STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL060158		B. WING		11/:	20/2019
NAME OF PR	OVIDER OR SUPPLIER		RESS, CITY, ST.	ATE, ZIP CODE		-0,2010
			OW RIDGE D			
THE CHA	RLOTTE ASSISTED LIVI		E, NC 28210)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section conducted an Annual survey on 11/19/19 with an exit conference via telephone on 11/20/19.					
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications		D 137			1
	10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;					
	interviews and record to ensure 2 of 6 samp	as evidenced by: Based on reviews, the facility failed led staff (Staff B and E) findings listed on the North Personnel Registry		HR Director completed audit of all active mployees correcting those employees missing health care registries. The heapersonnel registry is now run on all new prior to starting and audited prior to original for compliance.	s found alth care w hires	
	Staff B was hired on 0 (MA)There was no docume had been completed under the Review of a HCPR cheeping and the staff of					
	Telephone interview w 5:10pm revealed she check was or if the fac	vith Staff B on 11/19/19 at did not know what a HCPR illity had completed a				

DIM!

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S

SIGNATURE

Executive Div.

(X6) DATE 12-30-19

STATE FORM

Lawa Ashley Panish.

FV6111

If continuation sheet 1 of 32

Acknowledged and reviewed 02/10/20

Jeanne S Robinson RN

IT OF DEFICIENCIES					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAI 060158	B. WING		11/3	20/2019
DROVIDER OR CURRUED		SERG OFFY OF	ATE 7/D 00DE	1172	20/2013
ROVIDER OR SUPPLIER					
ARLOTTE ASSISTED LIVI	NG				
SLIMMARY STA					(X5)
) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (INCLUDING INFORMATION) (INCLUDING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE DATE
		D 137			
Continued From page	:1	D 137			
HCPR check upon her hire date.					
Refer to the interview with the Business Office					
Refer to the interview with the Administrator on 11/19/19 at 4:00pm.					
Review of Staff E's personnel record revealed: -Staff E was hired on 10/21/19 as a dietary server. -There was no documentation that a HCPR check had been completed upon hire.					
Review of a HCPR ch	eck for Staff E dated				
Refer to the interview 11/19/19 at 4:00pm.	with the Administrator on				
(BOM) on 11/19/19 at She was hired in July office ManagerShe was responsible all HCPR checksThe Administrator inforcequired to have HCPI hire after an audit of stat weekShe was off for two days.	3:30pm revealed: - 2019 as the Business for ensuring the staff had primed her that all staff were R checks completed upon taff records were completed ays and had not had time to				
	Continued From page HCPR check upon he Refer to the interview Manager (BOM) on 1 Refer to the interview 11/19/19 at 4:00pm. 2. Review of Staff E's -Staff E was hired on serverThere was no docum had been completed to Review of a HCPR ch 11/19/19 revealed the findings. Attempted telephone i 11/19/19 at 4:26pm w Refer to the interview Manager on 11/19/19 Refer to the interview 11/19/19 at 4:20pm. Interview with the Bus (BOM) on 11/19/19 at She was hired in July Office ManagerShe was responsible all HCPR checksThe Administrator infor required to have HCPI hire after an audit of st last weekShe was off for two di	PROVIDER OR SUPPLIER PROVIDER OR SUPPLIER STREET ADDR 9120 WILLO CHARLOTT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 HCPR check upon her hire date. Refer to the interview with the Business Office Manager (BOM) on 11/19/19 at 3:30pm. Refer to the interview with the Administrator on 11/19/19 at 4:00pm. 2. Review of Staff E's personnel record revealed: -Staff E was hired on 10/21/19 as a dietary serverThere was no documentation that a HCPR check had been completed upon hire. Review of a HCPR check for Staff E dated 11/19/19 revealed there were no substantiated findings. Attempted telephone interview with Staff E on 11/19/19 at 4:26pm was unsuccessful. Refer to the interview with the Business Office Manager on 11/19/19 at 3:30pm. Refer to the interview with the Administrator on 11/19/19 at 4:00pm. Interview with the Business Office Manager (BOM) on 11/19/19 at 3:30pm revealed: - She was hired in July 2019 as the Business Office ManagerShe was responsible for ensuring the staff had all HCPR checksThe Administrator informed her that all staff were required to have HCPR checks completed upon hire after an audit of staff records were completed last weekShe was off for two days and had not had time to complete the HCPR checks for the new hired	RECVIDER OR SUPPLIER ### STREET ADDRESS, CITY, ST. ### SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Definition of the continuation of the continuat	HALOGOTSB HALOGOTSB	HAL080158 A SUILDING: B WING 11/2 ROWIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9120 WILLOW RIDGE DRIVE CHARLOTTE, NC 28210 SUMMARY STATEMENT OF DEPICIENCIES DIE PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY PILL RESULATORY OR LSC IDENTIFYING INFORMATION) DIE PRETIX TAG CROSS-REFERENCE OF THE APPROPRIATE DEPICIENCY)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIÁ IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
		HAL060158	b. WING		11/20/	/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
THE CHA	RLOTTE ASSISTED LIVI	NG	OW RIDGE DE			
OVA) ID	CHAMADY CT/	CHARLOTT ATEMENT OF DEFICIENCIES	E, NC 28210			(45)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 137	Continued From page	2	D 137			
	4:00pm revealed: -The BOM was responded: -The BOM was responded: -She knew that all stated HCPR checks completed an auweek and realized the HCPR checks for a fether she informed the BO last week for the newel-The BOM was off for	adit of the staff records last BOM had not completed w new hired staff. M to complete the HCPR hired staff. a few days after the audit ne HCPR checks or had not				
D 273	10A NCAC 13F .0902 10A NCAC 13F .0902 (b) The facility shall a		D 273			
	reviews, the facility fai follow up with the licer sampled residents (Re	as evidenced by: s, interviews, and record led to assure referral and nsed practitioner for 2 of 3 esidents #1 and #3) related referral and notification of				

DIVISION	or riealth Service Regu	lation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
		HAL060158	D. WING		11/2	20/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	ATE, ZIP CODE		
			OW RIDGE DI			
THE CHA	RLOTTE ASSISTED LIVI		E, NC 28210			
(X4) ID	CLIMMADV CT	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(VE)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page 3 combative behaviors (Resident #3), and a resident regarding referrals of medications used to treat heart failure and glaucoma (Resident #1). The findings are:		D 273	Staff educated on referral/follow up pro- with therapy evaluations and treatment on beginning within 72hrs post evaluations	orders	11/22/2019
				Tracking will occur on new order tracking monitored by RCC/RCD daily. If order started after 72hrs, will notify PCP for o	not	11/29/2019
	1. Review of Resident #3's current FL2 dated 08/27/19 revealed diagnoses included Alzheimer's dementia, bradycardia, stage 3 chronic kidney disease, and diabetes.					
	a. Review of a signed physician's order for Resident #3 dated 09/10/19 revealed an order for physical and occupational therapy to treat and evaluate.					
	was no documentation	3's record revealed there n Resident #3 had been I or occupational therapy.				
	was no documentation	s home health r on 11/19/19 revealed there n Resident #3 had been al or occupational therapist.				
		3's progress notes revealed n 11/18/19 there were six				
	provider on 11/19/19 a -She received referrals	nd occupational therapy at 11:50am revealed: s via email from the or (RCD) and the Resident CC).				
	assessment or evaluate order with the physicial received.	an's actual signature was				

STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	
			B. WING			
		HAL060158	B. WING		11/3	20/2019
NAME OF PROV	IDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
THE OHADI C	OTTE A0010TED B41		W RIDGE DF	RIVE		
THE CHARLO	OTTE ASSISTED LIVI		E, NC 28210			
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273 Co	ontinued From page	4	D 273			
Att profession of the professi	torney (POA) would oviding consent to be ferral was received. The consent was not a RCD, RCC, or the aperwork. The received an emain physical and occupation of the was told by anothe ovider that Resident ceiving physical and a would not be dischable would have need to begin service. The informed the man are ceiving in October 20 aluated Resident #3 the had not requested to be evaluated he had not requested to be evaluated he had not requested occupational theraphe thought Resident aluated, however should be the POA and the facility metal to the POA and the facility metal to begin physical and RCD or RCC would the RCD or RCC would the RCD or RCC would the RCD or RCC would aluated for physical a	also be responsible for regin services after the streceived, she would notify Administrator of pending self from the previous RCD reational therapy referral for 19. The contracted home health 143 was currently still accupational services and 147 arged until 09/31/19. The ded a new order on 150 ces, however it was not 150 ces, however it				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SUF	
ANDELAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:	· · · · · · · · · · · · · · · · · · ·	COMPLET	ED
			B. WING			
		HAL060158	b. WING		11/20/	/2019
NAME OF B	ROVIDER OR SUPPLIER		RESS, CITY, ST	ATE ZID CODE		
NAME OF P	ROVIDER OR SUPPLIER		OW RIDGE DI	•		
THE CHA	RLOTTE ASSISTED LIVI		W KIDGE DI	MAE		
		CHARLOTT	E, NC 28210			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD)		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		DATE
				DEFICIENCT)		
D 273			D 273			
	Continued From page	. 5				
	provider on 11/19/19	vith the other home health				
		ave a current order to receive				
	physical or occupation					
	-Resident #3 had not					
	occupational services since 04/30/19, he was discharged as goals were met.					
	discharged as goals were met.					
	Interview with Resident #3's Primary Care					
	` .	/19/19 at 3:20pm revealed: -				
		acility and 11/19/19 was her all provider for the facility				
	-	w notes from the previous				
		notified that Resident #3				
	had falls.					
		ordered physical and				
		for Resident #3 on 09/10/19. ny notification received from				
		y services had not begun as				
	ordered until 11/13/19	l l				
		C on 11/13/19, that the				
	another order to be wi	be seen face-to-face for				
	occupational therapy.	mon for physical and				
	-She would have expe	ected the facility to notify				- 1
	•	were not carried outShe				
		cupational therapy could				
	have helped to preven	der on 11/19/19 for physical				
		apy to treat and evaluate				- 1
	Resident #3.					- 1
	Review of an order for	Posidont #3 dated				
		order from the home health				- 1
		onal therapy to treat and				-
	evaluate with history of	f falls; resident with				
	Alzheimer's dementia.					
	Intoniow with a modic	ation aido (MA) on 11/19/19				

DIVIOIOII	or moditin cormod raga	iddori				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
		HAL060158			11/2	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
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THE CHA	RLOTTE ASSISTED LIVI	NG	E, NC 28210			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	DATE
D 273			D 273			
	Continued From page	6				
	at 4:00pm revealed:					
	-Resident #3 had a his	story of falls.				
	l '	e for documenting falls				
	in the progress notes	-				
	MAs were not responsible for processing any					
	treatment or medication orders.					
	-The RCD and RCC were responsible for following up on orders and notifying the physician.					
	T '	pal or electronic contact with				
	the physicians.	od of electronic contact with				
		esident #3 had received				
	physical or occupation					
	Interview with the RC0 revealed:	C on 11/19/19 at 2:35pm				
		for processing and following-				
	up on physician's orde					- 1
		ible for processing and previous RCD resigned				- 1
	• .	: "a few weeks ago" and she				
		llowing up with all treatment				
		d occupational therapy.				
		esident #3's therapy order				
	was never followed-up					
	Resident #3 had a fall.	010				
		e PCP on 11/13/19 to get				
		was told a face-to-face				
		ed to be completedShe				
		as pending from the POA, ealize the therapy had not				
	begun.	Sanze the therapy had not				
	-After the RCD left, she	e was responsible for				
		hysician for a new order,				
	however she did not ki	now a new order was				
		out to physical therapy on				
	11/13/19.					
	Intensions with the Adm	sinistrator on 11/19/19 at				
	THEOLEN WITH THE AAM	DEDISTRATOR OFF FILLIANT ST.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDTEAN	or Connection	BENTI IONION NOMBER.	A. BUILDING:		COMPLETED	
			B. WING			
		HAL060158	D. WING		11/2	20/2019
NAME OF D	ROVIDER OR SUPPLIER		DESS CITY ST	ATE, ZIP CODE		
IVANIE OF 17	NOVIDEN ON SOIT EIEN		OW RIDGE D			
THE CHAI	RLOTTE ASSISTED LIVI	NG				
		CHARLOTT	E, NC 28210	0		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPED DEFICIENCY)		DATE
				DEFICIENCY)		
D 273	0 " 15		D 273			
	Continued From page) /				
	3:47pm revealed:	tion of the year, waterwater was				
		tional therapy referrals were nerapy provider, located on				
	the 2nd floor of the fac					
	-The therapy provider					
		ly to get the initial consent				
	and insurance paperwork completed by the					
	familyThe Therapy Director would let her or the RCD					
	know if there were issues getting services started					
	due to a pending cons					
		3's POA was delayed in				
		wever did not know the				
		ified about the delay and the				
	therapy was not starte	as not completing follow-up				
	with the physician.	as not completing follow-up				
		re now responsible for				
		hysician and the family to				
	ensure services were					
	-	the resident's daughter				
		response; she was unable				
	•	which follow-up occurred				
		and occupational therapy				
	was on 11/13/19.					
		RCC and RCD to follow-				
		f the services would not be				- 1
	able to begin in a time	ıy manner.				
	Based on interviews of	observations, and record				
		ned Resident #3 was not				
	interviewable.					
	Attamental fotosides	the Desident #01- DOA				
	Attempted interview w 11/19/19 at 11:34am v	ith Resident #3's POA on				ľ
	TITIƏTIƏ ACTI.J4dIII V	vas urisuccessiui.				
	b. Review of Resident	#3's progress notes				
11	revealed:	· ·				
	There was a note date	ad 00/14/10 at 7:46am: tha				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	·		
			B. WING			
		HAL060158			11/:	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
		9120 WILLO	W RIDGE DI	RIVE		
THE CHA	RLOTTE ASSISTED LIVI		E, NC 28210)		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
				DEFICIENCY)		
D 273			D 273			
	Continued From page	: 8				
		ive and refusing care" bed				
	· ·	ent stated, "he wants to die"				
	bad" and refused snac	ident was shaking "really				
		ted 09/15/19 at 4:26am; the				
		nbative" when staff went to				
	assist with changing brief, he started to kick his					
	legs around and told staff to leave him alone There was a note dated 09/17/19 at 5:08am; the					
	resident was observed at his room door at					
	4:00am confused about	ut his location, he was				
		e combative with staff				
		ated 09/18/19 at 6:47am;				
		bative" and was not able to eded care for a wet brief,				
		"not able to reason with				
	member[sic]'.					
		10/05/19 at 1:00pm; the				
		gressive and confused", he				
	did not eat or take any	ed 11/07/19 at 11:02am;				
		it "he would kill trainer[sic]"				
	and was refusing to pu	1				
		ed 11/08/19 at 6:42am; the				
	resident was "very con	· · · · · · · · · · · · · · · · · · ·				
	staff from coming into	ith his hamper to prevent				
	_	ed 11/10/19 at 6:41am; the				
	resident became agita	ted and started to kick his				
	legs at staff when tryin	-				
	change, 3 staff member resident with no result.	ers attempted to change				
	-There was no docume					
		(PCP) was contacted about				
	any of the documented	d episodes of				
	combativeness and ref	fusal of care.				
	Interview with Residen	ut #3's PCP on 11/19/19 at				
	3:20pm revealed:	i				
		acility and 11/19/19 was her				i i

