

Division of Health Service Regulation

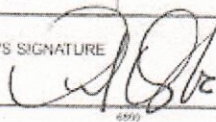
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted an annual and follow-up survey on 10/09/19-10/10/19.	C 000		
C 176	<p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interviews and record reviews, the facility failed to assure at least one staff person was on the premises at all times who had completed a cardio-pulmonary resuscitation (CPR) and choking management course within the last 24 months for 3 of 3 sampled staff (Staff A, B, and C).</p> <p>The findings are:</p>	C 176		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator/Owner 11/19/19

(X5) DATE

STATE FORM

6899

3UD611

If continuation sheet 7 of 16

Reviewed and accepted with revisions by CD on 12/06/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER: SHADY HARBOUR ADULT LIVING
STREET ADDRESS, CITY, STATE, ZIP CODE: 908 TOM HUNTER ROAD CHARLOTTE, NC 28213

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 176	<p>Continued From page 1</p> <p>1. Review of Staff A's personnel record revealed: -Staff A was hired at the facility in 1996 (specific date was not provided). -Staff A was hired as the Administrator -There was documentation of successful completion of a CPR course on 09/01/16 with an expiration date of 09/01/18 -There was no documentation Staff A had completed an additional CPR course.</p> <p>Interview with Staff A (the Administrator) on 10/09/19 at 9:00am revealed she worked alone at the facility every night and all day on Sundays.</p> <p>Refer to interview with the Administrator on 10/10/19 at 10:30am.</p> <p>2. Review of Staff B's personnel record revealed: -Staff B was hired at the facility on 04/30/2011. -Staff B was hired as the Supervisor in Charge. -There was documentation of successful completion of a CPR course on 09/01/16 with an expiration date of 09/01/18. -There was no documentation Staff B had completed an additional CPR course.</p> <p>Interview with Staff B on 10/09/19 at 3:30pm revealed: -She had not taken a CPR course since 09/01/16. -She thought the Administrator had attempted to schedule a CPR class for October 2019, but she was not sure of the date. -She usually worked alone every Monday-Saturday from approximately 3:00pm to 9:00pm.</p> <p>Refer to interview with the Administrator on 10/10/19 at 10:30am.</p>	C 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL050019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C-176	<p>Continued From page 2</p> <p>3. Review of Staff C's personnel record revealed: -Staff C was hired at the facility in August 2009 (specific date was not provided) -Staff C was hired as a cook. -There was documentation of successful completion of a CPR course on 09/01/16 with an expiration date of 09/01/18. -There was no documentation Staff C had completed an additional CPR course</p> <p>Interview with Staff C on 10/10/19 at 8:30am revealed: -She worked as a cook and personal care assistant (PCA). -She had not taken a CPR course since 09/01/16 -All facility staff took the CPR course at the same time and renewed it at the same time. -She worked Monday-Saturday 6:00am-3:00pm and would be alone if the Administrator had to leave to transport residents to appointments or to run errands which she did often.</p> <p>Refer to interview with the Administrator on 10/10/19 at 10:30am.</p> <hr/> <p>Interview with the Administrator on 10/10/19 at 10:30am revealed: -There were three staff, including herself, that worked at the facility. -All three staff received CPR training and recertification on the same dates. -The facility had been closed for approximately 18 months. -The staff's CPR certification had expired while the facility was closed, and she did not realize it until she reopened in August 2019. -She was responsible for ensuring staff trainings and certifications were up-to-date -She had scheduled a CPR training for 10/26/19</p>	C 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 176	Continued From page 3 for all staff to be recertified. The facility failed to ensure at least one staff in the facility at all times had successfully completed Cardio-Pulmonary Resuscitation within the last 24 months which placed the residents at risk for the possible delay of life-saving measures if needed. This failure was detrimental to the health and safety of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/10/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 24, 2019.	C 176	Administration will assure that all staff have current CPR training at all times All staff completed CPR training on 10/12/19. CA 12/6/19	10/12/2019	
