oncentration of the y dispensed, and prescription e stated and not abbreviated; eneric equivalency shall be other than the brand used; ate, unless dispensed in a ose package that already has ents as required of the ess, telephone number of the	{D 352}	10A NCAC 13F .1003 (a) Medication Labels (a) Prescription legend medications shall have a with the following information: (1) the name of th for whom the medication is prescribed; (2) the m date of issuance;(3) the name of the prescriber; and concentration of the medication, quantity dis precription serial number;(5) directions for use st not abbreviated;(6) a statement of generic equiv- be indicated if a brand other than the brand pres dispensed;(7) the expiration date, unless dispen- single unit or unit dose package that already has date; (8) auxiliary statements as required of the I (9) the name, address, telephone number of the pharmacy; and (10) the name or initials of the dis pharmacist. Medications will be checked for accuracy of the ensure that correct medications are secured witt label to ensure accuracy of the medications to b Any medication that is found to have a incorrect given a change order sticker. Med-Techs will b on the proper use of a change order sticker. All medica be marked with a expiration date and a open da this is applicable. This process will be reviewed weekly by the MC accuracy of medications by auditing of carts. ED will do audits of the carts at least monthly to processes are being followed.	e resident lost recent (4) the name spensed, and tated and alency shal cribed is sed in a s an expiration medication; dispensing spensing labels to h a correct be given. label will be new med- annot be in-serviced will be ations will the where	

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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	
					l F	र	
		HAL060125	B. WING			7/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
THE PAR	CAT SHARON AMITY		HARON AMIT				
(X4) ID	SUMMARY STA		TTE, NC 2820	e i la companya de la			
PREFIX	EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
{D 352}	Continued From page	ge 18	{D 352}				
ida or		tials of the dispensing			r.		
	This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure medications were properly labeled for 3 of 7 sampled residents (Resident #2, #3 and #8), as related to two vials of short acting insulin (Residents #2 and #8) and one vial of long acting insulin (Resident #3). The findings are:						
	1. Review of Reside 09/12/19 revealed:	nt #2's current FL2 dated					
	-Diagnoses included						
	levels), per sliding so	o treat elevated blood glucose cale parameters, before			8		
	meals and at bedtim	e. arameters were as follows:					
	151-200=2 units; 20	1-250=4 units; 251-300=6 its; 351-400=10 units;	5				
	-There was an order	for fingerstick blood sugars ed 4 times a day, before					
	-If the blood sugar w	as less than 60 or greater ere to call the prescribing					
		dent #2's medications on					
	hand for administrati	on on 09/25/19 at11:45am					
		n vial was in a plastic bag					
	with a pharmacy gen -The label had Resid	erated label. lent #2's name, the name of					
		100units/ml) and 'inject per					

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1028 X	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		HAL060125	B. WING		R 09/27/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY. S	TATE, ZIP CODE		
		4025 N SF	ARON AMIT			
THE PAR	RC AT SHARON AMITY		TE, NC 282			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{D 352}	Continued From pa	Continued From page 19				
	follows'. -The Humalog insul 08/16/19. -There was a handw	meals and at bedtime as in was dispensed on vritten opened date of e of the plastic bag.				
2	-There were no dire parameters on the o -There were no dire	9/10/19 on the side of the plastic bag. There were no directions as to the sliding scale arameters on the computer-generated label. There were no directions for the sliding scale				
	parameters on the i bag.	nsulin vial inside the plastic				
	Interview with the first shift medication aide (MA) on 09/26/19 at 3:15pm revealed: -She administered Resident #2's Humalog sliding scale insulin when needed. -She did not realize the sliding scale parameters were not on the pharmacy generated label affixed to the bag. -She usually checked both the medication label and the electronic medication administration record (eMAR) before administering medication to the residents. -She knew Humalog 100units/ml was the correct insulin for Resident #2 according to the sliding scale order entry on the eMAR.					
	scale parameters. -Medications should for their administrat order entry on the e -She should have b the Director of Resi	rought this to the attention of dent Care (DRC) to contact				
	administration of the Resident #2.	ovide a label with directions for e Humalog insulin for with the DRC on 09/26/19 at sessful.				

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		Service	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMF	SURVEY
				•	R	
		HAL060125	B, WING		09/27/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
THE PAF	C AT SHARON AMITY		HARON AMI			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI		
PREFIX	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL	LD BE	(X5) COMPLETE
TAG	(G REGULATOR FOR ESCIDENTIFTING INFORMATION)			CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
{D 352}	Continued From page	ge 20	{D 352}			
		nt #8's current FL2 dated				
	09/12/19 revealed:					
	 Diagnoses include There was an orde 					
		o control elevated blood				
		ninister three times a day				
		ding scale parameters.				
		arameters were as follows:				
		1-400=4 units; 401-450=6				
	units; 451-500=8 units; blood sugar greater than 500=10 units.					
	Observation of Resi	dent #8's medications on				8
		ion on 09/25/19 at 11:55am				
	revealed:					
	-The Novolog insulir	vial was in a cardboard		e		
		rmacy generated label. dent #8's name, the name of				
	the insulin (Novolog	100units/ml) and 'see				
	enclosed directions'.	e contra e e contra e				
	-There were no encl		5			
	-The Novolog insulir	was dispensed on 07/16/19.				
	-There was a handw 09/23/19 on the side	ritten opened date of of the cardboard container.				
		ctions on Resident #8's				
	computer-generated	label, as regards the				
	administration of the					
		tions for the administration				
	the cardboard conta	olog on the insulin vial inside iner.				
1						
		st shift medication aide (MA)				
	on 09/26/19 at 3:25p -She administered R	esident #8's Novolog sliding				
	scale insulin when n					
	-She knew the sliding	g scale parameters were not				
	on the pharmacy ger	nerated label on the box or			I	
	the insulin vial.					
	administration record	electronic medication d (eMAR) before				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		A CELENE OF GREAT HER BUILD STATE OF THE RECYCLE THE END OF A CELENE AND A CELENCE AND A CELENCE AND A CELENCE	A. BUILDING.		F	
		HAL060125	B. WING			7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAP	RC AT SHARON AMIT	Y	HARON AMIT			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PRÉFIX TAG		(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	EAPPROPRIATE	COMPLETE DATE
{D 352}	Continued From pa	ge 21	{D 352}	4 / g		
	administering medication to the residents. -She knew the Novolog 100units/ml was the correct insulin for Resident #8 according to the sliding scale order entry on the eMAR. -She followed the eMAR for the sliding scale parameters.					
2	-Medications should for their administrat	d have labels with directions ion and correspond with the				
	order entry on the eMARs. -She should have brought this to the attention of the Director of Resident Care (DRC) to contact the pharmacy to provide a label with directions for administration of the Novolog insulin for Resident #8.					
	3:50pm revealed: -The MAs should be matched the order. -If there was a disci- put the medication -When the MAs are also be comparing summary and the e -They should notify Coordinator (RCC) missing from the m -The DRC should for assure medications -It was the MAs res accuracy of the labo part of their check s medications.	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 edication. blow up behind the MAs to were labeled properly. ponsibility to verify the els with the order entries as system when administering				
	(RCC) on 09/26/19 -She was the interir as needed. -The DRC was resp	tesident Care Coordinator at 4:45pm revealed: m RCC and assisted the DRC ponsible for assuring idministered as ordered,				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	a se service participa a	X2) MULTIPLE CONSTRUCTION (X3) DATE SUF A. BUILDING: COMPLET		
			A. BOILDING	·		
	1918 To 1919 To 1919	HAL060125	B. WING			R 27/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT		HARON AMI			
(X () (D	SUMMARY STA	TEMENT OF DEFICIENCIES	TTE, NC 28:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	"MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SF CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD 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 aud medications was rea	on the medications was part cess. dits, any MA who administered sponsible to verify the ith the order entries on the				
	administration proce	ess.				
	-She did not know some of the insulin vials and packaging did not have the orders for administration of the insulin. -She relied on the MAs to inform her if there was incorrect labeling of medications.					
	09/12/19 revealed: -Diagnoses included hypertension, hyper pancreatitis. -There was a medic	lent #3's current FL2 dated d Alzheimer's dementia, lipidemia and chronic ation order for Levemir (an ates) inject 50 units at				
		#3's physician orders dated medication order for Levemir dtime.				
	Review of Resident 08/13/19 revealed a inject 36 units at bec	#3's physician orders dated medication order for Levemir dtime.				
	Review of Resident 09/03/19 revealed a inject 50 units at bec	#3's physician orders dated medication order for Levemir dtime.				
Division of Li		dent #3's medications stration on 09/26/19 at				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		SURVEY PLETED
7110101	or connection		A. BUILDING:		COM.	LLILD
		HAL060125	B. WING		22	२ 27/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		4025 N SI	ARON AMIT	Y DRIVE		
INC PAR	RC AT SHARON AMIT	CHARLO	TTE, NC 282	05		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
{D 352}	Continued From pa	ige 23	{D 352}			
	-There was an oper computer generate with directions to in -There was a sticke	ned bottle of Levemir with a d label affixed to the bottle ject 36 units at bedtime. er affixed to the bottle of dicating the bottle was opened				
	-There was an oper computer generate	ned bottle of Levemir with a date a date affixed to the bottle				
		ject 50 units at bedtime.				
		er affixed to the bottle of				
	on 09/04/19.	dicating the bottle was opened				
	09/26/19 at 11:47ar -She referred to the eMAR to administe -Resident #3's curr inject 50 units at be	e directions on Resident #3's r his Levemir. ent order for Levemir was edtime.				
	#3's Levemir bottle 36 units, she admir -She did not know	why Resident #3 had two evemir, with different				
	3:57pm revealed: -When administerir	cond MA on 09/26/19 at ng medications, she compared		×		
	medication prior to -If an order was rec a medication, the M	eived for a change in dose of As were responsible for				
	dose had changed eMAR.	the label to alert the MAs the and to refer to the dose on the				
	would verify the cor	sticker to the medication, she rect dose with either the It Care (DRC) or the Resident RCC).				
Division of H	ealth Service Regulation				· • · · ·	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		
						R
	····	HAL060125	B. WING		09/:	27/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE PAR	CAT SHARON AMIT	4025 N SH	ARON AMIT	Y DRIVE		
		CHARLO	TTE, NC 282	05		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG		SC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
{D 352}	Continued From pa	ge 24	{D 352}			
	-She had administe Resident #3 after th directions for injecti (09/18/19), but she bottle did not match	ered Levemir 50 units to be Levemir bottle containing ng 36 units was opened did not realize the label on the the order on the eMAR so n "order change" sticker on the				
k.	Intomious with a thin	- MA 00/07/40 0.50				
	Interview with a thin revealed:	d MA on 09/27/19 at 8:52am				
		medications based on the				
	order entry on the e					
		the medication label was			X 3	
		ntry on the eMAR, MAs were				
		ying the DRC, or the RCC, in				
	the absence of the l					
		her make changes to the				
		rself or would ask the MA to				
	do it.	al ta maalka alkan maa ta tira				
		d to make changes to the he would either handwrite the				
		to the pharmacy label or affix				
		medication with the new order				
	handwritten on the					
		have "order change" stickers				
	to affix to the label.					
	Intoniow with the D	CC on 09/27/19 at 9:38am				
	revealed:	00 011 09/27/19 at 9:38am				
		ent on a medication label				
		the eMAR, the MAs should				
		ons based on the dose				
	reflected on the eM/	AR.				
		repancy between the				
		d the eMAR, they should				
		uld verify the order and place				
		ticker on the medication label.				
		I her Resident #3 had a bottle				1
		ctions to inject 36 units. up the Levemir in the bottle				
	alth Service Regulation	ap the covernment the bottle				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125	A. BUILDING:	E CONSTRUCTION (X	3) DATE SURVEY COMPLETED R 09/27/2019
			DRESS CITY S	STATE, ZIP CODE	0012112010
		4025 N SH	IARON AMI		
THE PAR	C AT SHARON AMIT	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 SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
{D 352}	would need to have applied to it. -The facility current	ject 36 units but the bottle an "order change" sticker ly did not have any "order ut she had ordered more from	{D 352}		
	Interview with the A 9:00am revealed:	dministrator on 09/27/19 at			
	to the eMAR prior to medication. -If a MA found a me match the entry on either the DRC or h verified, and an "oro placed on the medicat -She knew medicat completed on 09/11 -Medication cart au Thursday of each w not know if an audit 09/18/19 when the been opened for Re -Medication cart au finding medications match the eMAR. -She did not know w	edication label that did not the eMAR, they should notify erself so the order could be der change" sticker could be cation immediately. ion cart audits had been /19 and 09/17/19. dits should be completed by reek by the MAs, but she did had been completed since bottle of Levemir 36 units had			
{D 358}	(a) An adult care h preparation and ad	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments	{D 358}	10A NCAC 13F .1004(a) Medication Administratio 10A NCAC 13F .1004 Medication Administration (adult care home shall assure that the preparation administration of medications, prescription and no prescription, and treatments by staff are in accord. (1) orders by a licensed prescribing practionioner are maintained in the resident's record and (2) rule Section and the facilities policies and procedures.	a) An and n- ance with: which