	TIVISIOIT	of Health Service Regu	liation				
		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				B. WING			
L			HAL060158			11/2	20/2019
N.	AME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
١,	LIE CLIA	DI OTTE ACCIETED I IVI		W RIDGE DI	RIVE		
1	HE CHA	RLOTTE ASSISTED LIVI		E, NC 28210			
	(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
	D 273	Continued From page first day as the medical She was able to revie provider and was una documentation of noting was displaying combation. The previous PCP has health services for Relevant of the previous PCP has health services for Relevant of the previous PCP has health services for Relevant of the previous PCP has health services for Relevant of the previous PCP has health services for Relevant of the previous PCP has health services for Relevant of the previous PCP has health services in mental health. The PCP did not nor medications, the mental responsible for me	al provider for the facility w notes from the previous ble to find any fication that Resident #3 ative and agitated behaviors. ad not ordered any mental esident #3. senting with combative have expected the facility to resident could be evaluated mally order anti-anxiety tal health provider would be I health medications. rected the facility to notify condition or to request a n 11/19/19 for mental health #3. B's record revealed there the physician regaring referral for mental health, m mental health services, order for mental health B's medication orders and and November 2019 Administration Records re were no anti-anxiety treat resident for agitation. Resident #3 dated order for a mental health d from the Power of	D 273		JATE	DATE
		in agreement.	ress behaviors if family was ation aide (MA) on 11/19/19				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
			7. BOILDING.			
			B. WING			
		HAL060158			11/2	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
			W RIDGE DI	RIVE		
THE CHA	RLOTTE ASSISTED LIVI		E, NC 28210			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 273			D 273			
	Continued From page	10				
	at 4:00pm revealed:					
		e for documenting change				
	of condition and beha progress notes when					
		isible for processing any				
	treatment or medication orders.					
	-The Resident Care Director (RCD) and Resident					
	Care Coordinator (RCC) were responsible for					
		and notifying the physician				
	if there were any char	yere notified of changes with				
	resident by reviewing	<u> </u>				
	-	pal or electronic contact with				
	the physicians.					
	Interview with the RC0	C on 11/19/19 at 2:35pm				
	revealed:					
		for processing and following-				
	up on physician's orde					
	she was responsible for	ft "a few weeks ago" and				
	treatment orders.	or following up with all				
		uent combative behaviors,				
		PCP for a referral to the				
	mental health provider					
	-She did not realize Ro documentation of com	esident #3 had frequent				
	behaviors.	balive and agitated				
		for reviewing progress				
	notes to identify change	ges with residents				
	She tried to review the	. •				
	electronic record week					
	the behaviors or obtain	out to the PCP to notify of				
	health.	, an order for mornar				
	-After the previous RC	D left, she was responsible				
		e physician with changes				
	and requesting new or know an order was ne	ders, however she did not eded for mental health				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING				
		HAL060158			11/2	20/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, ST	ATE, ZIP CODE			
			OW RIDGE D	RIVE			
THE CHA	RLOTTE ASSISTED LIVI		TE, NC 28210	0			
(X4) ID	CHMMADY CT/		ID			0/5)	
PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
D 273	Continued From page	: 11	D 273				
	services for Resident	#3.					
	3:47pm revealed:	ministrator on 11/19/19 at					
	-The MAs were responsible for notifying the RCC of any changes in behaviors.						
	-MAs could notify the RCC verbally and by documenting in the resident's progress notes of						
	any changes.						
	 The MAs were not re physician. 	sponsible for contacting the					
	-She expected the RC	CC to be reviewing progress					
	notes and following-up need for additional ord	o with the physician when					
		s responsible for notifying					
	the physician and gett	•					
	aggressive behaviors.	ocumented combative or					
	-She did not know Rescombative behaviors.	sident #3 had frequent					
		as responsible for initial					
		vas not completedShe					
	and the RCC were not following up with the p	w responsible for hysician and the family					
		th services were initiated.					
	Based on interviews, o	observations, and record		RCC/RCD and ED will monitor 24 hour			
		ned Resident #3 was not		daily for behaviors and trend on weekly on each member for those displaying trees.			
	interviewable.			aggression or combative behaviors. Th	ose	11/29/2019	
		ith Resident #3's POA on		with trend of 3 or more incidents in a motime frame will have PCP notified. Staff			
	11/19/19 at 11:34am was unsuccessful. 2. Review of Resident #1's current FL2 dated			educated on definition of combative and	t		
	01/31/19 revealed diag	gnoses included chronic		aggressive behaviors for proper docum	enting.		
	diastolic heart failure, i						
	wounds, aortic stenosi	s and hypertension.					
		#1's current FL2 dated					
	01/31/19 revealed there was an order for						

