

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal013046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
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NAME OF PROVIDER OR SUPPLIER THE LANDINGS CABARRUS	STREET ADDRESS, CITY, STATE, ZIP CODE 4968 MILESTONE AVE KANNAPOLIS, NC 28081
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(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
D912	<p>Continued From page 37</p> <p>This Rule is not met as evidenced by: Based on 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 as related to supervision and healthcare implementation.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. Based on interviews and record reviews, the facility failed to provide supervision for 1 of 3 residents sampled (Resident #1) with multiple falls resulting in physical injuries. [Refer to Tag D270, 10A NCAC 13F .0901(b) Supervision (Type B Violation)]. 2. Based on interviews and record reviews, the facility failed to ensure physician's orders were implemented for 1 of 3 sampled residents (Resident #3). [Refer to Tag D276, 10A NCAC 13F .0902(c)(3-4) Health Care (Type B Violation)] 3. Based on interviews and record reviews, the facility failed to ensure referral and follow-up to meet the acute healthcare needs for 1 of 3 sampled residents (Resident #3) related to a fractured finger. [Refer to Tag 273 10A NCAC 13F .0902(b) Health Care (Type B Violation)]. 	D912		