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A Derivative AND THE ADVANCE AND ADVANCE AND ADVANCE A	LE CONSTRUCTION	(X3) DATE (COMPL	
		HAL060125	B. WING		R 09/2	7/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PAP	RC AT SHARON AMIT		IARON AMI			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	(1) orders by a lice which are maintained	ge 26 nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies	{D 358}	Monthly medication cart audits will be perform community RCC/MCM, along with the continu audits performed by communities medication Community Administrator will review both wee monthly medication audits. Community Admir receive both weekly and monthly medication of once monthly to assure compliance. Cycle fill audits completed by the Medication of oversight of the MCM prior to the new start of with the ED and Divisional Nurse oversight as	ed weekly aide staff, ekly and histrator will cart audits Aides and the the cycle	
				ongoing. All orders will be reviewed by the MCM/RCC to from the ED and any orders that need clarifica addressed with the PCP immediately. Any ord requires a parameter will be reviewed by the l	MCM/RCC with assist need clarifications will be ately. Any order that eved by the MCM/RCC	
	severity resulting in substantial risk that occur.	YPE B VIOLATION ntinues with increased residents placed at serious physical harm will		The PCP will be notified of any outside range instructions/recommendations to follow. Med-Techs will be inserviced on the Importan meters and how and when to notify the PCP. will be conducted by the LHPS Nurse with ow both the ED and the Divisional Nurse for on g pliance. All residents will be recommended too use Or back-up Pharmacy in the case of not being at from their pharmacy in a timely manner. All re do not use Omnicare for their primary needs on a tracking tool so the Med-Techs and MCN when to order. This will be reviewed by the ED routine to ensure compliance.	ce of Para- The in-service ersight by oing com- nnicare as thei ole to get Meds sidents who vill be placed //RCC know	r
	reviews, the facility f 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 s #1, #3 and #5) including insulin and oral med diabetes (Resident # antipsychotic medica #1), and failure to ha	ons, interviews, and record				

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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			R 7/2019
NAME OF	PROVIDER OR SUPPLIER	In	DRESS, CITY, S	STATE, ZIP CODE	1 00/2	
THE PAF	C AT SHARON AMIT	Y	HARON AMIN			
		CHARLO	FTE, NC 282		TION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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)	ULD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 27	{D 358}			
	The findings are:					
		or rate was 7% as evidenced of 2 errors out of 29				
		the 11:30am medication pass e 8:30am medication pass on				
	09/26/19.	e 6.50am medication pass on				
	The second se	ent #6's current FL2 dated liagnoses included diabetes				
	09/12/19 revealed t 100units/ml, a fast :	ent #6's current FL2 dated here was an order for Novolog acting insulin used to control ose levels, administer 23 units efore meals.				
	at 11:30am reveale -The medication aid	le (MA) checked Resident od sugar (FSBS), observing otocol.				·
	-Resident #6 also w medication tablet w -The portion of the highlighted the FSE tablet to be adminis -The MA stated the	vas administered another ith a 5 ounce cup of water. computer screen visible S check and a medication				
	revealed: -She did not have a scheduled to be ad the 100 Hall.	IA on 09/25/19 at 11:40am iny 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 A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		R 09/27/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
	RC AT SHARON AMIT	4025 N SI	ARON AMI		
		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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	
{D 358}	-She only had to ch notify the physician than 450. Review of Resident was no order to disc units to be administ	ge 28 eck the FSBS at lunch and if the reading was greater #6's record revealed there continue Novolog insulin, 23 ered three times a day before trent FL2 dated 09/12/19.	{D 358}	5	
	hand to be administ revealed: -There was a vial of with a computer ger attached to the vial. -The label had Resid the insulin and the d administered before -The Novolog insulin Second interview wi 12:45pm revealed: -She did not know R administered insulin -She did not see the eMAR. -If an order did not " a medication to be a of knowing the resid that time. -She did not know w highlighted on the el -The MA was directed administer the Novo Resident #6 immedi Interview with anotherevealed:	order highlighted on the pop" on the eMAR to identify idministered, she had no way ent had a medication due at thy the medication was not WAR screen to administer. ed by the Administrator to log insulin 23 units to ately. er MA on 09/25/19 at 3:15pm ent #6 had scheduled insulin			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		0.00000000000	R /27/2019	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S				
THE PAR	C AT SHARON AMITY	Ý	HARON AMIT				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
{D 358}	Continued From pa	ge 29	{D 358}				
	not being highlighte administration. Review of Resident administration reco	experience of a medication d on the eMAR at the time of #6's electronic medication rd (eMAR) for September					
	to be administered	y for Novolog insulin 100units three times a day, scheduled					
	was administered a 09/25/19. -There was no prog	umentation Novolog 23 units t 12:00pm on 09/20/19 or press note indicating an histration of Novolog insulin or					
	-There were 2 of a 12:00pm that Novol documented as adr -There was no docu was administered a through 09/15/19 ar -There were 13 of a	possible 24 opportunities at log insulin was not					
	-There was no prog exception for admir	ress note indicating an nistration of Novolog insulin ıgh 09/15/19 and 09/17/19					
	dated 09/25/19 reve	signs entered into the eMAR ealed: 8am, FSBS was documented					
	-On 09/23/19 at 6:1 as 505.	4am, FSBS was documented 2pm, FSBS was documented					
	as 540.	7pm, FSBS was documented				If continuation sheet 30 of	
VISION OF HE	ealth Service Regulation		6899 K	20313	If continuat	on sheet 30 of	

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	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL060125	B. WING			R 27/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S			
THE PAI	RC AT SHARON AMIT		TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{D 358}	-On 09/24/19 at 6:2 as 515. -On 09/24/19 at 5:5 as "High".	ge 30 5am, FSBS was documented 5pm, FSBS was documented 7pm, FSBS was documented	{D 358}			
	to check the FSBS i - The reading of "HI result was above the -The measurement higher than 600 mg/ -If the glucometer re- immediately consult Interview with a meo 09/26/19 at 3:15pm -If a resident had an populate on the eM/ administer their insu- -There would be a d units of insulin admi- When she administer there was no drop of insulin administer the insulin. -She was one of the Resident #6's medic 09/25/19. -If the insulin units a documented on the the insulin. Attempted telephone on 09/27/19 at 9:08a	eads "HIGH", the user should their healthcare professional. dication aide (MA) on revealed: order for insulin, it would AR when it was time to lin. rop down box to enter the nistered. rered the insulin, she would				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED	
		HAL060125	B. WING			R 27/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
THE PAP	C AT SHARON AMIT		ARON AMIT				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
{D 358}	-The facility's contra all medication order -The Director of Re responsible for verif correctly. -In verifying the insu- verify the times of a the drop down boxe MAs to enter the da -The DRC should c the report generate -This report showed administered, duplid administered late. -If the MAs had adm not have a place to eMAR, they should in the progress note -If the MAs did not a notes, they did not a Interview with the R (RCC) on 09/27/19 -She was the RCC -If a resident had ar "pop" up and highlig it was time to admir -There would be a s administered. -She had not been to not highlighted on the allotted time. Interview with Resid (PCP) on 09/26/19 -She was the prima #6.	acted pharmacy staff entered is into the eMAR. sident Care (DRC) was then fying the orders were entered ulin orders, the DRC had to administration were correct and as were activated to allow the ita. heck the eMARs daily through d by the eMAR program. I medications not cate orders and medications ninistered the insulin but did document the results on the have documented the results es. document in the progress administer the insulin. esident Care Coordinator at 9:59am revealed: and a MA. n order for insulin, it would ght in blue on the eMAR when hister their insulin. espace to enter the site of the the amount of insulin told that any medications were he eMAR screen at their dent #6's primary care provider at 4:05pm revealed: ry care physician for Resident d regarding Resident #6's	{D 358}				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A STATE OF	MULTIPLE CONSTRUCTION (X3) DATE SU UILDING:COMPLE	
ň.			A. DUILDING.		
		HAL060125	B. WING		R 09/27/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
THE PAR	C AT SHARON AMIT	f	HARON AMIT	te construction and the second	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	TTE, NC 282		71011
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
{D 358}	Continued From pa	ge 32	{D 358}		
	in August of 2019 to -The PCP questions between the staff ar there had been no r August visit, and the	ent #6 to an Endocrinologist o manage her diabetes. ed the communication nd the Endocrinologist, since nedication changes since the blood sugar continued to be			-
		ugars could cause diabetic entially life threatening			
	problem that occurs breaking down fat for	when the body starts or energy, which causes the o acidic), and possible organ			
	Attempted telephone Endocrinologist on 0 09/27/19 at 11:20am)9/26/19 at 4:10pm and			
	Attempted interview 4:10pm was unsucc	with the DRC on 09/26/19 at essful.			E
		ons and interviews it was t #6 was not interviewable.			
	09/12/19 revealed:	nt #7's current FL2 dated d Alzheimer dementia with			
	behavioral disturban convulsions and lega	ces, anoxic brain damage, al blindness.			
		for Paroxetine HCL 40mg, ablet daily for mood stability.			
	at 8:30am revealed:				
	generated label and -The directions on th	ation bottle with a pharmacy Resident #7's name. le label read Paroxetine 40			
	-The prescription wa 12 tablets.	20mg) daily for mood stability. Is dispensed on 09/17/19 for			
ivision of He	alth Service Regulation			1-1-2-PTMLAR 2-2-1-00	