DIVISION	or Health Service Regu	liation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SI COMPLE	
			B. WING			
		HAL060158			11/20	0/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
		9120 WILLO	OW RIDGE DI	RIVE		
THE CHA	RLOTTE ASSISTED LIVI		TE, NC 28210	0		
(VA) ID	CUMMADVCT					(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 12	D 273			
	fluid build up), to be administered daily.					
		•				
	Review of Resident #	1's Care Plan dated ne provider, revealed an				
		20mg one tablet daily.				
	Review of Resident #	1's Santamber 2010				
		Administration Record				
	(eMAR) revealed:	5				
	to be administered da	or Furosemide 20 mg tablet, ilv at 9:00am.				
	-Furosemide 20 mg w	as not documented as				
		/01/19 through 09/11/19				
		administered Furosemide ssible opportunitiesThere				
	was no documentation	n the primary care provider				
	(PCP) was notified reg of Furosemide.	garding the missed doses				
		ented reason provided for				
	the missed doses of F	urosemide.				
	Review of Resident #* revealed:	1's October 2019 eMAR				
		or Furosemide 20 mg tablet,				
	to be administered da	ily at 9:00am.				
	 -Furosemide 20mg was administered on 10/04 					
	Furosemide 20mg was					
		2/19 through 10/25/19 and				
	10/28/19 through 10/3 -Resident #1 was not					1
	Furosemide 20mg 9 o	ut of 31 possible				
		was no documentation				
	the PCP was notified a doses of Furosemide.					
		ented reason provided for				
	the missed doses of F	urosemide.				
	Review of Resident #1 revealed:	1's November 2019 eMAR				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE S COMPL	
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		HAL060158	B. WING		11/	20/2019
MARKE OF DE	TO VIDED OR SUDDI IED		TOO CITY ST	. T. 7/0 000F		10124
NAME OF F	ROVIDER OR SUPPLIER		RESS, CITY, STA			
THE CHAI	RLOTTE ASSISTED LIVI	ING	OW RIDGE DE			
			TE, NC 28210)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
	-There was an entry for to be administered da -Furosemide 20mg administered from 11/1 11/11/19 through 11/11 -Resident #1 was not 20mg 12 out of 19 pos There was no docume notified regarding the FurosemideThere was no docume the missed doses of FurosemideThe modicationsResident #1 refused for the the to increased urina -She had informed the Director (RCD) Resides scheduled FurosemideShe also reported the Care Coordinator (RC -The MA brought the but to the RCC a few days going to request a disciplinationShe had not notified for regarding the refusals; the RCC would contact the RCD or the RCC we she thought it was the the physician after a remedication "3 or 4 times medication "3 or 4 times administration of the results of the results of the results of the refusals; the RCC would contact the RCD or the RCC we she thought it was the physician after a remedication "3 or 4 times medication "3 or 4 times the results of the re	for Furosemide 20 mg tablet, aily at 9:00am. was not documented as //01/19 through 11/03/19 and 19/19. administered Furosemide ssible opportunities entation the PCP was missed doses of fuented reason provided for Furosemide. It shift medication aide (MA) am revealed: It and administered Resident for the Furosemide frequently ation. The previous Resident Care ent #1 was refusing her fie. The refusals to the Resident color of the RCC was continue order from the field the physician for the physician, but usually would. The refused a feelility's policy to contact esident refused a	D 273	Staff to be educated on EMAR system properly clincking into the note section reason meds not given. Report will be RCC/RCD weekly to review medication given and follow up on documentation. will be notified after 3 missed doses.	for run by ns not	12/20/2019
		Telusais of medications was				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE : COMPL	
			B. WING			
		HAL060158			11/2	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, ST	ATE, ZIP CODE		
TUE CUA	RLOTTE ASSISTED LIV		OW RIDGE D	RIVE		
THE CHA	REOTTE ASSISTED LIVE		E, NC 28210)		
(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
D 273			D 273			
	Continued From page	. 14				
	Interview with the facility's contracted pharmacist on 11/19/19 at 12:46pm revealed:			Non and a function form to the last		12/2/2019
	-Resident #1's medications were were put into			New order tracking form implemented to use. Form shows tracking on when		121212019
	their system for the record as "profile only"-the			order received, sent to pharmacy, and	when	
	contracted pharmacy did not fill Resident #1's medication prescriptions.			medications are implemented. RCC/Rereview daily and follow up as needed.		
	-Resident #1 received her medications from a			be notified after 24hrs of medication no		
	mail order pharmacy.			house.		
	-Furosemide 20mg daily was an active order on Resident #1's medication profile.					
	Observation of medica at 8:00am revealed:	ations on hand on 11/19/19				
		as not on the medication				
	cart at the time of the					
		pottle of Furosemide from er to administer to Resident				
	Interview with Resider revealed:	nt #1 on 11/19/19 at 2:30pm				
	-She received her med pharmacy due to cost	dications from a mail order effectiveness.				
	-The MAs informed he	er when she needed to re-				
		I she contacted the pharmacy. areas on her lower legs				
		h but they were healed at				
	this time.	-				
		semide when she was				
	frequency.	an outing due to urinary				
		ed this to her physician				
	She did not know if the	e MAs had informed her				
	primary care physiciar	r (PCP).			1	
	Interview with the RCC	C on 11/19/19 at 10:22am				
	revealed:	1				
	-If a resident refused n	nedications 3 days				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		HAL060158	B. WING		11/:	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	ATE, ZIP CODE		
			OW RIDGE DI			
THE CHA	RLOTTE ASSISTED LIVI		E, NC 28210			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
		,		DEFICIENCY)		
D 273			D 273			
	Continued From page	÷ 15				
	PCP.					
	-She did not run a rep	ort for missed medications,				
		ere was an option for that				
	function on the softwa					
	reviewed the eMARs	nt Care Director may have				
	medications report.	and ran a missea				
	-Resident #1 had an active order for Furosemide					
	20mg daily.					
		ble with lower leg edema,				
	She did not know Res	wn on her legs at times				
	Furosemide 20mg 11					
		onsecutive days in October				
		ve days in November 2019,				
		n the PCP was notified				
		ere some refusals and she				
	care physician (PCP)	an order from the primary				
	medication.					
	-The PCP was schedu	uled for their routine visit on				
	11/20/19.					
	 It was her expectation would be documented 					
		urther instructions by the				
	MA.	draior mondodono by ano				
	Interview with the Adn	ninistrator on 11/19/19 at				
	4:05pm revealed:					
	-The current RCC was	//				
		of the RCD and RCC while				
	they were hiring for the	-				
	 It was her expectation the RCC when there v 	n the MAs would report to				
		RCC or MA would contact				
	the primary care physi					
	-It would have been th	e responsibility of the				
	previous RCD to revie					
	further instructions.	nd notify the physician for				