C 205	10A NCAC 13G .0702(c)(2) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination (c) The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following: (2) The FL-2 or MR-2 shall be in the facility before admission or accompany the resident upon admission and be reviewed by the administrator or supervisor-in-charge before admission except for emergency admissions. This Rule is not met as evidenced by:	C 205			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 205	<p>Continued From page 4</p> <p>Based on record reviews and interviews, the facility failed to assure 1 of 3 sampled residents (Resident #3) had an FL-2 completed which documented the medical examination prior to admission.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL-2 dated 08/12/19 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included bipolar disorder, chronic obstructive pulmonary disease, constipation, dementia, gastroesophageal reflux disease, hypertension, and schizoaffective disorder. -There was handwritten documentation "see attached" under the medications section. -Attached to the FL-2 was a physician's office printout with a medication list dated 09/17/19. <p>Review of Resident #3's Resident Register revealed an admission date of 08/08/19.</p> <p>Interview with a medication aide (MA)/Administrator on 10/10/19 at 10:15am revealed:</p> <ul style="list-style-type: none"> -Resident #3 was readmitted to this facility from another facility on 08/08/19 without an FL-2. -She requested the transferring facility send an FL-2 with the resident, but they did not do so. -She took Resident #3 to see her former Primary Care Provider (PCP) during his first available appointment, sometime in August 2019 after her readmission to the facility (she could not remember the exact date). -Resident #3's PCP completed a new FL-2 (dated 08/12/19) and provided a current list of her medications. -She thought Resident #3's PCP had attached a medication list dated 08/30/19 to the FL-2. -She could not remember the date she received 	C 205			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 205	Continued From page 5 Resident #3's FL-2 in the facility. Attempted telephone interviews with Resident #3's PCP on 10/10/19 at 8:54am and 10/11/19 at 11:30am was unsuccessful.	C 205	Adm will assure all residents have a current FL2 upon admission. Faculty will not admit	11/12/19
C 292	10A NCAC 13G .0905 (d) Activities Program 10A NCAC 13G .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide 14 hours of activities per week to residents. The findings are: Observation on 10/09/19 at 11:00am revealed there was no posted activities calendar for the month of October in the home.	C 292	A NEW resident undergoes FL2 is in place and available	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
C 292	<p>Continued From page 6</p> <p>Observation on 10/09/19 revealed there were no organized group activities between 9:00am and 4:00pm.</p> <p>Observation of a resident on 10/09/19 at 2:20pm revealed he was sitting at the dining room table coloring a picture.</p> <p>Interview with a resident on 10/09/19 at 2:20pm revealed: -The facility did not offer scheduled activities, but they had supplies for independent activities such as coloring and word searches. -Sometimes staff would take residents on a trip to eat at a restaurant.</p> <p>Observation of a second resident on 10/09/19 at 2:30pm revealed she was sitting in her room reading her bible and writing notes.</p> <p>Interview with a second resident on 10/09/19 at 2:30pm revealed: -Sometimes facility staff would play games such as bingo or spades with residents who wanted to play. -There was no set activities schedule. -Staff and residents played "when everyone felt like playing."</p> <p>Interview with a third resident on 10/10/19 at 8:40am revealed: -He went to "school" a few days each week. -On the third Saturday of each month the facility would take him to an "art class" for a few hours and he would eat there, and then go shopping on the way back to the facility. -The facility did not have a lot of group activities at the home.</p> <p>Interview with a fourth resident on 10/10/19 at</p>	C 292		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 905 TOM HUNTER ROAD CHARLOTTE, NC 28213