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION (X3) DATE SURVE LDING: COMPLETED		
		HAL060125	B. WING		F 09/2	7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		4025 N SI	ARON AMIT	YDRIVE		
THE PAP	RC AT SHARON AMIT	CHARLO	TTE, NC 282	05		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
{D 358}	Continued From pa	ge 33	{D 358}			
	tablet, 40mg, and c the cart. -The MA informed t	de (MA) removed one whole ould not find a pill splitter on he Administrator there were ither medication cart in the				
	-The Administrator purchase a pill split				90	
	-In the interim, a sta splitter in the medic and able to be used	aff person found a plastic pill ation room which was cleaned I. blet and administered to				
	hand available for a 8:45am revealed: -There was a bottle tablets. -The fill date on the 09/17/19. -12 tablets were ser	ident #7's medications on administration on 09/26/19 at of Paroxetine with 12 whole pharmacy bottle was nt on 09/17/19, with directions alf tablet (20mg) daily.				
	administration record 2019 revealed: -There was an entry half tablet 20mg dat -There was docume administered on 09/ 09/20/19 through 09/ -There was docume administered on 09/ 09/18/19 at 8:00am the facility. -Based on MAR rev medications on han seven and one half	entation Paroxetine was not /17/19 at 8:00am and due to the medication not in riew and observation of d, there should have been tablets left if the Paroxetine				
	had been administe	red as ordered.				
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HA1 060125	B. WING			R	
HAL06012			B. WING		09/27/2019		
NAME OF P	ROVIDER OR SUPPLIER		10 - 1255	TATE, ZIP CODE			
THE PAR	C AT SHARON AMIT	Y					
0(1) 15	CLIMMAA DV CTA	TEMENT OF DEFICIENCIES	TE, NC 282		E AABBRANIAN		
(X4) ID PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN O (EACH CORRECTIVE AC	CTION SHOULD BE	(X5) COMPLETE	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE	
{D 358}	Continued From pa	age 34	{D 358}				
		on 09/27/19 at 11:30am					
	revealed: -She had administered Resident #7's medications						
	on 09/17/19. -She had documented on the electronic progress notes "Not administered - RX order."						
1	-RX order was the documentation entered when a medication was not in the building and the staff						
	were awaiting its arrival.						
	-On 09/19/19, the MA was again administering						
	Resident #7's medications and documented on						
	the eMAR progress note 'Not administered-RX order'.						
		he DRC and the RCC	5				
		xetine was not in the facility to					
	be administered.	otification to Resident #7's					
		ed leaving a message					
		cation not available for					
	administration.						
		he past few days and found he cart this morning.					
	the medication on th	ne cart this morning.					
		esponsible family member on					
	09/27/19 at 10:20ar						
	-Resident #7's med through Resident #7	ications were all ordered					
		ent #7's medications to the					
	facility for administr						
		aroxetine tablets on Sunday,	n by the staff.				
	09/22/19.	ole tablets in the medication				0	
	bottle.						
	Interview with the MA on 09/26/19 at 3:15pm						
	revealed: -She did not remember documenting the						
		aroxetine to Resident #7 on					
	09/18/19, 09/21/19 alth Service Regulation						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COME	(X3) DATE SURVEY COMPLETED	
		B, WING			R 09/27/2019		
NAME OF I	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
THE PAF	C AT SHARON AMIT	V	HARON AMIT TTE, NC 282				
(X4) ID		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO		(X5)	
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE	
{D 358}	Continued From page 35		{D 358}				
	-She was very careful in administering						
	medications and only documented what she had						
	administered.						
	-She could not explain why she had documented						
	Paroxetine was administered to Resident #7						
	when there was documentation the medication						
	was not in the build	ing.					
	Interview with the p	rimary care physician (PCP)					
	on 09/27/19 at 9:30						
		hysician who prescribed					
	Paroxetine to Resid						
		antidepressant which				1	
	assisted with mood						
		diagnosis of Alzheimer's avioral disturbances.					
		manifest an increase in					
		nces if he missed several					
	doses of Paroxetine						
		dministrator on 09/26/19 at					
	3:50pm revealed:	s not on the cart or the					
		dicated it had not been					
		escribed, that should be					
	exposed during a c						
		audits was as follows:			т.		
		er Summary (POS) was					
	•	mputer and had all the active					
	orders.						
		ever was assisting with the					
		S and compared it to the R and the medications on the					
	cart.					4))	
	2005 1000 pt 1000 pt 1000 pt 1000	ot match was pulled off the					
	cart.	Panar en tio					
		blets were counted and					
		e left margin of the POS.					
		e used to order refill					
	medications if nece	essary.					

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Division	of Woolth	Comina	Regulation	
DIVISION	o nealth	Service	Requiation	

ND PLAN	OF CORRECTION	EFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: HAL060125 B. WING		F	PLETED	
		Privilia -			09/2	27/2019
AME OF I	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
HE PAF	C AT SHARON AMITY		ARON AMIT			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF	CORRECTION	(YE)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE	(X5) COMPLET DATE
D 358}	Continued From page	ge 36	{D 358}		· · · · · · · · · · · · · · · · · · ·	
	-When the cart aud was given to the DF					
	on 09/11/19 reveale Paroxetine remainir	for the cart audit completed d Resident #7 had 3 tablets of g.				
	Notes dated 09/11/1 attempted to contac	nentation in the Progress 9 through 09/22/19 the staff t the responsible family st a refill for Resident #7's				
	Attempted telephono prescribing physicia unsuccessful.	e interview with the n on 09/26/19 at 4:25pm was				
	3. Review of Reside 09/12/19 revealed d Alzheimer's dement hyperlipidemia and d	ia, hypertension,				
	dated 09/03/19 reve	ent #3's physician's notes aled: diagnosis of Type 2 diabetes				
	Provider (PCP) on 0 follow-up.	en by his Primary Care 9/03/19 for a hospital ent to the emergency room				
	(ER) on 09/01/19 be get an FSBS reading -When Resident #3 FSBS was 469.	cause staff were unable to g on his glucometer. arrived at the hospital, his				
	showed a blood sug	tabolic panel; a blood test) ar result of 508. pated and returned to the			11	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING HAL060125 09/27/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4025 N SHARON AMITY DRIVE** THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) PREFIX COMPLETE (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 DEFICIENCY) {D 358} Continued From page 37 {D 358} Review of Resident #3's progress notes revealed: -On 09/01/19, Resident #3 was sent to the hospital for high blood sugar. -On 09/09/19, Resident #3's FSBS was 541 and Resident #3's PCP instructed the facility to send the resident to the ER. Review of Resident #3's physician orders dated 09/10/19 revealed an original order to start Humalog insulin per the following sliding scale: -If FSBS was 0-150, no insulin was to be administered. -If FSBS was 151-200: inject 4 units. -If FSBS was 201-250: inject 6 units. -If FSBS was 251-300: inject 8 units. -If FSBS was 301-350: inject 10 units. -If FSBS was 351-400: inject 12 units. -If FSBS was 401-449 inject 14 units. -If FSBS was greater than 450, inject 14 units and contact the physician. Review of Resident #3's ER discharge summary dated 09/09/19 revealed Resident #3 had been seen in the ER for hyperglycemia (high blood sugar) on 09/09/19. Review of Resident #3's current FL2 dated 09/12/19 revealed there was an order to check blood sugar before each meal and at night and inject Humalog Kwikpen 100 units/ml (a fast-acting insulin to treat diabetes) per the following sliding scale: -If fingerstick blood sugar (FSBS) was 0-150, no insulin was to be administered. -If FSBS was 151-200: inject 4 units. -If FSBS was 201-250: inject 6 units. -If FSBS was 251-300: inject 8 units. -If FSBS was 301-350: inject 10 units. -If FSBS was 351-400: inject 12 units. -If FSBS was 401-449 inject 14 units.

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			The Bolebino.	here and the second	F	र	
		HAL060125	B. WING			/27/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
THE PAR	C AT SHARON AMIT		IARON AMIT				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	TE, NC 282				
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
{D 358}	Continued From pa	ge 38	{D 358}				
	-If FSBS was greate contact the physicia	er than 450, inject 14 units and n.			:		
	09/13/19 revealed a Humalog Kwikpen in	#3's physician orders dated n order to discontinue nsulin and start Novolog					
	the following sliding	insulin to treat diabetes) per scale: no insulin was to be					
	administered. -If FSBS was 151-20 -If FSBS was 201-23 -If FSBS was 251-30 -If FSBS was 301-33 -If FSBS was 351-40 -If FSBS was 401-44 -If FSBS was greated contact the physicial	50: inject 6 units. 00: inject 8 units. 50: inject 10 units. 00: inject 12 units. 49 inject 14 units. r than 450, inject 14 units and					
	electronic medicatio (eMAR) from 09/01/ -There was an entry 100 units/ml to be ad at 7:00am, 12:00pm start date of 09/11/1: 09/13/19.	#3's September 2019 n administration record 19-09/25/19 revealed: for Humalog Kwikpen insulin dministered per sliding scale , 5:00pm and 8:00pm with a 9 and a discontinue date of					
	a block for entering t a block for entering t administered for eac -There was docume had been administer 12:00pm through 09	h administration time. htation Humalog Kwikpen ed correctly from 09/11/19 at					
	units/ml to be admin 6:30am, 4:30pm, 8:0 start date of 09/13/19 09/17/19.	istered per sliding scale at 0pm and 11:30pm with a 9 and a discontinue date of or entering the FSBS result,					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMPI		
	HAL060125		B. WING		R 09/2	7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE	•	
THE PAR	C AT SHARON AMIT		ARON AMIT			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		DATE
{D 358}	Continued From pa	ge 39	{D 358}	1		
	a block for entering administered at 6:3 -There was no docu results, site of adminisulin units adminis	imentation of the FSBS nistration, or the number of stered at 6:30am or 11:30pm.				
	result, the site of ac	cks for entering the FSBS Iministration or the number of stered at 4:30pm and 8:00pm.				a da
	-There was no docu results or Novolog a at 4:30pm through (consecutive doses, -There was an entry units/ml to be admin 6:30am, 11:30am, 4 start date of 09/17/7 -There was a block a block for entering a block for entering administered for ea -There was docume been administered for 6:30am through 09/7 Review of Resident there was no docum administration of No 09/13/19-09/16/19. Observation of Res available for admini	amentation of the FSBS administration from 09/13/19 09/16/19 at 8:00pm for 14 / for Novolog insulin 100 nistered per sliding scale at 1:30pm and 8:00pm with a 19. for entering the FSBS result, the site of administration, and the number of units ch administration time. entation Novolog insulin had correctly from 09/17/19 at 125/19 at 12:00pm. #3's progress notes revealed nentation of FSBS results or bvolog insulin from ident #3's medications stration on 09/26/19 at				
	insulin 100 units/ml with an open date of Telephone interview facility's contracted 4:44pm revealed th	here was a vial of Novolog available for administration f 09/14/19. / with a representative with the pharmacy on 09/26/19 at e pharmacy had dispensed insulin for Resident #3 on				
Division of H	ealth Service Regulation			9-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		