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DATE CHARLOTE ASSISTED LIVING PROVIDERS AND PLAN OF CORRECTION A BUILDING BUILDI	Division	of Health Service Regu	lation				
NAME OF PROVIDER OR SUPPLIER THE CHARLOTTE ASSISTED LIVING CHARLOTTE, NC 28210 (CA)10 (CA)							
NAME OF PROVIDER OR SUPPLIER THE CHARLOTTE ASSISTED LIVING CHARLOTTE, NC 28210 (CA)10 (CA)				B. WING-			
### CHARLOTTE ASSISTED LIVING CHARLOTTE, NC 20210 PREPARED SUMMARY STATEMENT OF DEPICEMENTS CHARLOTTE, NC 20210 PREPARED SUMMARY STATEMENT OF DEPICEMENTS CHARLOTTE, NC 20210 PREPARED CHARLOTY OR US DENTIFY NG INFORMATION) D. 10			HAL060158			11/2	20/2019
CHARLOTTE ASSISTED LIVING	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
CHARLOTTE, NC 28210 SUMMARY STATEMENT OF DESICIENCIES PREFIX TAG SUMMARY STATEMENT OF DESICIENCIES PREGULATORY OR LSC DENTRY NO RECEDED BY PULL REGULATORY OR LSC DENTRY NO RECEDED BY PULL TAG Continued From page 16 -She did not know how often the previous RCD was reviewing the eMARsShe did not know Resident #1 had refused 11 consecutive doses in September 2019, 4 consecutive doses in October 2019 and 8 consecutive doses in October 2019 and 8 consecutive doses in November 2019 of Furosemide 20mg, and there was no documentation the physician was notified. Attempted interview with Resident #1's Power of Attorney on 11/19/19 at 12:40pm was unsuccessful. b. Review of Resident #1's current FL2 dated 01/31/19 revealed an order for Azopt 1% eye drops, used to treat increased eye pressure, three times a day. Review of Resident #1's October 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Azopt 1% eye drops, to be administered three times daily at 8:00am, 12:00pm and 4:00pmAzopt eye drops was not documented as administered from 10/01/19 through 10/04/19There was no documentation as to the reason the eye drops were not administered on 10/01/19 through 10/04/19. Interview with the first shift medication aide (MA)			9120 WILLO	W RIDGE DI	RIVE		
DAMPID SUMMARY STATEMENT OF DEPICIENCIES PREFIX TAGO PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEPICIES/WIMSTEE PREFEX TAGO PROVIDERS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE COMPANIES	THE CHA	RLOTTE ASSISTED LIVI		F. NC. 28210			
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) D 273 Continued From page 16 -She did not know how often the previous RCD was reviewing the eMARsShe did not know Resident #1 had refused 11 consecutive doses in Notwerber 2019, 4 consecutive doses in Notwerber 2019 and 8 consecutive doses in Notwerber 2019 and 8 consecutive doses in Notwerber 2019 of Furosemide 20mg, and there was no documentation the physician was notified. Attempted interview with Resident #1's Power of Attorney on 11/19/19 at 12:40pm was unsuccessful. b. Review of Resident #1's Current FLZ dated 01/31/19 revealed an order for Azopt 1% eye drops, used to treat increased eye pressure, three times a day. Review of Resident #1's October 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Azopt 1% eye drops, to be administered three times daily at 8:00am, 12:00pm and 4:00pmAzopt eye drops was not documented as administered from 10/01/19 through 10/04/19There was no documentation the prescribing physician was notified regarding the missed doses of Azopt eye drops on 10/01/19 through 10/04/19. Interview with the first shift medication aide (MAA) Interview with the first shift medication aide (MAA)	(V4) ID	CHMMADV CT					(VE)
Continued From page 16 -She did not know how often the previous RCD was reviewing the eMARsShe did not know Resident #1 had refused 11 consecutive doses in September 2019, 4 consecutive doses in Notember 2019 and 8 consecutive doses in Notember 2019 of Furosemide 20mg, and there was no documentation the physician was notified. Attempted interview with Resident #1's Power of Attorney on 11/19/19 at 12:40pm was unsuccessful. Attempted telephone interview with Resident #1's PCP on 11/19/19 at 3:40pm was unsuccessful. b. Review of Resident #1's current FL2 dated 01/31/19 revealed an order for Azopt 1% eye drops, used to treat increased eye pressure, three times a day. Review of Resident #1's October 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Azopt 1% eye drops, to be administered three times daily at 8:00am, 12:00pm and 4:00pmAzopt eye drops was not documented as administered from 10/01/19 through 10/04/19 at 8:00am, 12:00pm or 4:00pm -There was no documentation the prescribing physician was notified regarding the missed doses of Azopt eye drops were not administered on 10/01/19 through 10/04/19. Interview with the first shift medication aide (MA)	PREFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE COMPLETE	
was reviewing the eMARsShe did not know Resident #1 had refused 11 consecutive doses in September 2019, 4 consecutive doses in October 2019 and 8 consecutive doses in November 2019 of Furosemide 20mg, and there was no documentation the physician was notified. Attempted interview with Resident #1's Power of Attorney on 11/19/19 at 12:40pm was unsuccessful. Attempted telephone interview with Resident #1's PCP on 11/19/19 at 3:40pm was unsuccessful. b. Review of Resident #1's current FL2 dated 01/3/1/19 revealed an order for Azopt 1'% eye drops, used to treat increased eye pressure, three times a day. Review of Resident #1's October 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Azopt 1'% eye drops, to be administered three times daily at 8:00am, 12:00pm and 4:00pmAzopt eye drops was not documented as administered three times daily at 8:00am, 12:00pm or 4:00pm -There was no documentation the prescribing physician was notified regarding the missed doses of Azopt eye drops on 10/01/19 through 10/04/19. -There was no documentation as to the reason the eye drops were not administered on 10/01/19 through 10/04/19. Interview with the first shift medication aide (MA)	D 273	Continued From page	÷ 16	D 273			
doses of Azopt eye drops on 10/01/19 through 10/04/19. -There was no documentation as to the reason the eye drops were not administered on 10/01/19 through 10/04/19. Interview with the first shift medication aide (MA)		-She did not know howas reviewing the eM -She did not know Reconsecutive doses in consecutive doses in consecutive doses in Furosemide 20mg, and documentation the ph Attempted interview was Attorney on 11/19/19 unsuccessful. Attempted telephone PCP on 11/19/19 at 3 b. Review of Resident 01/31/19 revealed and drops, used to treat in three times a day. Review of Resident # Medication Administrate revealed: -There was an entry for be administered three 12:00pm and 4:00pmAzopt eye drops was administered from 10/8:00am, 12:00pm or 4-There was no documents.	w often the previous RCD ARs. sident #1 had refused 11 September 2019, 4 October 2019 and 8 November 2019 of id there was no ysician was notified. with Resident #1's Power of at 12:40pm was interview with Resident #1's 40pm was unsuccessful. #1's current FL2 dated order for Azopt 1% eye creased eye pressure, I's October 2019 electronic ation Record (eMAR) or Azopt 1% eye drops, to times daily at 8:00am, not documented as 01/19 through 10/04/19 at :00pm entation the prescribing				
on 11/19/19 at 11:45am revealed:		doses of Azopt eye dr 10/04/19. -There was no docume the eye drops were no through 10/04/19. Interview with the first	ops on 10/01/19 through entation as to the reason of administered on 10/01/19 shift medication aide (MA)				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		HAL000130			11/2	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, ST.	ATE, ZIP CODE		
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(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	DI	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
1,10	TREGOLITION ON E	See BERTH THRE IIII ORINATION,	17.0	DEFICIENCY)	IATE	
D 273	Continued From page 17		D 273			
	_					
	-She administered Resident #1's Azopt eye drops					
	at 8:00am and 12:00pmShe did not remember the Azopt eye drops not					
	being available for administration from 10/01/19					
	through 10/04/19.					
	-She did not notify the physician Resident #1					
	missed the Azopt eye drops for 4 consecutive					
	daysShe thought the Resident Care Coordinator					
	•	ysician regarding missed				
	medications.	, ,				
	1.1					
	4:25pm revealed:	ond shift MA on 11/19/19 at				
	-She worked second s	shift and administered				
	Resident #1's eye dro	ı				
		y the eye drops were not				
	documented as admir through 10/04/19.	nistered from 10/01/19				
		er a time when the eye				
		ble for administration r notifying Resident #1's				
		of the missed medication.				
	p. coorioning priyotolari	o. a.o mooda modication.				
		sident Care Coordinator				
	(RCC) on 11/19/19 at					
		sident #1 had missed her				
	three times daily.	10/01/19 through 10/04/19,				
		ected the MAs to notify the				
	prescribing physician					
	missed the eye drops.					
		nt #1 on 11/19/19 at 2:30pm				
	revealed:	hor modications della sed				
	-She usually received on time.	her medications daily and				
		vith glaucoma and was				
	prescribed Azopt eye	drops three times a day to				
	prevent increased eye	pressure.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>'</i>	E CONSTRUCTION	(X3) DATE :	
		HAL060158	B. WING		11/2	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
THE CHA	RLOTTE ASSISTED LIVI		W RIDGE DI	RIVE		
THE CHA	KLOTTE ASSISTED LIVI		E, NC 28210)		
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273			D 273			
	Continued From page 18 -She knew how important these drops were to her eye healthShe did not always receive her eye drops three times a day, especially the 12:00pm doseShe had not told the RCC or Administrator;"I don't like to cause a fuss." -She did not remember if the Azopt eye drops were not administered from 10/01/19 through					
	10/04/19.	a noni 10/01/19 tinough				
	Interview with the Administrator on 11/19/19 at					
	4:05pm revealed:					
	-In the absence of the	RCC and RCD, the physician if a resident				
	missed medications 3	or more consecutive				
	daysShe did not kno missed the administra					
	drops for 4 consecutiv	ve days.				
	 She did not know the not been notified of th 	e prescribing physician had e missed eve drops -				
	Resident #1 had not in	nformed her she missed her				
	12:00pm administration times.	on of Azopt eye drops at				
		ith Decident Hale Decree of				
	Attorney on 11/20/19	vith Resident #1's Power of at 12:40pm was				
	unsuccessful.					
	Attempted telephone i	interview with Resident #1's				
	prescribing physician was unsuccessful.	on 11/20/19 at 12:15pm				