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 292	<p>Continued From page 7</p> <p>8:45am revealed: -Sometimes the facility staff would play bingo or cards with residents during the week. -There were no scheduled activities at the facility.</p> <p>Observation on 10/10/19 at 9:00am revealed: -Activity supplies observed in a dining room hutch included three decks of cards and bingo supplies. -The facility also had markers and coloring books available for residents to use.</p> <p>Interview with facility staff on 10/10/19 at 9:00am revealed: -The facility did not offer any scheduled activities but did have supplies for bingo and cards. -The facility staff would play bingo with residents often, but it was never scheduled. They played "when everyone felt like playing." -She was planning to ask the residents if they wanted to play bingo today.</p> <p>Observation on 10/10/19 at 9:15am revealed staff played bingo with residents who wanted to play.</p> <p>Interview with the Administrator on 10/10/19 at 10:05am revealed: -She had an active Activities Director certification. -She had not had a chance to complete an activity calendar for October 2019. -The facility had not offered any scheduled activities since the residents returned to the facility in August 2019. -Facility staff would often play bingo or cards with residents "when residents wanted to play." -Other activities staff frequently did with residents included watching movies, reading the paper, and discussing current events. -The facility also had materials available for individual activities such as word searches and art supplies.</p>	C 292		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 292	Continued From page 8 -A few residents would participate in chair exercises, and a few residents enjoyed bible studies when facility staff offered these activities -One resident enjoyed one-on-one conversations, so staff often engaged him in conversations. -She was aware the facility was required to offer 14 hours of activities per week and to have an activity calendar posted in the home. -She had not had a chance to make a new calendar to assure the facility was meeting the minimum requirement since the residents returned to the facility in August 2019.	C 292	Adm. will assure Activity Calendar is completed and posted prior to the first day of each month. Activities will be offered per calendar which will provide at least 14 hours of activities per week.	10/12/19	
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents related to an antipsychotic medication, a medication used to treat allergies, a hormone, a mineral supplement, a medication used to treat high cholesterol, a vitamin, a medication used to treat high blood pressure, two antidepressants, a medication used to treat chronic obstructive pulmonary disease, a medication used to treat fungal infections, a medication used to make the	C 330			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 330	Continued From page 9 urine less acidic, a medication used to treat constipation, and a medication used to treat arthritis. Review of Resident #3's current FL-2 dated 08/12/19 revealed: -Diagnoses included bipolar disorder, chronic obstructive pulmonary disease, constipation, dementia, gastroesophageal reflux disease, hypertension, and schizoaffective disorder -There was handwritten documentation "see attached" under the medications section. -Attached to the FL-2 was a physician's office printout with a medication list dated 09/17/19. Review of Resident #3's Resident Register revealed an admission date of 08/08/19. a. Interview with a medication aide (MA)/Administrator on 10/10/19 at 10:15am revealed. -Resident #3 was readmitted to this facility from another facility on 08/08/19 without an FL-2. -She requested the transferring facility send an FL-2 with the resident, but they did not do so. -She took Resident #3 to see her former Primary Care Provider (PCP) sometime in August 2019 after readmission to the facility (she could not remember the exact date). -Resident #3's PCP completed a new FL-2 (dated 08/12/19) and provided a current list of her medications. -She could not remember which medication list was attached to Resident #3's FL-2 because she had detached the list and filed it separately in Resident #3's record. -She did not think the medication list attached to Resident #3's FL-2 (dated 09/17/19) was the original list attached to the FL-2. -She could not locate a medication list dated the	C 330			