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	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY
			B. WING		Contraction (Contraction)	2
		1			09/2	27/2019
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S			
THE PAR	CAT SHARON AMIT	Ŷ				
			TTE, NC 2820			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
{D 358}	Continued From pa	ge 40	{D 358}			
	09/13/19.					
	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				
	administer their insi	he resident's FSBS and				
		space to enter the result of				
	the FSBS.					~
		as entered into the computer				
		should automatically populate				
		in to administer based on the				
	sliding scale.					
	sign off on it as beir	ered the insulin, she would				
		stances when there was no				
		SBS result, and she would				
		sliding scale insulin because				
		n would not populate the				
	amount of insulin to					
		Resident #3's medications				
	during the week of (
		Il there not being a space to esident #3's FSBS and could				
		dministering his sliding scale				
	insulin.	arministening his sliding scale				
		and insulin units administered				
		d on the eMAR, it meant she				
	did not administer th	ne insulin.				
	Interview with the R	esident Care Coordinator				
		at 9:59am revealed:				
	-She was the RCC a	and a MA.				
		order for sliding scale insulin,				
		pulate on the eMAR when it				
		ne resident's FSBS and				
	administer their insu	AND A MARKET AND				
	-There should be a the FSBS.	space to enter the result of			2	
	alth Service Regulation					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	ECONSTRUCTION	(X3) DATE COM	SURVEY PLETED
			A. BUILDING.			R
		HAL060125	B. WING		and the second se	27/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	v	ARON AMIT			
	to AT GRATCH AMIT	CHARLO	TTE, NC 282	05		
(X4) ID		TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN O		(X5) COMPLETE
PREFIX		SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
{D 358}	Continued From pa	age 41	{D 358}			
			· · · ·			
		ely work as a MA, but when t recall the computer system				
		lating the amount of insulin to				
	give based on the I					
		ster the insulin by referring to				
	the sliding scale on	der on the eMAR for that				
	resident.	ace to enter the FSBS results				
		administered, the MAs should				
		s FSBS, refer to the sliding				
		the proper amount of insulin				
		t both the FSBS result and the				
		stered in a progress note.				
		lert the Director of Resident				Í I
		e was an issue with the ot allowing them to document				
	the administration of					
		ared medications to Resident				
		of 09/13/19-09/16/19, but she				
	could not recall che					
	administering slidin					
		there was no documentation of	1			
		S or sliding scale insulin				
	administration for 1	4 consecutive doses.				
	Telephone interview	w with Resident #3's PCP on				
	09/27/19 at 9:20am	revealed:				
	-She had been Res	sident #3's PCP since April				
	2019.					
		history of diabetes.				
		#3's admission to this facility,				
	1000 and ketoacide	d with a FSBS greater than				
		blem that occurs when the			83) 84)	
		g down fat too fast, which				
		become too acidic).				
		Hgb A1C (a test that shows				
		f blood sugar over the past 2-3				
		n on 09/17/19 and the result				
		rican Diabetes Association				
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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	as allocomous managina	E CONSTRUCTION		E SURVEY PLETED
		HAL060125	B. WING			R 27/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	RC AT SHARON AMIT	4025 N SH	ARON AMIT	Y DRIVE		
		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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 42	{D 358}	in the second		
	A1C below 7.0). -She did not know F without having his F missed 14 consecu scale insulin from 0	and a second				
2	sliding scale insulin	ving his FSBS checked and administered put him at risk vith symptoms of dizziness,				
Division of H	due to lack of insuli ketoacidosis which Interview with the A 9:00am revealed: -The facility's contra- medication orders of -The DRC was then orders were entered -In the case of slidin to verify the order w the times for checki administering insuli "calculator." -The DRC did not ver Resident #3's Novo instead of 11:30am, 11:30pm. -Resident #3's slidin was not set correctly system would not per to administer after th -She was unsure we entering the FSBS r 8:00pm time slots. -The MA had brough 09/17/19, and she of system.	ood sugar became too high n, it could result in could lead to coma and death. dministrator on 09/27/19 at acted pharmacy entered all onto the eMAR. responsible for verifying the d correctly. ng scale insulin, the DRC had ras entered correctly including				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING HAL060125 09/27/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4025 N SHARON AMITY DRIVE** THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) {D 358} Continued From page 43 {D 358} administered sliding scale insulin but did not have a place to record the results on the eMAR, they should have recorded it in the progress notes. -If the MAs did not document in the progress notes, it meant they did not check the FSBS or administer insulin. b. Review of Resident #3's current FL2 dated 09/25/19 revealed there was an order for metformin 1000mg one tablet twice daily (an oral medication used to treat Type 2 diabetes). Review of Resident #3's physician's orders dated 09/03/19 revealed there was an order to discontinue metformin and start metformin 1000mg twice daily. 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 with a start date of 01/22/19 and a discontinue date of 09/09/19. -There was documentation metformin 500mg was administered once 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,

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. -There was documentation metformin 1000mg Division of Health Service Regulation STATE FORM

1000mg, one tablet to be administered at 8:00am and 8:00pm daily with a start date of 09/03/19

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	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			B. WING			R 27/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	TATE, ZIP CODE	1 001	2112013	
		4025 N SI	ARON AMIT	December 2000			
THE PAR	RC AT SHARON AMIT	Ŷ	TTE, NC 2820				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE	
{D 358}	Continued From pa	ge 44	{D 358}				
	to "duplicate orders -There was docume was administered a through 09/08/19. -There was docume was not administered	entation metformin 1000mg t 8:00pm from 09/04/19 entation metformin 1000mg ed at 8:00pm on 09/09/19 due					
	to Resident #3 bein						
	one tablet to be adr 8:00pm daily with a -There was docume was administered a through 09/26/19. -There was docume was administered a through 09/25/19. -There was docume administered both n metformin 1000mg through 09/06/19 ar through 09/09/19 fo	 Gen - Alexanderschrödelse 					
	Observation of Resident #3's medications 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.			r			
	facility's contracted 4:44pm revealed the 7-day supply of met	with a representative with the pharmacy on 09/26/19 at e pharmacy had dispensed a formin 1000mg two tablets 3 on 09/03/19, 09/07/19, //19.					
ivision of He	09/26/19 at 3:57pm	dication aide (MA) on revealed: g medications, she compared					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL060125	B. WING	G09,		र 27/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE PAF	C AT SHARON AMIT	V	HARON AMIT			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLETE
{D 358}	the order on the elv medication prior to -Resident #3's meti- in multi-dose packa -It was likely Reside tablet was package when the order cha separate blister pac- tablets. -If both doses popu- doses were availab could have adminis -Even though she h of both metformin of there being two diff the eMAR for admi -If she had noticed metformin on the e	AR to the directions on the administration. formin was typically packaged aging from the pharmacy. ent #3's metformin 500mg ed in multi-dose packaging and inged, the pharmacy sent a ck of metformin 1000mg illated on the eMAR and both ble for administration, the MAs stered both. had documented administration loses, she could not recall erent doses that populated on nistration. two different doses of MAR, she would have	{D 358}			
	(RCC) or Director of - "I don't think I would doses." Interview with a see 8:25am revealed: -She always admin to the eMAR. -She documented I metformin 1000mg #3 "probably" beca his eMAR. -She did not recall	esident Care Coordinator of Resident Care (DRC). uld have administered both cond MA on 09/27/19 at istered medications according both metformin 500mg and was administered to Resident use both doses populated on administering both doses of			* *	
Division of H	different doses, she the DRC. Interview with the F (RCC) on 09/27/19 -She was the RCC	acted pharmacy entered				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING			R	
	· · · · · · · · · · · · · · · · · · ·	TALCOUTZO			09/	27/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
THE PAR	C AT SHARON AMIT	Ŷ	ARON AMIT				
	·····	CHARLO	TTE, NC 2820	05			
(X4) ID			ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE	
{D 358}	Continued From pa	ae 46	{D 358}				
		-	()				
	medication orders of						
	the medication orde	ere responsible for verifying ers were entered correctly prior					
		tering the medications.					
	I loually the medica	ations would not populate in					
	the computer system	m for administration until					
	someone had verific	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 r						
		nted on Resident #3's eMAR					
	8:00am on 09/04/19	or metformin 1000mg at					
		one of the metformin 1000mg					
		nd verified the second					
		twice daily order as correct.					
	-She did not discont	tinue the metformin 500mg					
		eMAR on 09/04/19 and could					
	not explain why.						
	-She was Resident	#3's MA on 09/07/19, and she					
	documented metfor	min 500mg was not					
	administered due to						
		Resident #3's metformin					
	1000mg on 09/07/19	9 at 8:00am and documented					
	the administration o						
		tinue Resident #3's metformin					
		he eMAR at that time because					
	she was busy with h	ber Resident #3's metformin					
		the eMAR until another MA					
	brought it to her atte	ention on 09/09/19 at which					
	time she discontinue						
		the administration of both					
	and the second se					1	
	doses, it confirmed l	both metformin 500mg and					

