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, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL060125	B. WING		12/11/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
THE PARC	C AT SHARON AMITY		HARON AMITY DR TTE, NC 28205	RIVE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 000}	Initial Comments		{D 000}			
	The Adult Care Licens Mecklenburg County Services conducted a 12/10/19-12/11/19.	Department of Social				
{D 273}	10A NCAC 13F .0902	(b) Health Care	{D 273}			
		Pealth Care Assure referral and follow-up And acute health care needs				
	interviews the facility care needs for 1 of 5 failing to coordinate a	ews, observations and failed to meet the health sampled residents (#3) by neurologist physician visit h a documented diagnosis				
	09/12/19 revealed dia disease, vitamin D de	3's current FL-2 dated gnoses Parkinson's ficiency, ecchymosis of left mentia, hypertension, and				
	encounters for Reside 10/09/19 and 11/06/19	ace primary care provider ent #3 dated 09/18/19, 9 revealed the resident's instructions addressing ncluded continue				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION IDENTIFICATION I		is Ervin to Arien Hember.	A. BUILDING: _		OOMI EETEB
		HAL060125	B. WING		R 12/11/2019
			 		12/11/2010
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		
THE PAR	C AT SHARON AMITY		HARON AMITY [DRIVE	
			TTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
{D 273}	273) Continued From page 1		{D 273}		
	medications, plan of oneurology as schedul	care, and follow up with ed.			
	Review of Resident #3's record on 12/10/19 revealed:				
		nentation for a face-to-face			
	encounter note with Resident #3's neurologistThere was no documentation of a scheduled				
	neurologist appointme				
	Observations of Residual 12/10/19 8:30am and revealed:	dent #3 at intervals between 12/11/19 at 8:30am			
	-Resident #3 ambulated in his room with a slow				
	gait from his bedside chair to his closet using furniture and walls to maintain balance. -Resident #3 spoke with a very low voice, and limited ability to verbalize all thoughts and words clearly. -Resident #3 had head and hand tremors that slowed the use of his hands to grasps objects.				
	Interview with Reside revealed:	nt #3 on 12/10/19 at 8:45am			
	adequate manageme	ncerned he was not getting nt of his Parkinson's			
	diseaseResident #3 visited h	nis primary care provider			
		rologist in the last year.			
		ting his Parkinson's disease			
		as not sure it was enough to			
	help with his sympton				
	more tremors than ot	s that he lacked energy and her days.			
	Telephone interview with Resident #3's				
	revealed:	P) on 12/10/19 at 1:30pm			
		n hospitalized twice in the s Parkinson's disease.			

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	or riealth Service Regu		1			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	A. BUILDING:		COMPLETED	
					-	,
			B. WING		F	
		HAL060125	b. WING		12/1	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			HARON AMITY I			
THE PAR	C AT SHARON AMITY			DRIVE		
	Г	CHARLO	TTE, NC 28205			T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
TAG	REGULATORT OR I	ESCIDENTIF TING IN ONWATION)	TAG	DEFICIENCY)	MAIL	2,2
{D 273}	Continued From page	2	{D 273}			
		1 11: D :1 110				
		e last time Resident #3 saw				
	his neurologist.					
		d and transported Resident				
	#3 for his neurologist	s appointments.				
	-She met Resident #3	B at the neurologist's				
	appointments and tra	nsported him back to the				
	facility.	•				
	,					
	Telephone interview w	vith the patient scheduler at				
	Resident #3's neurologist's office on 12/10/19 at					
	11:35am revealed:					
	-Resident #3 last appointment was 11/21/18.					
	-Resident #3 had a follow up appointment on					
	04/09/19 that he missed, and the appointment was not rescheduledResident #3 did not have any future appointments scheduled.					
	Telephone interview v	vith Resident #3's Primary				
	Care Provider (PCP) on 12/10/19 at 1:38pm revealed: -Resident #3 had been hospitalized 09/09/19 for					
	an exacerbation of Pa					
		3 since his hospitalization				
		e for him to continue his				
		w up with his neurologist as				
	scheduled.					
		sident #3 had not seen his				
	neurologist since 11/2	21/18.				
	-She thought Resider	nt #3 was being seen by his				
	neurologist and had a	scheduled appointment.				
	-					
	Interview with the Dire	ector of Resident Care				
	(DRC) on 12/10/19 at	: 10:00am revealed:				
	, ,	for ensuring directives				
		e-to-face encounter notes				
	had been addressed.	o to idoo onounter notes				
		43 caw a nourologist for his				
		#3 saw a neurologist for his				
	Parkinson's disease.					
	-Resident #3 had not	seen a neurologist since				1

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{D 273}	she was hired Octobe -She did not contact to office to follow up on appointmentShe did not know Rewith his neurologist was responsively and the shadow of the shadow of the shadow of the shadow of the shear of the property of the shadow of the shear	er 2019. Resident #3's neurologist his next scheduled esident #3's last appointment ras 11/21/18. erim Administrator on evealed: nsible for ensuring residents pointments with their medical mentation in Resident #3's	{D 273}					

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