	The facility failed to co					
	provider for Resident	#3 regarding a referral for				
	which could have help	onal therapy for two months bed to prevent the six falls				
		this time period and failed				
		resulting in the resident not				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE S	
		HAL060158	B. WING		11/2	20/2019
NAME OF P	ROVIDER OR SUPPLIER	·	RESS, CITY, ST	ATE, ZIP CODE		
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THE CHA	RLOTTE ASSISTED LIVI		E, NC 28210			
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page		D 273			
D 250	behaviors. The facility #1's PCP of refusals of diagnosis of heart failly edema over a period of failure was detrimentated welfare of Residents #Type B Violation. The facility provided a accordance with G.S. this violation. THE CORRECTION VIOLATION SHALL N 2020.	th services or treatment for a failed to notify Resident of a fluid medication for a sure and chronic lower leg of 3 months. The facility's all to the health, safety and #1 and #3 and constitutes a plan of protection in 131D-34 on 11/19/19 for DATE FOR THE TYPE B OT EXCEED JANUARY 7,	D 050			
D 358	10A NCAC 13F .1004 Administration 10A NCAC 13F .1004 (a) An adult care hom preparation and admir prescription and non-pby staff are in accorda (1) orders by a license which are maintained (2) rules in this Section and procedures. This Rule is not met a Based on observations reviews, the facility fair medications as ordere (Residents #4 and #2) heart failure (Residents for sampled residents for	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments ance with: ed prescribing practitioner in the resident's record; and an and the facility's policies as evidenced by: s, interviews, and record led to administer	D 358			

DIVISION	or ribailit octvice riega	nation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE S COMPL	
			B. WING			
		HAL060158	D. WING		11/3	20/2019
NAME OF D	DOWNER OF CHERNIER		SERR OITY OT	ATE JID CODE		
NAME OF P	ROVIDER OR SUPPLIER			ATE, ZIP CODE		
THE CHA	RLOTTE ASSISTED LIVI		OW RIDGE D	RIVE		
			E, NC 28210)		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	N SHOULD BE	
D 358	Continued From page	20 treat high blood	D 358			
	pressure and heart failure.					
	pressure and near failure.					
	The findings are:					
	The medication error	rate was 9% as evidenced				
	by the observation of					
	opportunities during the 8:00am medication pass on 11/19/19.					
	Review of Resident #4's current FL2 dated 07/02/19 revealed:					
	-Diagnoses included of	dementia, heart failure and				
	hypertension	or Carvedilol (used to treat				
	heart failure) 12.5mg,	· ·				
	administered twice a					
	Special Care Unit (SC	00am medication pass in the CU) on 11/19/19 at 9:23am				
	revealed: -The medication aide	(MA) pulled 8 medications				
	for Resident #4, exclu	ding Carvedilol, from the				
	medication cartEach medication was	verified and punched into a				1
	medication cup one at	a time.				
		in the medication cup.				
		the medication cupThe to the medications and				
		Resident #4 at 9:29am.				
	Review of Resident #4	1's November 2019				
	electronic Medication	Administration Record				
	(eMAR) revealed there					
	<u> </u>	minister one half tablet at 9:00am and 7:00pm.				
	Observation of Reside	ent #4's medications on				
	hand revealed there w	ere no Carvedilol 6.25mg				
	tablets available for ac	aministration.				
- 0						- 1

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DIVISION	i riealtii Service Negu	liation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE S COMPL	
			B. WING			
		HAL060158	D. WING		11/2	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE ZIR CODE		
NAME OF FI	NOVIDEN ON SOLT EIEN		OW RIDGE DE			
THE CHAI	RLOTTE ASSISTED LIVI	NG				
010.5	0.00.00		E, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	21	D 358			
	Interview with the med 11/19/19 at 9:40 am re-Resident #4 was on the pharmacyCycle fill medications on a monthly basisShe did not know who medications was due-Carvedilol was not aware Resident #4 on 11/19She did not know who been requested for remedication pass by the She would notify the Coordinator (RCC) aff was completed and the pharmacyThe MAs	dication aide (MA) on evealed: cycle fill medications from swere delivered in a batch en the next cycle fill of at the facility. vailable for administration to /19. y the Carvedilol had not fill before this morning's reprevious MAs. Resident Care ter the medication pass re RCC would contact the were to submit a request when needed to the RCC				
	3:12pm revealed: -She knew Resident # She left a list of medic refilled on the RCC's of The RCC ordered all the between cycle fill if ne Interview with another revealed: -She was on duty on for 11/16/19She contacted the phomeon of the list of	r MA on 11/19/19 at 3:20pm irst shift on Saturday earmacy to refill Resident g since there were only 2 r pack and no additional				

Division	of Health Service Regu	nauori				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' ' '	E CONSTRUCTION	(X3) DATE SI COMPLE	
		1				
		HAL060158	B. WING	 :	11/20	0/2019
NAME OF P	PROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	ATE, ZIP CODE		
		9120 WILLC	OW RIDGE DE	RIVE		
THE CHA	RLOTTE ASSISTED LIVI		TE, NC 28210)		
(VA) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	ID			(VE)
(X4) ID PREFIX TAG			PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 22	D 358			
	the pharmacy to the fa					
	-She did not notify the RCC since she contacted the pharmacy directly for a refill of Carvedilol.					
	Interview with the Resident Care Coordinator					
	(RCC) on 11/19/19 at 10:22am revealed:					
	-	ntly changed over to a cycle				
	fill schedule for delive	•				
	-The last cycle fill date was on 10/29/19.	e for medications to arrive				
		e date the medications were				
	stocked on the medica	l l				
	-A pharmacist from th	ne facility's contracted				
	pharmacy, would arriv	ve at the facility every month				
	after the medications					
		cked the medications in the	1			
		erify every resident had medications in the correct				
	dosage.	dedications in the consol	in .			
		reviewed the medications,	I			
		ed the medication carts				
	This pharmacy review	v each month was the	I			
	current process in pla- audits.	ace for medication cart				
		ıld be implemented by the				
	RCC as needed.					
		#4 was out of Carvedilol				
		edication order form to the				
		11/18/19, requesting a refill				
	of Carvedilol 6.25mgShe did not know who	y the pharmacy had not				
	sent the medication la					
		other call to the pharmacy to				
	follow up regarding Ca					
	•	As to complete a medication re-				
		t it to her before the medication				
1	was finished.	Profession to the and are dig				
		e medication to be ordered 3-				
	5 days before complet -She expected the MA	As to inform her within that				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
			B. WING			
		HAL060158			11/20/2019	9
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, ST.	ATE, ZIP CODE		
THE CHA	RLOTTE ASSISTED LIV		OW RIDGE D	RIVE		
THE CHA	REOTTE ASSISTED EIV		E, NC 28210)		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		PLETE ATE
				DEFICIENCY)		
D 358	3		D 358			
	Continued From page 23					
	time frame so the medication was in the facility when the last tablet was administered.					
	-She did not know the					
	administered the last Carvedilol tablet on					
	11/17/19 at 9:00am.					
	-She did not know the MA contacted the pharmacy on 11/16/19 and requested a refill for					
	Carvedilol tablets.	ana requested a remi ter				
	Interview with the Administrator on 11/19/19 at 4:05pm revealed:					
	-She did not know Re	sident #4 was out of				
	Carvedilol.					
		ed pharmacy staff reviewed nt from the pharmacy on				
		re the facility staff stocked				
	the medication carts.					
		y Resident #4 would have ck of Carvedilol before the				
	next cycle fill date (12	l l				
	-The facility had just b	egun a cycle fill rotation for				- 1
		nd there were still some				
	staff communication a	ncility staff and pharmacy				
		as to notify the RCC when				
	the blister packs had a	about 5 or less doses				
	remainingIf a medication had be	een ordered and was not on				
		een ordered and was not on				
	RCC.	70.0				
		w up with the pharmacy cian should be notified of				
	any missed medication					
	orders should be imple					
	Rased on observation	s, interviews, and record				ı
		s, interviews, and record ined Resident #4 was not				
	interviewable.					
	Attempted telephone i	nterview with Resident #4's				