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	
			B. WING		F	Sharana and an and a star and a star a sta
		HAL060125	B. WING		09/2	7/2019
NAME OF	PROVIDER OR SUPPLIER		S 51	STATE, ZIP CODE		
THE PAF	RC AT SHARON AMIT	Y	HARON AMIT FTE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE	(X5) COMPLETE DATE
IAG			IAG	DEFICIENCY)		
{D 358}	Continued From pa	age 47	{D 358}			
	Resident #3 at the	same time.				
		v with Resident #3's Primary				
	Care Provider (PCI revealed:	P) on 09/27/19 at 9:20am				
	-She had been Res	ident #3's PCP since April				
	2019. -Resident #3 had a	history of diabetes.		ж.		
	-She had increased	his dose of metformin from				
		0mg twice daily on 09/03/19 tion for hyperglycemia.				
		both metformin 500mg and				
		had been administered to				20
	Resident #3 for five	o days. formin could cause kidney and				
	liver damage over a	a longer period.				a.
	-She expected the medications as ord	facility to administer		35		
	medications as ord	ereu.				
	and the second s	dministrator on 09/27/19 at				
	9:00am revealed: -The facility's contra	acted pharmacy entered all				
	medication orders	onto the eMAR.				
	-The DRC was then orders were entere	n responsible for verifying the				
		Resident #3's metformin				
	1000mg twice daily	order as correct on 09/04/19				
	but did not disconti metformin 500mg d	nue the previous order for				
		inistered both metformin				
		nin 1000mg at 8:00am for five				
	days because both eMAR.	orders remained on the				
		ne interview with a third MA on				
	09/27/19 at 10:51a	m was unsuccessful.		а 1		
		ne interview with a second MA I5pm was unsuccessful.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING			R 09/27/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S		1 00/2	172013	
		4025 N SI	HARON AMIT				
THE PAR	C AT SHARON AMIT	Ŷ	TTE, NC 2820				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
{D 358}	Continued From pa	ge 48	{D 358}				
	09/12/19 revealed: -Diagnoses include	ent #1's current FL2 dated d dementia, diabetes mellitus n, and hyperlipidemia.			a.	141	
	-There was an order treat mood disorder	er for quetiapine 50mg (used to rs) take one and a half tablets			÷		
	twice daily.	#1's physician's order				¢	
	revealed:	. # i s physician's order					
	-There was a physic quetiapine 25mg or -There was a physic quetiapine 50mg or -There was a physic quetiapine 25mg or	cian's order dated 08/07/19 for ne tablet at bedtime. cian's order dated 09/04/19 for ne tablet twice daily. cian's order dated 09/09/19 for					
	Medication Adminis revealed:	#1's August 2019 electronic tration Record (eMAR) / for quetiapine 25mg one m beginning				8	
	06/27/19-08/08/19. -Quetiapine 25mg w administered daily a 08/01/19-08/07/19.	at 8:00pm from					
	-There was an entry tablet at 8:00pm be -Quetiapine 50mg w administered daily a 08/08/19-08/31/19.	vas documented as					
	Review of Resident revealed:	#1's September 2019 eMAR / for quetiapine 50mg one				ä	
	tablet at 8:00pm. -Quetiapine 50mg w						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		HAL060125	B. WING			R 27/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	, DRESS, CITY, S	TATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	V	ARON AMIT			
0/015		TEMENT OF DEFICIENCIES	TTE, NC 282		AODDEATION	
(X4) ID PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	TION SHOULD BE	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC		DATE
{D 358}	Continued From pa	ge 49	{D 358}	01	ä	
	resident refused on	09/05/19.				
		nd entry for quetiapine 25mg				
		ly at 8:00am and 8:00pm.				
		vas documented as				
	from 09/06/19-09/1	daily at 8:00am and 8:00pm				
		entry for quetiapine 50mg, one				
		omg) twice daily at 8:00am				
	and 8:00pm.					
		vas documented as				
		daily from 09/10/19-09/25/19, 1 on 09/19/19 at 8:00am.				
	the resident relased	on 03/13/13 at 0.00am.				
	Observation of Res	ident #1's medications on				
	09/25/19 at 3:25pm					
		e pack containing 4 tablets of				
		spensed on 08/07/19.				
		e pack containing 11 tablets of spensed on 09/05/19.				
		e pack containing 18 tablets of				
	quetiapine 50mg dis	spensed on 09/09/19.				
		e pack containing 20 half				
121		e 50mg dispensed on				
	09/09/19.	i-dose package containing				
	quetiapine available					
	Interview with a ph	armacy technician at Resident				
		9/26/19 at 9:35am revealed:				1 1
		a current order for quetiapine				
	75mg twice daily da					
	-The pharmacy had	a previous order for				
	07/24/19.	e tablet at bedtime dated				
		a previous order for				
	quetiapine 50mg or 08/07/19.	e tablet at bedtime dated				
		a previous order quetiapine				
	25mg one tablet twi	ce daily dated 09/04/19.				
	 The pharmacy disp alth Service Regulation 	pensed 28 tablets of				

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		R 09/27/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
THE PAR	C AT SHARON AMIT	ŕ	HARON AMIT TTE, NC 2820		
(X4) ID		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON (X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	
{D 358}	Continued From pa	ge 50	{D 358}		
	dispensed on 08/02 -There were 16 tabl dispensed on 09/05	ts of quetiapine 25mg was /19. ets of quetiapine 25mg was			
	sent on 09/09/19. -The facility used we	eekly multi-dose packaging, dications were not included			
	each week.				
	pack if they were no an order changed a delivered. -The pharmacy cou quetiapine was inclu- Interview with a mee 09/26/19 at 12:20pr -She administered r when she worked. -She thought she ac ordered to Resident included in multi-do -She noticed that th quetiapine was on t administer the medi multi-dose packagir -The quetiapine bub were extra and she	nedications to Resident #1 Iministered quetiapine as #1 as the medication was se packaging. e bubble packs containing he cart however she did not cation because it was in the			
	revealed: -Resident #1's queti included in multi-dos -When the resident'	on 09/26/19 at 4:20pm apine was not always se packaging. s orders changed, bubble h the medication to be			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	SURVEY LETED	
		HAL060125	B. WING		F	R 7/2019
NAME OF	PROVIDER OR SUPPLIER	l,	DRESS CITY S	STATE, ZIP CODE	0.0012	.172015
000000000000000000000000000000000000000		4025 N SH	ARON AMI	norma nan z na z znanoma z nazione nazione nazione n Nazione na nazione nazione nazione nazione nazione n		
	RC AT SHARON AMIT	CHARLO	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa -MAs were respons packaging and the were not included, a bubble pack. -She did not realize packs on the cart to surveyor completed available for admin Interview with a MA revealed: -She had not notice were available for a -She thought all of were included in the Interview with Resid 09/27/19 at 9:34am -Resident #1 had a bipolar disorder. -Resident #1's med the pharmacy and s resident received h -Over the past more experiencing increas Interview with the FF (RCC) on 09/27/19 -She and the Direct were responsible for medications received. -She and the DRC to ensure medication. -The MAs were to r	age 51 sible for reading the multi-dose MAR and if all medication they should check the cart for they should check the cart for the doservation of medication istration. A on 09/27/19 at 11:37am ed quetiapine bubble packs administration for Resident #1. Resident #1's medications e multi-dose packaging. dent #1's legal guardian on nevealed: history of schizophrenia and lications were delivered from she was not sure if the er medications as ordered. ath, she observed Resident #1 ased hallucinations. Resident Care Coordinator at 9:32am revealed: tor of Resident Care (DRC) or checking the eMAR with ed from the pharmacy weekly. also checked the cart weekly ons were available for read the multi-dose packaging	{D 358}			
	and if the all medic were to check the c -She did not realize	ations were not included, they cart for a bubble pack. There were extra cards of e on the cart for administration.				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HA1 060125	B. WING		R	
					09/2	27/2019
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
THE PAR	C AT SHARON AMITY					
	SUMMARY STA	TEMENT OF DEFICIENCIES	TE, NC 2820			
(X4) ID PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	CORRECTION	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
(D 358)	Continued From page	ge 52	{D 358}		T of grant a	
	Interview with Resid	lent #1's primary care provider				
	(PCP) on 09/26/19 a	at 4:33pm revealed:				
		tiapine for Resident #1 as				
	ordered by the hosp	oital when she was admitted to				
	the facility.					
	-Quetiapine was use	ed to treat symptoms of				
		inations in Resident #1.				
	the resident would c	ot administered as ordered experience increased				
	paranoia, hallucinati				2	
	-She expected Resi					
	medications as orde					
		dministrator on 009/27/19 at				
	10:20am revealed:	1				
	-She expected MAs ordered.	to administer medications as				
		the multi-dose packaging				
	and the cart for a bu	ibble pack to ensure all				
	medications were ad					
		as still on the cart, then it was				
	not given".					
	-MAs had been train	ed to read the multi-dose			4	
	packaging when the	switched the new process.				
	5. Review of Reside	nt #5's FL2 dated 08/27/19				
	revealed diagnosis i					
		vitamin b deficiency.				
	Poviow of Posidant	#5's physician's order deted	1			
	09/12/19 revealed th	#5's physician's order dated here wasn an order for Zofran				
		red as needed for nausea				
	and vomiting prior to					
	Review of Resident	#5's electronic medication				
		d (eMAR) for September				
	2019 revealed there	was no entry for Zofran 4mg				
	as needed.					
	Observation of medi	nation available for				
	alth Service Regulation					

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTIO AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED			
			A BOILDING.		F	۲
		HAL060125	B. WING	VING		27/2019
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S			
THE PAF	RC AT SHARON AMIT	Y	HARON AMIT TTE, NC 2820			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
{D 358}	Continued From pa	ige 53	{D 358}			
		9/25/19 at 3:25pm revealed t available for administration.				
	09/26/19 at 10:40a -MAs were not invo	lved in processing orders				
	Coordinator (RCC)	en to the Resident Care or the Director of Resident				
	was not given. -She had not notice Resident #5.	lid not appear on the eMAR it ed a Zofran 4mg order for ot complained to her about				
	facility's contracted 9:35am revealed -The pharmacy did Zofran 4mg on 09/					
		eceived from the facility, the on the eMAR by the pharmacy.				
	(RCC) on 09/26/19 -Physician's orders Resident Care (DR -She would assist t pharmacy when ree	Resident Care Coordinator at 10:17am revealed: went to the Director or C) to be processed. he DRC and fax orders to the quested. uld profile orders and she or				
	the DRC would ver -She worked on 09 remember seeing t Resident #5.	ify in the computer system. /12/19, however did not he order for Zofran 4mg for why the Zofran 4mg order was				
Division of H	Interview with Resi ealth Service Regulation	dent #5 on 09/27/19 at 8:59am				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
						۲
	· · · · · · · · · · · · · · · · · · ·	HAL060125	B. WING			27/2019
NAME OF F	PROVIDER OR SUPPLIER		the second second second second	TATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	1	ARON AMIT			
04.0.15	OLINAMA DV. OTA	·····	TTE, NC 282			
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC		DATE
{D 358}	Continued From pa	ge 54	{D 358}			
	revealed:					
		stomach when she went to the				
	doctor on 09/12/19.					
	-Sometimes she ge	ts nauseous and she asks for				
	milk to help her stor	macn.				
	Interview with the n	urse for the primary care				
)9/26/19 at 4:15pm revealed: te an order for Zofran 4mg for				1
	nausea and vomitin	g related to gastroenteritis				
	and dehydration that	at was diagnosed on 09/12/19.				
		be at risk for increased				
	her symptoms of ga	g if Resident #5 experienced				
		ected Zofran to be available to				
		Resident #5 if needed.				
	Review of a subseq	uent physician's order for)9/25/19 revealed Zofran 4mg				
		ared prior to meals for nausea				
		one dose per day, if requiring				
		e call the office back.				
		dministrator on 09/27/19 at				
	10:20am revealed:	onsible for faxing orders to				
	the pharmacy and v					
		available the RCC would				
	assist with processi	ng orders.				
		rders to be faxed to the				
		eived from the physician. why the order for Resident #5's				
		d, it should have been sent to				
	the pharmacy.					
	Rased on observativ	ons and interviews, it was				
		C was not available for				
	interview during the					
	alth Service Regulation	assure medications were		A - 18 MA		