Division of Health Service Regulation

STATE FORM

5899

3UD511

If continuation sheet 10 of 16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER: SHADY HARBOUR ADULT LIVING
STREET ADDRESS, CITY, STATE, ZIP CODE: 908 TOM HUNTER ROAD CHARLOTTE, NC 28213

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	<p>Continued From page 10</p> <p>same date as the FL-2 (08/12/19)</p> <p>-She located a medication list from Resident #3's PCP dated 08/30/19.</p> <p>-Resident #3 was readmitted to the facility with medications, empty medication containers, and electronic medication administration records (eMARs) from the transferring facility.</p> <p>-She used the medications and eMARs provided by the transferring facility to administer medications until she was able to get Resident #3 to an appointment with her PCP and obtain a current list of medications (08/30/19)</p> <p>-She and the other MA had administered medications to Resident #3 without medication orders from 08/08/19-08/30/19</p> <p>Review of Resident #3's August 2019 eMARs from 08/08/19-08/30/19 revealed there was documentation Resident #3 was administered the following medications without physician's orders: aripiprazole 15mg one tablet daily (an antipsychotic medication), cetirizine 10mg one tablet daily (a medication used to treat allergies), estradiol 0.5mg one tablet daily (a hormone), ferrous sulfate 325mg one tablet daily (a mineral supplement), pravastatin 40mg one tablet daily (a medication used to treat high cholesterol), vitamin D2 50000 units one capsule weekly, telmisartan-Hctz 40-12 5mg one tablet daily (a medication used to treat high blood pressure), bupropion 150mg one tablet twice daily (an antidepressant), and Advair diskus inhale 1 puff twice daily (a medication used to treat chronic obstructive pulmonary disease).</p> <p>b. Review of Resident #3's unsigned medication list from her Primary Care Provider's (PCP) office dated 08/30/19 revealed:</p> <p>-There was documentation Resident #3 was taking nystatin 10000units/gm one application to</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 508 TOM HUNTER ROAD CHARLOTTE, NC 28213
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	<p>Continued From page 11</p> <p>affected area twice daily (a medication used to treat fungal infections).</p> <p>-There was documentation Resident #3 was taking trazodone 100mg two tablets at bedtime (an antidepressant).</p> <p>-There was documentation Resident #3 was taking potassium citrate 10mEq two tablets once daily (a medication used to make the urine less acidic).</p> <p>-There was documentation Resident #3 was taking Linzess 145mcg one capsule daily (used to treat constipation).</p> <p>-There was documentation Resident #3 was taking meloxicam 15mg daily (a medication used to treat arthritis)</p> <p>Review of Resident #3's unsigned medication list from her PCP's office dated 09/17/19 revealed</p> <p>-There was documentation Resident #3 was taking nystatin 100000units/gm one application to affected area twice daily.</p> <p>-There was documentation Resident #3 was taking trazodone 100mg two tablets at bedtime.</p> <p>-There was documentation Resident #3 was taking potassium citrate 10mEq two tablets once daily.</p> <p>-There was documentation Resident #3 was taking Linzess 145mcg one capsule daily.</p> <p>-There was documentation Resident #3 was taking meloxicam 15mg daily</p> <p>Telephone interview with a call center representative from Resident #3's PCP's office on 10/10/19 at 8:54am revealed:</p> <p>-Resident #3 had current medication orders for nystatin 100000units/gm one application to affected area twice daily since 08/30/19</p> <p>-Resident #3 had current medication orders for trazodone 100mg two tablets at bedtime since 08/30/19.</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 330	<p>Continued From page 12</p> <ul style="list-style-type: none"> -Resident #3 had current medication orders for potassium citrate 10mEq two tablets once daily since 08/30/19. -Resident #3 had current medication orders for Linzess 145mcg one capsule daily since 08/30/19. -Resident #3 had current medication orders for meloxicam 15mg daily since 08/30/19. <p>Review of Resident #3's September 2019 electronic medication administration record (eMAR) and October 2019 eMAR (10/01/19-10/09/19 revealed:</p> <ul style="list-style-type: none"> -There was no entry for nystatin, trazodone, potassium citrate, Linzess, or meloxicam. -There was no documentation nystatin, trazodone, potassium citrate, Linzess or meloxicam had been administered. <p>Observation of Resident #3's medications available for administration on 10/09/19 at 1:30pm revealed there was no nystatin, trazodone, potassium citrate, Linzess or meloxicam available for administration.</p> <p>Telephone interview with a representative at the facility's contracted pharmacy on 10/10/19 at 9:12am revealed:</p> <ul style="list-style-type: none"> -The pharmacy did not have current orders for nystatin, trazodone, potassium citrate, or meloxicam for Resident #3. -The pharmacy had received an order for Resident #3's Linzess on 10/08/19 and filled it the same day (10/08/19). <p>Interview with the medication aide (MA)/Administrator on 10/10/19 at 10:15am revealed:</p> <ul style="list-style-type: none"> -Resident #3 was readmitted to this facility from another facility on 08/08/19 without an FL-2. 	C 330			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(24) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 330	Continued From page 13 -She requested the transferring facility send an FL-2 with the resident but they did not do so. -She took Resident #3 to see her former Primary Care Provider (PCP) sometime in August 2019 after readmission to the facility (she could not remember the exact date). -Resident #3's PCP completed a new FL-2 (dated 08/12/19) and provided a current list of her medications. -Even though she was using Resident #3's unsigned medication lists from her PCP's office for administering medications in September 2019 and October 2019, she did not administer all medications on the list. -There were medications on Resident #3's medication list from her PCP's office that she did not think were active orders. -She thought nystatin, trazodone, potassium citrate, Linzess, and meloxicam had been discontinued by the PCP at Resident #3's former facility because the facility did not have the medications on their eMAR and did not send those medications with Resident #3 when she was readmitted to this facility. -She had not attempted to obtain clarification from Resident #3's PCP for these medications. Attempted telephone interviews with Resident #3's PCP on 10/10/19 at 8:54am and 10/11/19 at 11:30am was unsuccessful.	C 330	Adm. will assure medications are clarified with the doctor upon admission. Communication will be relayed between doctor, Doctor, Adm, med tech and pharmacist.	11/12/19	