Division of Florial Colvins Regulation							
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060158	B. WING		111	20/2019	
					117.	20/2019	
NAME OF P	ROVIDER OR SUPPLIER			ATE, ZIP CODE			
THE CHA	RLOTTE ASSISTED LIVI	NG	OW RIDGE DI E, NC 28210				
(X4) ID	SHAMADV STA		iD	PROVIDER'S PLAN OF CORRECTION		(VE)	
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP	D BE	(X5) COMPLETE DATE	
D 358			D 358				
	Continued From page	24					
	PCP on 11/19/19 at 3	:40pm was unsuccessful.					
	08/16/19 revealed dia heart disease, conges						
	chronic kidney diseas	e.					
	a. Review of Resident #2's current FL2 dated 08/16/19 revealed medication orders included burnetanide (a diuretic used to treat high blood pressure) 0.5mg daily hold for systolic blood						
	pressure (B/P) less th	an 120.					
	Review of Resident #	·					
	(eMAR) revealed:	administration record					
	scheduled at 8:00am	or bumetanide 0.5mg daily with perimeters to "hold for					
		ation on 09/07/19 Resident					
	#2's B/P was 116/74 a administered.	and burnetanide 0.5mg was					
		ation on 09/08/19 Resident and burnetanide 0.5mg was					
	administeredThere was documents	ation on 09/17/19 Resident		\			
	#2's B/P was 111/82 a administered.	and bumetanide 0.5mg was		,			
		ation on 09/30/19 Resident and bumetanide 0.5mg was					
	Review of Resident #2 revealed:	2's October 2019 eMAR					
		or burnetanide 0.5mg daily					
	at 8:00am with perime	ters to "hold for systolic					
	blood pressure less the	an 120." ation on 10/05/19 Resident					
		d bumetanide 0.5mg was					

Division of Floating Colvins Floating								
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			B. WING					
		HAL060158	B. WING		11/	20/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, ST.	ATE, ZIP CODE				
		9120 WILLO	W RIDGE D	RIVE				
THE CHA	THE CHARLOTTE ASSISTED LIVING CHARLOTTE, NC 28210							
(X4) ID	SHMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE		
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	RIATE	DATE		
				,				
D 358	Continued From page	. 25	D 358					
	Continued From page							
		tation on 10/13/19 Resident						
		and bumetanide 0.5mg was						
	administered.	tation on 10/24/19 Resident						
		and bumetanide 0.5mg was						
	administered.	and burnetained 0.5mg was						
		tation on 10/26/19 Resident						
	#2's B/P was 118/60 a	and bumetanide 0.5mg was						
	administered.							
		ation on 10/27/19 Resident						
		and bumetanide 0.5mg was						
	administered.							
	Review of Resident #2	2's November 2019 eMAR						
	from 11/01/19 to 11/19							
	-There was an entry fo	or bumetanide 0.5mg daily						
		eters to "hold for systolic						
	blood pressure less th							
		ation on 11/06/19 Resident						
	#2's B/P was 115/63 a administered.	and bumetanide 0.5mg was						
	auministered.							
	Observation of Resident #2's medications on							
		1:18pm revealed: -There						
		eled bumetanide 0.5mg to						
		with perimeters to hold for						
systolic blood pressu were 12 tablets left in								
		the bubble pack.						
	Interview with the med	lication aide (MA) on						
11/19/19 at 2:49pm reveale								
	-She compared the medications to the eMAR verifying those orders with the label on the							
	medication bubble pad							
		both the eMAR order and						
	the medication label.	2 had B/D paries store for						
	-Sne knew Resident #. bumetanide 0.5mg.	2 had B/P perimeters for						
		d burnetanide 0 5mg to						
-She had administered bume Resident #2 12 times in Sepi								

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DIVISION	Division of Health Service Regulation							
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			B 14/110					
		HAL060158	B. WING		11/:	20/2019		
NAME OF F	PROVIDER OR SUPPLIER		RESS CITY ST	ATE, ZIP CODE				
I TO THE OF T	TO THE TOTAL OF TH		OW RIDGE DI					
THE CHA	RLOTTE ASSISTED LIV	ING						
			E, NC 28210					
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE		
D 358	Continued From page	26	D 358					
	being administered or	utside of perimeters on						
	09/17/19 and on 09/3							
	-She had administere	d bumetanide 0.5mg to						
		in October 2019, 4 times						
	_	utside of perimeters on						
		0/26/19 and on 10/27/19.						
	-She had administered burnetanide 0.5mg to Resident #2 13 times in November 2019, 1 times							
	being administered outside of perimeters on							
	11/06/19.							
	Based on observations, interviews and record reviews it was determined Resident #2 was not interview.							
		vith Resident #2's Primary on 11/19/19 at 3:27pm						
	revealed: -Resident #2 had a history of heart disease and							
	high blood pressureThe bumetanide was	used for high blood						
	pressure.	asea for high blood						
	'	red bumetanide with a low						
		ould lower the B/P which						
	could cause complicate confusion.	tions of dizziness and						
	-She had not noticed any complications for Resident #2 B/P, or had Resident #2 been in the							
						1		
	hospital for any issues	regarding his B/P.						
	Interview with the Res	ident Care Coordinator						
		3:47pm revealed: -The						
	, ,	tion policy required the						
	MAs to read the eMAF	R order for each						
	medication and verify							
		ne order on the eMAR.						
		nsible for obtaining B/P						
	prior to administering in perimeters.	medications with						
	-She did not know the	MAs administered						