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING	· · · · · · · · · · · · · · · · · · ·	R 09/27/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
THE PAR	RC AT SHARON AMIT	Y	IARON AMI TTE, NC 282		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
{D 358}	administered as or the facility's policy f during the medicat a scheduled dose of administered befor of 5 sampled residu	dered and in accordance with for two residents observed on pass, including errors with of fast acting insulin not e a meal (Resident #6), and 2 ents including sliding scale	{D 358}		
	doses putting the r	Iministered for 14 consecutive esident at risk for betic ketoacidosis, coma and			
-	insulin not administ elevated blood sug ketoacidosis (Resid This failure resulted), and a scheduled fast acting ered for 15 doses with ar levels and a risk for diabetic dent #6). d in substantial risk of harm to h constitutes a Type A2			
		d a Plan of Protection for this ance with G.S. 131D-34 on	ja -		
		N DATE SHALL NO T ER 25, 2019 FOR THE TYPE			
{D 367}	 (j) The resident's r record (MAR) shall following: (1) resident's name (2) name of the me (3) strength and do administered; 	004 Medication Administration nedication administration be accurate and include the	{D 367}	10A NCAC 13F .1004(j) Medication Administr (j) The resident's medication administration re shall be accurate and include the following: (' name; (2) name of the medication or treatmen strength and dosage or quanity of medication (4) instructions for administering the medicati (5) reason or justification for the administratio or treatments as needed (PRN) and documer sulting effect on the resident;(6)date and time tion;(7) documentation of any omission of me treatments and the reason All orders will be reviewed for accuracy on th include resident's name, name of the medica ment, strength and dosage or quanity to be a complete instructions for administration of th treatment, reason or justification for the admi medication that is a as needed med or treatment documentation to show the effect on the resi	ecord (MAR) 10 resident's nt order; (3) administered; on or treatment; n of medications thing the re- of administra- dications or e MAR- to tion or treat- idministered, e medication or nistration of any nent and the

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED R B. WING HAL060125 09/27/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 N SHARON AMITY DRIVE THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) {D 367} Continued From page 56 {D 367} time of the adminstration, documentation of any omission of medication or treatments and the reason for the omission or (5) reason or justification for the administration of refusals and (8) initials of the person administering the med-ication or treatment. If initials are used, a signature equivalent medications or treatments as needed (PRN) and to those initials is to be documented and maintained with the medication administration record (MAR) documenting the resulting effect on the resident; All orders will be verified for accuracy before activation of order. RCC/MCM will be in charge of verification of all orders (6) date and time of administration: with ED oversight. All insulin orders will be verified and then (7) documentation of any omission of they will be checked by ED to ensure accuracy Any medications that come from an outside pharmacy such medications or treatments and the reason for the as VA will be checked in by the RCC/MCM to ensure that omission, including refusals; and, proper dosage is on the cart at all times. If meds need to be cut in half due to the dosage RCC/MCM will be responsible for this at time of arrival and before placing on the cart. (8) name or initials of the person administering the medication or treatment. If initials are used, a A change order sticker will be placed on any bottle, vial, card or inhaler that is in requirement of this sticker. signature equivalent to those initials is to be Med Techs and RCC/MCM will be responsible for the oversight of documented and maintained with the medication these applications to all meds. Med-Techs will be the first line of administration record (MAR). acknowledgment and RCC/MCM will oversee the applications. ED will follow up with a audit at least monthly to ensure compliance. This Rule is not met as evidenced by: **TYPE B VIOLATION** Based on record reviews and interviews, the facility failed to assure accuracy of the electronic medication administration records (eMARs) for 3 of 7 sampled residents (Residents #3, #6, and #7) related to scheduled insulin, sliding scale insulin and fingerstick blood sugars not able to be documented on the eMAR and were not administered (Residents #3 and #6), and a medication for mood stability documented as administered and not in the facility (Resident #7). The findings are: 1. Review of Resident #6's FL2 dated 09/12/19 revealed diagnoses included diabetes mellitus. a. There was an order for Novolog 100units/ml, (a Division of Health Service Regulation STATE FORM 6899

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	E SURVEY PLETED
		HAL060125	B. WING		R 27/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
THE PAR	CAT SHARON AMIT	Y	ARON AMIT		
		CHARLO	TTE, NC 282	05	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OI (EACH CORRECTIVE AC	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN	DATE
{D 367}	Continued From pa	ge 57	{D 367}		
	fast acting insulin u	sed to control elevated blood			
	glucose levels), adr	ninister 23 units three times a			
	day before meals.				
	Review of Resident	#6's electronic medication			
		rd (eMAR) for September			
	2019 revealed:				
		y for Novolog insulin dministered three times a day,_			
		am, 12:00pm and 4:30pm.			
	-There was no docu	umentation Novolog 23 units			
		t 12:00pm on 09/20/19 or			
	09/25/19.	road poto indicating on			
		ress note indicating an histration of Novolog insulin on			
	09/20/19 or 09/25/1				
	-There was no docu	mentation Novolog 23 units			
		t 4:30pm from 09/12/19			
		nd 09/17/19 through 09/25/19. ress note indicating an			
		istration of Novolog insulin			
		igh 09/15/19 and 09/17/19			
	through 09/25/19.				
	Interview with a me	dication aide (MA) on			
	09/26/19 at 3:15pm	revealed:			
		rop down box on the eMAR			
		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, -There were no droi	p down boxes to enter			
		ne insulin administration during			
	that time frame.				
1	-If the insulin units a	administered were not			
		eMAR, it meant she did not			
	administer the insul	in.			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			A. BOILDING.			
		HAL060125	B. WING			R 27/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	HARON AMIT			
		CHARLO	TTE, NC 2820	05		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI		(X5)
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TI DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
{D 367}	Continued From pa	ige 58	{D 367}		· · · · · · · · · · · · · · · · · · ·	
	-She would have th	ought the order had changed.				
		der to check the fingerstick) before meals, three times a				
		#6's electronic medication rd (eMAR) for September				-
	-There was an entry three times a day, a 4:30pm. -There was no docu checked at 12:00pm -There was no prog for the exception. -There was no docu checked at 4:30pm 09/15/19 and 09/17	y for FSBS to be checked at 6:30am, 12:00pm and umentation FSBS was in on 09/20/19 or 09/25/19. irress note indicating a reason umentation the FSBS was from 09/12/19 through /19 through 09/25/19. ress note indicating a reason		3		
	3:15pm revealed: -There should be a to enter the results -If there was no dro result, she would no -She was one of the Resident #6's medic 09/25/19. -There were no drop documentation of F -If the FSBS result v	p down box to enter the FSBS				
ivision of Ha	9:00am revealed:	dministrator on 09/27/19 at acted pharmacy entered all into the eMAR.			×	

Division of Health Service Regulation

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DPLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			E SURVEY PLETED		
		HAL060125	B. WING			R 27/2019
	PROVIDER OR SUPPLIER	4025 N SI	DRESS, CITY, S HARON AMIT	TATE, ZIP CODE Y DRIVE		
THE PAR	C AT SHARON AMIT	V	TTE, NC 2820			
(X4) ID			ID	PROVIDER'S PLAN OF O		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	HE APPROPRIATE	DATE
{D 367}	Continued From pa	ge 59	{D 367}			
	responsible for veri correctly. -The DRC had to ve	sident Care (DRC) was then fying the orders were entered erify the drop down boxes he MAs to document the in administration.			e	je.
	-If the MAs had che administered sliding	ecked Resident #6's FSBS and g scale insulin, but did not ord the results on the eMAR,				
	they should have re- notes. -If the MAs did not- notes, it meant they administer insulin. Interview with the F (RCC) on 09/27/19 -She was the RCC -If a resident had a "pop" up and highlig it was time to check administer their ins	ecorded it in the progress document in the progress v did not check the FSBS or tesident Care Coordinator at 9:59am revealed: and a MA. n order for insulin, it would ght in blue on the eMAR when k the resident's FSBS and ulin.		×		14
	the FSBS, the site of amount of insulin a -If the MAs found the document the result documented the re- notified the DRC or	nere was no drop down box to ts, they should have sults in the progress notes and the RCC.				
	09/26/19 at 4:10pm 2. Review of Reside 09/12/19 revealed: - Diagnoses include behavioral disturba convulsions and leg -There was an order	ne interview with the DRC on a was unsuccessful. ent #7's current FL2 dated ed Alzheimer dementia with nces, anoxic brain damage, gal blindness. er for Paroxetine HCL 40mg, ng), administer daily for mood				