C 353	10A NCAC 13G .1006(b) Medication Storage 10A NCAC 13G .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical	C 353			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 353	<p>Continued From page 14</p> <p>supervision of staff in charge of medication administration.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations and interviews, the facility failed to assure prescription medications stored by the facility were maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration for 5 of 5 residents residing at the facility.</p> <p>The findings are:</p> <p>Observation on 10/09/19 at 1:30pm revealed: -The personal care assistant (PCA) opened an unlocked, lower level kitchen cabinet, and revealed five unlocked plastic containers of prescription medications -Some of the medications in the plastic containers included tramadol (a controlled substance used to treat moderate to severe pain), chlorthalidone (a diuretic medication that causes the body to lose excess fluid and salt), Eliquis (a blood thinner), losartan and metoprolol (medications used to treat high blood pressure), olanzapine, paliperidone, quetiapine and aripiprazole (all anti-psychotic medications), Januvia (a medication used to treat diabetes), and primidone (a medication used to treat seizures)</p> <p>Interview with the PCA on 10/09/19 at 1:30pm revealed the residents' medications were always kept in the unlocked kitchen cabinet.</p> <p>Observations on 10/09/19 and 10/10/19 at</p>	C 353		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 353	<p>Continued From page 15</p> <p>various times revealed:</p> <ul style="list-style-type: none"> -The kitchen was not continuously monitored by staff in charge of medication administration -The kitchen was located between the common dining room and a common living area. -Residents passed through the kitchen to reach the common living area from the residents' rooms. -Residents used the exterior door in the kitchen to exit the facility. -Residents sat at the small dining table in the kitchen if they were eating alone. <p>Review of five residents' records revealed:</p> <ul style="list-style-type: none"> -Four of the five residents had mental health diagnoses. -One of the five residents had a diagnosis of memory loss, and one of the five residents had a diagnosis of dementia. -Two of the five residents were documented as being intermittently confused. -Three of the five residents were documented as being ambulatory and one of the five residents was documented as being semi-ambulatory. <p>Interview with the medication aide (MA)/Administrator on 10/10/19 at 10:15am revealed:</p> <ul style="list-style-type: none"> -The facility had been closed for approximately 18 months and had reopened in August 2019. -Medications had been kept in the unlocked kitchen cabinets since the facility reopened over two months ago. -During the facility's closure, new cabinets were installed, and she did not want to attach a lock to the new cabinets. -She knew medications had to be stored under locked security, and she had been trying to decide whether she wanted to purchase a lockable filing cabinet or install a lock on the 	C 353		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FC1060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 353	Continued From page 16 laundry door for storing medications The facility failed to assure prescription medications were maintained in a safe manner under locked security except when under the direct physical supervision of staff in charge of medication administration. This failure resulted in residents with mental health diagnoses, intermittent confusion, and memory loss having access to other resident's medication including a controlled substance, a diuretic medication, a blood thinner, medications to lower blood pressure, antipsychotic medications, a diabetes medication and an anti-seizure medication, and residents were at risk for accidental ingestion of medications not ordered for the residents. This failure was detrimental to the health and safety of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/10/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 24, 2019.	C 353	Adm. will assure meds are locked at all times when med tech does not have their eyes on them. Key will only be available to med techs. Meds will be stored in a well ventilated area.	10/10/19
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's 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.	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 912	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>The findings are:</p> <p>A. Based on interviews and record reviews, the facility failed to assure at least one staff person was on the premises at all times who had completed a cardio-pulmonary resuscitation (CPR) and choking management course within the last 24 months for 3 of 3 sampled staff (Staff A, B, and C). [Refer to Tag 176.10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation (Type B Violation)].</p> <p>B. Based on observations and interviews, the facility failed to assure prescription medication, stored by the facility were maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration for 5 of 5 residents residing at the facility. [Refer to Tag 353.10A NCAC 13G 1006 (b) Medication Storage (Type B Violation)].</p>	C 912	<p>Assure that CPR training is current at all times</p>	10/12/2019	