DIVISION	of Health Service Regu	nauon				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE : COMPL	
		1	B. WING			
		HAL060158	D. 17.11.C		11/2	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, ST	ATE, ZIP CODE		
			OW RIDGE D	RIVE		
THE CHAI	RLOTTE ASSISTED LIVI		TE, NC 28210	n		
(X4) ID	SUMMARY ST		ID	PROVIDER'S PLAN OF CORRECTION	ı	(X5)
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE
D 358	Continued From page	e 27	D 358			
	systolic B/P was less	anide 0.5mg when his than 120.		RCC/RCD will monitor MARS monthly		
	-The Resident Care D			includes a weekly cart audit done by SI		12/31/2019
	1	nly audit of the eMARs but		MA's, MAR checks for no missed medi no expired or discontinued medications		12.01.20.
	that position was vaca			cart sanitation.	, and	
	-She was filling in for	for completion, holes, or				
	incorrect administration					
		ministrator on 11/191/9 at				
	4:00pm revealed:	NO Jakes BAAs to follow the		MA's to be trained on EMAR system to	include	
		CC and the MAs to follow the res for correct medication		parameters, administration notes, and		12/26/2019
	administration.	ds for correct medication		documentation.		
		referring to the directions on				
	the medication label a					
	administering medical	tions or holding				
	medications.	e MA had administered				
		anide 0.5mg when his				
	systolic B/P was less					
	-The RCC was respor	. •				
	monthly audits of the	eMARs.				
	b. Review of Residen	t #2's current FL2 dated				
		edication orders included				
		eat high blood pressure)				
		ly hold for systolic blood				
	pressure (B/P) less that	an 120.				
	Review of Resident #2	2's September 2019				
	electronic medication	administration record				
	(eMAR) revealed:					
	-There was an entry for	or Carvedilol 6.25mg and 5:00pm with perimeters				
		and 5:00pm with perimeters od pressure less than 120.				
	-There was documenta					
	8:00am Resident #2's					
	Carvedilol 6.25mg was					
	-There was documenta	ation on 09/17/19 at				

2. The state of th						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HALOCOAFO	B. WING		4410040040	
		HAL060158			11/4	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, ST.	ATE, ZIP CODE		
		9120 WILL	OW RIDGE DI	RIVE		
THE CHA	RLOTTE ASSISTED LIV	ING	E, NC 28210			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX			PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	DATE
D 358			D 358			
2 000	Continued From page	28	2 000			
	0.00 am Daeidant #0's	D/D 444/02 and				
	8:00am Resident #2's					
	Carvedilol 6.25mg wa					
	-There was document	1				
	8:00am Resident #2's					
	Carvedilol 6.25mg wa	is administered.				
	Davious of Davidont #	2's October 2019 eMAR				
	review of Resident #	2 S October 2019 elviAR				
		or Convodilal 6 25mg				
	-There was an entry for	and 5:00pm with perimeters				
		od pressure less than 120.				
	-There was document	·				
	8:00am Resident #2's					
	Carvedilol 6.25mg wa	I				
	-There was document					
	8:00am Resident #2's					
	Carvedilol 6.25mg wa	I				
	-There was document					
	8:00am Resident #2's					
	Carvedilol 6.25mg wa					
	-There was document					
	8:00am Resident #2's					
	Carvedilol 6.25mg wa	l l				
	-There was document	1				l
	8:00am Resident #2's					
	Carvedilol 6.25mg was	1				ı
	Review of Resident #2's November 2019 eMAR from 11/01/19 to 11/19/19 revealed: -There was an entry for Carvedilol 6.25mg scheduled at 8:00am and 5:00pm with perimeters to hold for systolic blood pressure less than 120. -There was documentation on 11/02/19 at 5:00pm Resident #2's B/P was 110/62 and Carvedilol					- 1
						- 1
						I
						ı
						I
						- 1
						- 1
	6.25mg was administe					
		ation on 11/06/19 at 8:00am				1
		s 115/63 and Carvedilol				I
	6.25mg was administe	ered.				- 1
	-					- 1
	Observation of Reside	ent #2's medications on				1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING			
		HAL060158			11/3	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, ST	ATE, ZIP CODE		
			W RIDGE D	RIVE		
THE CHA	RLOTTE ASSISTED LIVI		E, NC 28210			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358			D 358			
	Continued From page	: 29				
	hand on 11/19/19 at 1	1:18pm revealed: -There				
		peled Carvedilol 6.25mg to				
		imes daily with perimeters od pressure less than 120.				
	-There were 19 pills le	eft in the bubble pack.				
	Interview with the medication aide (MA) on 11/19/19 at 2:49pm revealed: -She compared the medications to eMAR verifying those orders with the label on the medication bubble packShe always checked both the eMAR order and the medication labelShe knew Resident #2 had B/P perimeters for Carvedilol 6.25mgShe had administered Carvedilol 6.25mg to Resident #2 12 times in September 2019, 3 times					
	being administered ou 09/08/19, 09/17/19 ar					
	-She had administered	d Carvedilol 6.25mg to				
	Resident #2 16 times being administered ou	in October 2019, 4 times Itside of perimeters on				
	10/05/19, 10/24/19, 10	0/26/19 and on 10/27/19.				
	-She had administered Resident #2 13 times	in November 2019, 1 times				
	being administered outside of perimeters on					
	11/06/19.					
		s, interviews and record ned Resident #2 was not				
	interviewable.	1100 TOOIUGHT #2 Was HUL				
	Care Provider's nurse revealed: -Resident #2 had a his	rith Resident #2's Primary on 11/19/19 at 3:27pm story of heart disease and				
		sed for high blood pressure.				
	-If the MAs administed	the Carvedilol with a low				

Division of fredian ectives (regulation						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, a soles a vo.			
			B. WING			
		HAL060158			11/2	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE ZIP CODE		
			OW RIDGE DI			
THE CHA	RLOTTE ASSISTED LIVI	NG				
		CHARLOTT	E, NC 28210			T
(X4) ID PREFIX			ID PREFIX	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 358			D 358			
2 000	Continued From page	30	D 000			
	B/P the medications of	could lower the B/P which				
	could cause complica	tions of dizziness and				
	confusion.					
	-She had not noticed					
		ad Resident #2 been in the				
	hospital for any issues	s regarding his B/P.				
	Interview with the Res	sident Care Coordinator				
	(RCC) on 11/19/19 at	3:47pm revealed: -The				
		tion policy required the				
	MAs to read the eMA					
	medication and verify					
		he order on the eMAR. nsible for obtaining B/P				
	prior to administering	- 1				
	perimeters.					
	-She did not know the					
	Resident #2's Carvedi	- 1				
	systolic B/P was less					
	-The Resident Care D	ly audit of the eMARs but				
	that position was vaca	-				
	-She was filling in for t					
	reviewed the eMARs for completion, holes, or incorrect administration. Interview with the Administrator on 11/191/9 at					
	4:00pm revealed:	minociator on 11/191/9 at				
N.	-She relied on the RCC and the MAs to follow the process and procedures for correct medication					
	administration.					
		eferring to the directions on				
	the medication label a					
	administering medicat medications.	ions or notating				
	-She did not know the	MA had administered				
	Resident #2's Carvedi					
	systolic B/P was less t					
	-The RCC was respon					
	monthly audits of the e	eMARs.				

MALOBOTS MALOW PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9120 MILLOW RIDGE DRIVE CHARLOTTE ASSISTED LIVING (A) ID PREPRIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECIDED BY PULL PREPRIX TAG DP PREPRIX TAG C.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to health care. The findings are: Based on observations, interviews, and record reviews, the facility failed to assure referral and follow up with the licensed practitioner for 2 of 3 sampled residents (Resident 8*1 and 8*2) related to a physical therapy referral and notification of combative behaviors (Resident 8*1 and 8*2) related to a physical therapy referral and notification of combative behaviors (Resident 8*1 and 8*2) related to a physical therapy referral and notification of combative behaviors (Resident 8*1 and 8*2) related to treat heart failure and glaucoma. (Refer to Tag 0273 10A NCAC 13F .0902(b) Health Care (Type B Violation)).		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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