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			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		F 09/2	र 7/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PAR	C AT SHARON AMITY	Ŷ	HARON AMIT	rest of the second s		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF COR		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
{D 367}	Continued From pa	ge 60	{D 367}			
	stability.					
		#7's electronic medication rd (eMAR) for September				
	2019 revealed:	id (emArt) for September				
		/ for Paroxetine 40 mg, one				
	half tablet 20mg dai	ily for mood stability.				
		entation Paroxetine was		×		8
	administered on 09/ 09/26.	/18/19, and 09/20 through				
		entation Paroxetine was not				
		/17/19 and 09/18/19 due to				
	the medication not i					
	Observation of the					
		medications on hand available or Resident #7 on 09/26/19 at				
	8:45am revealed:	1 Tesident #7 011 03/20/19 at			54	
		of Paroxetine with 12 whole				
	tablets.	particular for meaning and particular states				
		nt on 09/17/19, with directions				
	to administer one ha	alf tab (20mg) daily.				5
	Based on observation	ons of medications on hand				
		eptember MAR and a cart				
	audit on 09/11/19, th	nere should only be seven and				
	one half tablets rem	aining.			я́	
	Intonyiow with a Mag	dication Aide (MA) on				
	09/27/19 at 11:30an			1		
		red Resident #7's medications				
	on 09/17/19.				8	
		ed on the electronic progress				
	notes "Not administe					
		locumentation entered when a in the building and were		a		
	awaiting its arrival.					
		A was administering Resident				
	#7's medications an	d documented on the eMAR				
		administered-RX order."				
	-The MA informed th alth Service Regulation	ne Director of Resident Care				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			/* 00:00:00:0		F	2
		HAL060125	B, WING		09/2	7/2019
NAME OF	PROVIDER OR SUPPLIER		1000000000000 S2500 8050 8	TATE, ZIP CODE		
THE PAP	RC AT SHARON AMIT	Y	HARON AMIT			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLETE DATE
{D 367}	Continued From pa	age 61	{D 367}			
		ident Care Coordinator (RCC) xetine was not in the facility to			8 19	
	revealed:	her MA on 09/26/19 at 3:15pm				
		nber documenting the aroxetine to Resident #7 on and 09/22/19.				2
	Paroxetine was adr	lain why she had documented ministered to Resident #7 cumentation the medication ling.				
	09/27/19 at 10:20a	aroxetine 40mg to the facility 9.				
	3:50pm revealed: -If a medication wa count indicated it ha prescribed, that sho audit.	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	e:			
	-When the cart aud was given to the Df -The MAs should n	completed was on 09/11/19. lit was completed, the report RC to be reviewed. otify the DRC or RCC if a r less tablets and had not been				9 8
	for the cart audit co	ician Order Summary (POS) mpleted on 09/11/19 revealed tablets of Paroxetine				
Division of H	3. Review of Reside 09/12/19 revealed of ealth Service Regulation	ent #3's current FL2 dated diagnoses included				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED
		HAL060125			R 09/27/2019	
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	TATE, ZIP CODE	1 09/	2112019
		4025 N SH	ARON AMIT	Second Carl Constants		
THE PAR	C AT SHARON AMIT		TTE, NC 2820			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
{D 367}	a. Review of Reside 09/12/19 revealed to blood sugar before	tia, hypertension, chronic pancreatitis. ent #3's current FL2 dated here was an order to check each meal and at night and	{D 367}			
	fast-acting insulin to following sliding sca -If fingerstick blood insulin was to be ad -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	sugar (FSBS) was 0-150, no ministered. 00: inject 4 units. 50: inject 6 units. 00: inject 8 units. 50: inject 10 units. 00: inject 12 units. 49 inject 14 units. er than 450, inject 14 units and				
	09/10/19 revealed a insulin per the follow -If FSBS was 0-150, administered. -If FSBS was 151-20 -If FSBS was 201-23 -If FSBS was 251-30 -If FSBS was 301-33 -If FSBS was 351-40 -If FSBS was 401-44	no insulin was to be 00: inject 4 units. 50: inject 6 units. 00: inject 8 units. 50: inject 10 units. 00: inject 12 units. 49 inject 14 units. or than 450, inject 14 units and				
	09/13/19 revealed a Humalog Kwikpen ir insulin (a fast-acting the following sliding	#3's physician orders dated n order to discontinue isulin and start Novolog insulin to treat diabetes) per scale: no insulin was to be				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The second s	ILTIPLE CONSTRUCTION (X3) DATE SU COMPLE B COMPLE R 09/27/		
	HAL060125	B. WING			R 27/2019
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE PARC AT SHARON AMIT	V	ARON AMIT			
	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRE		(X5) COMPLETE
	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)		DATE
{D 367} Continued From pa	age 63	{D 367}			
-If FSBS was 351- -If FSBS was 401-	250: inject 6 units. 300: inject 8 units. 350: inject 10 units. 400: inject 12 units.				
contact the physici					
electronic medicati (eMAR) from 09/0' -There was an entr 100 units/mL to be at 7:00am, 12:00pl start date of 09/11/ 09/13/19. -There was a block a block for entering a block for entering administered for ea -There was docum had been administ 12:00pm through 0 -There was a seco 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 a dministered at 6:3 -There was no doc results or Novolog	t #3's September 2019 on administration record 1/19-09/25/19 revealed: y for Humalog Kwikpen insulin administered per sliding scale m, 5:00pm and 8:00pm with a 19 and a discontinue date of a for entering the FSBS result, g the site of administration, and g the number of units ach administration time. entation Humalog Kwikpen ered correctly from 09/11/19 at 19/13/19 at 12:00pm. nd 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, g the site of administration, and g the number of units 30am and 11:30pm. tecks for entering the FSBS dministration or the number of at 4:30pm and 8:00pm. umentation of the FSBS administration from 09/13/19 09/16/19 at 8:00pm for 14				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: HAL060125 B. WING			(X3) DATE SURVEY COMPLETED		
				R 27/2019		
	PROVIDER OR SUPPLIER				1 097.	2112019
		ADDE NI CI	DRESS, CITY, S			
THE PAR	RC AT SHARON AMIT	Y	HARON AMIT			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	000
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	ION SHOULD BE	(X5) COMPLETE
IAU			TAG	DEFICIENC		DATE
{D 367}	Continued From pa	ge 64	{D 367}			
	consecutive doses.					
		entry for Novolog insulin 100				
		inistered per sliding scale at				
	start date of 09/17/	4:30pm and 8:00pm with a				
		for entering the FSBS result,				
	a block for entering	the site of administration, and				
		the number of units	14			
		ch administration time.				
	-There was docume	entation Novolog insulin had correctly from 09/17/19 at				
	6:30am through 09/					
	J	p				
		dication aide (MA) on				
	09/26/19 at 3:57pm					
		n order for sliding scale insulin, pulate on the eMAR when it				
		he resident's FSBS and				
	administer their insu					
		space to enter the result of				
	the FSBS.	1 11 1 11 1				
		as entered into the computer should automatically populate				
		n to administer based on the			3	
	sliding scale.					10
		ered the insulin, she would				
	sign off on it as bein					
		stances when there was no				
		SBS 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 (
		and insulin units administered				
		d on the eMAR, it meant she				
	did not administer th	ie insulin.				
	Attempted telephone	e interview with a second MA				
		5pm was unsuccessful.				
Division of He	ealth Service Regulation	-		- 10 - 14		

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPI	
		HAL060125	B. WING		R 09/2	7/2019
	PROVIDER OR SUPPLIER	STREET AD		TATE, ZIP CODE		
	NO MOLINON SUPPLIEN		ARON AMIT	na na sanan na manana na sanana na sanan Na sana sanana na manana na sanana na san		
THE PAR	C AT SHARON AMITY		TE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX	(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 367}	Continued From pa	ge 65	{D 367}			
	(RCC) on 09/27/19 -She was the RCC -If a resident had an	esident Care Coordinator at 9:59am revealed: and a MA. n order for sliding scale insulin, pulate on the eMAR when it				
	was time to check t	he resident's FSBS and				
×.	administer their insu	and the second control of the second se				
	- There should be a the FSBS.	space to enter the result of				
		ly work as a MA, but when				
	she had she did not automatically popul give based on the F -She would adminis the sliding scale ord resident. -If there was no spa or the insulin units at check the resident's scale to administer and then document insulin units adminis -The MAs should al Care (DRC) if there computer system no the administration of -She did not know t Resident #3's FSBS administration for 1 -The facility did not -She assumed if the order and a facility s	t recall the computer system ating the amount of insulin to SBS result. ther the insulin by referring to ler on the eMAR for that acce to enter the FSBS results administered, the MAs should a FSBS, refer to the sliding the proper amount of insulin both the FSBS result and the stered in a progress note. ert the Director of Resident was an issue with the ot allowing them to document			.1	
	9:00am revealed: -The facility's contra medication orders of	dministrator on 09/27/19 at acted pharmacy entered all onto the eMAR.				
Division of He	ealth Service Regulation					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	and and an an an and a second second	E CONSTRUCTION		SURVEY PLETED
		HAL060125	B. WING			R 27/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	4025 N SI	HARON AMIT	TY DRIVE		
		CHARLO	TTE, NC 282	205		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLETE DATE
{D 367}	Continued From pa	ige 66	{D 367}			
	-The DRC was ther orders were entered -In the case of slidh to verify the order w the times for check administering insuli	n responsible for verifying the d correctly. ng scale insulin, the DRC had vas entered correctly including				
	Resident #3's Novo	erify the times were correct for log sliding scale insulin so , the time was set for				
	11:30pm. -Resident #3's slidir was not set correctl system would not p to administer after t -She was unsure wi entering the FSBS r 8:00pm time slots. -The MA had broug	ng scale insulin "calculator" y by the DRC so the computer opulate the amount of insulin he FSBS result was entered. hy there was no box for result at the 4:30pm and ht the issue to her attention on corrected it in the eMAR				
	system. -If the MAs had che administered sliding a place to record the should have record -If the MAs did not of notes, it meant they administer insulin. -She knew medicati been completed on	cked Resident #3's FSBS and 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				
	09/25/19 revealed the metformin 1000mg medication used to	ent #3's current FL2 dated here was an order for one tablet twice daily (an oral treat Type 2 diabetes). #3's physician's orders dated				
	09/03/19 revealed th alth Service Regulation	here was an order to				

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IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY PLETED
		A. BUILDING:			
	HAL060125	B. WING			R 27/2019
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	4025 N SI	HARON AMIT	Y DRIVE		
	CHARLO	TTE, NC 2820	05		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HEAPPROPRIATE	(X5) COMPLETE DATE
discontinue metforr 1000mg twice daily. Review of Resident revealed there was	nin and start metformin : #3's FL2 dated 08/13/19	{D 367}			
Review of Resident (09/01/19-09/26/19) -There was an entry tablet to be adminis -There was docume administered daily f again 09/08/19-09/0 -There was docume not administered or -There was a secor one tablet to be adr 8:00pm daily with a discontinue date of -There was docume was administered a through 09/10/19. -There was docume was not administere to "duplicate orders -There was docume was administered a through 09/08/19. -There was docume was not administere to Resident #3 bein -There was a third e one tablet to be adr 8:00pm daily with a -There was docume was administered a through 09/08/19.) revealed: y for metformin 500mg one stered at 8:00am. entation metformin 500mg was from 09/01/19-09/06/19 and 09/19. entation metformin 500mg was n 09/07/19 due to "duplicate." nd entry for metformin 1000mg ministered at 8:00am and start date of 09/03/19 and a 09/10/19. entation metformin 1000mg it 8:00am from 09/05/19 entation metformin 1000mg ed at 8:00am on 09/04/19 due ." entation metformin 1000mg at 8:00pm from 09/04/19 entation metformin 1000mg at 8:00pm on 09/09/19 due g hospitalized. entry for metformin 1000mg ministered at 8:00am and start date of 09/10/19. entation metformin 1000mg t 8:00am from 09/11/19 entation metformin 1000mg t 8:00am from 09/11/19				
	OF CORRECTION PROVIDER OR SUPPLIER IC AT SHARON AMIT SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From participation discontinue metform 1000mg twice daily Review of Resident revealed there was one tablet daily. Review of Resident (09/01/19-09/26/19) -There was an entry tablet to be adminis -There was docume administered daily fagain 09/08/19-09/0 -There was docume not administered or -There was docume was administered at through 09/08/19. -There was docume was administered at through 09/10/19. -There was docume was administered at through 09/10/19. -There was docume was administered at through 09/08/19. -There was docume was administered at through 09/08/19. -There was docume was not administered at through 09/08/19. -There was docume was not administered at through 09/08/19. -There was docume was administered at through 09/08/19. -There was docume	OF CORRECTION IDENTIFICATION NUMBER: HAL060125 PROVIDER OR SUPPLIER STREET AD C AT SHARON AMITY 4025 N SI CHARLO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 67 discontinue metformin and start metformin 1000mg twice daily. 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 1000mg was not administered on 09/07/19 due to "duplicate." -There was a second entry for metformin 1000mg was 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. -There was documentation metformin 1000mg was not administered at 8:00am on 09/04/19 due to "duplicate orders." -There was documentation metformin 1000mg was not administered at 8:00am on 09/04/19 utrough 09/08/19. -There was documentation metformin 1000mg was not administered at 8:00am on 09/04/19 through 09/08/19. -There was documentation metformin 1000mg was antiatered at 8:00pm from 09/04/19 through 09/08/19. -There was documentation metformin 1000mg was administered at 8:00am from 09/10/19. -There was documentation metformin 1000mg was administered at 8:00am from 09/10/19. -There was documentation metformin 1000mg was administered at 8	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL060125 B. WING	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL060125 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE C AT SHARON AMITY 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESOLUTIORY OR LSC DEWTIFING INFORMATION) PROVIDERS PLAN OF (EACH CORRECTIVE ACT OROSS-REFERENCED TO DEFICIENCY MUST BE PRECEDED BY FULL RESOLUTIORY OR LSC DEWTIFING INFORMATION) PROVIDERS PLAN OF (EACH CORRECTIVE ACT OROSS-REFERENCED TO DEFICIENCY MUST BE PRECEDED BY FULL REVIEW of Resident #3'S FL2 dated 08/13/19 revealed there was an order for metformin 500mg one tablet daily. PROVIDERS PLAN OF (D 367) Review of Resident #3'S September 2019 eMAR (09/01/19-09/26/19) revealed: -There was an entry for metformin 500mg one tablet daily. PROVIDERS (09/01/19-09/26/19) revealed: -There was documentation metformin 500mg was administered on 90/01/18-09/06/19 and again 09/08/19-09/08/19. -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 09/07/19 due to 70/09/19 due to "duplicate orders." -There was documentation metformin 1000mg was administered at 8:00pm no 09/04/19 due to "duplicate orders." -There was documentation metformin 1000mg was administered at 8:00pm no 09/04/19 due to Resident #3 being hospitalized. -There was documentation metformin 1000mg was administered at 8:00pm no 09/04/19 through 09/08/19. -There was documentation metformin 1000mg was administered at 8:00pm no 09/09/19 due to Resident #3 being hospitalized. -There was documentation metformin 1000mg was	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM HAL060125 B. WING 097 PROVIDER OR SUPPLIER STREET ADDRESS, GITY, STATE, ZIP CODE 097 CAT SHARON AMITY 4025 N SHARON AMITY DRIVE 0107 CAT SHARON AMITY CHARLOTTE, NC 23205 PROVIDER'S PLAN OF CORRECTION ACTION SIGULD BE SUMMARY STATEMENT OF DEFICIENCES ID PROVIDER'S PLAN OF CORRECTION ACTION SIGULD BE (EXOL DEFICIENCY MISST BE PRECEDED BY FULL PREFX CONSTREET ADDRESS, GITY, STATE, ZIP CODE Continued From page 67 (D 367) CONSTREET ADDRESS, GITY, STATE, ZIP CONFERENCY CONTRACTION SIGULD BE Continued From page 67 (D 367) CONSTREET ADDRESS, GITY, STATE, ZIP CONFERENCY CONTRACTION SIGULD BE Review of Resident #3'S FL2 dated 08/13/19 FREEX ADDRESS, GITY, STATE, ZIP CONFERENCY CONTRACTION SIGULD BE Review of Resident #3'S SPL2 dated 08/13/19 FREEX ADDRESS, GITY, STATE, ZIP CONFERENCY CONTRACTION SIGULD BE Review of Resident #3'S SPL2 dated 08/13/19 FREEX ADDRESS, GITY, STATE, ZIP CONFERENCY CONFERENCY Review of Resident #3'S SPL2 dated 08/13/19 FREEX ADDRESS, GITY, STATE, ZIP CONFERENCY CONFERENCY Review of Resident #3'S SPL2 dated 08/13/19 FREEX ADDRESS, CONFEREN

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		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 PAR	RC AT SHARON AMIT	Ŷ	HARON AMIT		
// // ID	SHMMADV ST	CHARLO	TTE, NC 282		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
{D 367}	administered both metformin 1000mg	entation Resident #3 was netformin 500mg and at 8:00am from 09/04/19 nd again from 09/08/19	{D 367}	-	
	Interview with a me 09/26/19 at 3:57pm	dication aide (MA) on revealed:			
	-When administerin the order on the eM medication prior to -Resident #3's metri in multi-dose packa -It was likely Reside tablet was package when the order cha separate blister pact tablets. -If both doses poput doses were availab could have adminis -Even though she h of both metformin of there being two dos -If she had noticed metformin on the elichecked with the Re (RCC) or Director of	ng medications, she compared IAR to the directions on the administration. formin was typically packaged uging from the pharmacy. ent #3's metformin 500mg d in multi-dose packaging and nged, the pharmacy sent a ck of metformin 1000mg lated on the eMAR and both le for administration, the MAs			
	8:25am revealed: -She always admini to the eMAR. -She documented b metformin 1000mg	ond MA on 09/27/19 at stered medications according oth metformin 500mg and was administered to Resident ise both doses populated on			

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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 09/27/2019		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
	C AT SHARON AMIT	, 4025 N SH	ARON AMIT	YDRIVE			
	CO AT SHARON ANIT	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 CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE		
{D 367}	-She did not recall a metformin and thou different doses, she the DRC. Interview with the R (RCC) on 09/27/19 -She was the RCC -The facility's contra medication orders of -She or the DRC was the medication orders of -She or the DRC was the medication orders of -She or the DRC was the medication orders of -She or the DRC was the computer system of the MAs adminis -Usually the medicat the computer system of opportunity to verify -The MA told her Re on his eMAR for me entries for metformi additional entry for -She documented of "duplicate orders" fo 8:00am on 09/04/19 -She discontinued of twice daily orders a metformin 1000mg 09/04/19. -She did not discon daily order from the not explain why. -She was Resident documented metfor administered due to	administering both doses of ght if she had seen two e should have clarified it with esident Care Coordinator at 9:45am revealed: and a MA. acted pharmacy entered 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 it. esident #3 had three entries etformin including duplicate in 1000mg twice daily and an metformin 500mg. on Resident #3's eMAR or metformin 1000mg at 0. one of the metformin 1000mg nd verified the second twice daily order as correct on tinue the metformin 500mg eMAR on 09/04/19 and could #3's MA on 09/07/19, and she min 500mg was not	{D 367}	DEHGIENCY)			
Division of H	the administration on his eMAR.						

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	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 AD	DRESS, CITY, S	TATE, ZIP CODE			
THE	PARC AT SHARON AMIT	Ŷ	ARON AMIT	on control of the second of			
(X4) I		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PRÉF		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A		COMPLETE	
			TAG	DEFICIENCY)	APPROPRIATE	DATE	
{D 36	67} Continued From pa	ge 70	{D 367}	TERMINE TERMINE	in Comment		
	500mg order from t she was busy with t -She did not remem 500mg remained or brought it to her atte	tinue Resident #3's metformin he eMAR at that time because her medication pass. hber Resident #3's metformin in the eMAR until another MA ention on 09/09/19 at which					
	-If MAs documented	ed it from the eMAR. d the administration of both					
	doses, it confirmed metformin 1000mg	both metformin 500mg and were administered to					
	Resident #3 at the s -The facility did not -She assumed if the order and she or the	same time. complete audits of the eMAR. e pharmacy had entered the e DRC had verified the order vas no need to audit the					
	9:00am revealed: -The facility's contra medication orders o -The DRC was then orders were entered -The RCC verified F 1000mg twice daily but did not discontin metformin 500mg da -The MAs had admi 500mg and metform days because both o eMAR. -She knew eMAR at 09/11/19 and 09/17/	responsible for verifying the d correctly. Resident #3's metformin order as correct on 09/04/19 oue the previous order for aily. nistered both metformin nin 1000mg at 8:00am for five orders remained on the udits had been completed on					
Division o	medication administ accurate for 3 of 7 s #3, #6, #7) resulting insulin not administe	assure the electronic ration records (eMARs) were amples residents (Resident in 15 scheduled doses of ered to a diabetic resident with ed blood sugar levels over					
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				B) 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 PAR	C AT SHARON AMIT	Y	ARON AMI TE, NC 282		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E (X5) COMPLETE ATE DATE
{D 367}	450, which were hyperglycemic levels, (Resident #6) and sliding scale insulin that was not administered for 14 consecutive doses placing the resident at risk for ketoacidosis (Resident #3). The facility's failure increased the risk for medication errors which was detrimental to the health and safety of the residents and constitutes		{D 367}		
{D912}	 a Type B Violation. A Plan of Protection in accordance with G.S. 131D-34 was requested on 09/27/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 11, 2019. G.S. 131D-21(2) Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. 		{D912}	G.S 131D-21(2) Declaration of Residents' Ri G.S. 131D-21 Declaration of Residents' Righ Every resident shall have the following rights To receive care and services which are adec appropriate, and in compliance with relevant and state laws and rules and regulations. Staff will be inserviced on Resident Rights b community on line studies. Also staff will be inserviced by our Area Omb on the next available date for training. Community will ensure that all residents' righ upheld and followed by reminders and auditi ensure daily compliance. This will be ongoing monitoring by the RCC/MCM and the ED on routine.	ts : 2. juate, federal y udsman ts are ng to
	reviews, the facility received care and s appropriate, and in	ons, interviews, and record failed to ensure residents services which were adequate, compliance with relevant ws and rules and regulations			

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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: B. WING			(X3) DATE SURVEY COMPLETED	
		HAL060125	B, WING		09/2	27/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PAP	RC AT SHARON AMIT	Ŷ	HARON AMI			
			TTE, NC 282	the second se		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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
{D912}	Continued From pa	ge 72	{D912}			
	The findings are:					
	reviews the facility f follow up for 2 of 6	ations, interviews, and record ailed to assure referral and sampled residents related to				*
	notifying the physician for blood sugar levels above the parameters set by the physician (Resident #6) and not notifying the physician of			8		
	refusals of insulin a referral (Resident #	nd delayed mental health 1). [Refer to Tag 0273 10A) Health Care (Type A2				
	reviews, the facility medications as order observed during the #6 and #7), includir insulin dosage not a (Resident #6) and a administered as ord of 5 residents samp #3 and #5) including insulin and oral medic diabetes (Resident is antipsychotic medic #1), and failure to ha nausea available for [Refer to Tag 0358]	ations, interviews, and record failed to administer ared for 2 of 6 residents medication pass (Residents a scheduled fast acting administered before lunch scheduled mood stabilizer ered (Resident #7), and for 3 led for review (Residents #1, gerrors with a fast acting lication used to treat Type 2 #3), failure to administer ation as ordered (Resident ave a medication ordered for administration (Resident #5). IOA NCAC 13F .1004(a)(1) tration (Type A2 Violation)].		×		
iulaion of Ha	facility failed to assumedication administ of 7 sampled reside #7) related to sched insulin and fingerstic documented on the	reviews and interviews, the re accuracy of the electronic ration records (eMARs) for 3 nts (Residents #3, #6, and uled insulin, sliding scale ck blood sugars not able to be eMAR and were not ents #3 and #6), and a				

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Division	of Health Service Re	egulation			· •······	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	HAL060125		B. WING		R 09/27/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE		
		4025 N SI	ARON AMI			
THE PAP	RC AT SHARON AMIT	Y	TTE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N (X5)	
PREFIX			PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		
(0010)	Continued Frame		(D040)			
{D912}		a	{D912}			
	administered and n	d stability documented as ot in the facility (Resident #7). 10A NCAC 13F .1004(j)				
	Medication Adminis	tration (Type B Violation)]		£		
					ā0	
				×		
Division of H	ealth Service Regulation M		6899	K20313	If continuation sheet 74 of 74	

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