East Towne Assisted Living 4815 N Sharon Amity Road Charlotte, NC 28205 704-531-0948

Email. Esnt.adm@algsenior.com

July 23,2020

RE: Follow up Survey completed on 6/18/2020.

Attached is the Plan of Correction in reference to the Statement of Deficiencies for East Towne Assisted Living regarding the follow up survey which was completed on 6/18/2020. Please feel free to contact at any the email or number listed above.

Thank you,

Marsha Pope, Executive Director

Marsha Rope

PRINTED: 07/08/2020 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ R HAL060149 06/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD **EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREEIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Responses to the cited deficiencies do not constitute an (D 000) Initial Comments (D 000) admission or agreement by the facility of the facts alleged or conclusions, set forth in the statement of deficiencies, the plan of correction is prepared solely as a matter of compliance The Adult Care Licensure Section and the by the law, Mecklenburg County Department of Social Services conducted a follow-up survey and complaint investigation via desk review on June 2, 2020 through June 18, 2020, onsite June 16, 2020 with an exit conference via telephone on June 18, 2020. The complaint investigation was initiated by the Mecklenburg County Department of Social Services on June 5, 2020. D 271 10A NCAC 13F .0901(c) Personal Care and D 271 10A NCAC 13F .0901 (c)cPersonal Care and Supervision Supervision 10A NCAC 13F .0901 Personal Care and Supervision (c) Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention 10A NCAC 13F .0901 Personal Care and according to the facility's policies and procedures. Supervision (c) Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention according to the Inservice will be held immediately for all Med-Techs on facility's policies and procedures. Documentation, Responding to Incident and Accidents, and Emergency Processes for Unresponsive residents. This inservice will be done with all new hires at time of hire to ensure that staff know what to do in case of such an emergency Adminstration on all insulin and blood sugar orders will be reviewed and changed to accomodate the breakfast and dinn times of 8am and 6pm. Will review and retrain all Med-Techs on Medication Admin. with focus on following physician orders for hypoglycemia and This Rule is not met as evidenced by: responding to resident emergencies, **TYPE A2 VIOLATION** DRC/RCC will perform Med Pass observation at twice weekly for the next quarter. Then once weekly for the next quarter to Based on record reviews and interviews, the ensure that med are being passed correctly and to give extra training on the cart when Med Pass are being observed. The facility failed to respond immediately and in med pass observations will be documented that they were accordance with the facility's established policy done by signature of both the DRC/RCC and Med-Tech. DRC/RCC will review the FSBS daily and look for any high o and procedures for 1 of 5 sampled residents lows any discrepencies will be reported to the PCP immediately (Resident #2) who was unresponsive due to a and will also use as a teaching moment for any new med-ted hypoglycemic episode which required immediate DRC/RCC or designee will be present in the Dining Room for Meals to ensure Diabetic residents are eating and provide

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

Review of Resident #2's current FL2 dated

09/06/19 revealed diagnoses included hyperlipidemia, hypertension, atrial fibrillation,

any follow up needed including notification to provider.

Facility will be in compliance by July 17, 2020.

(X6) DATE

Marcha Paper (Merchiel Derector)

STATE FORM PHEM13

Acknowledged and reviewed 07/23/20 Jeanns S Robinson RN

emergency services.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

R

HAL060149

B. WING

06/18/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EAST TOWNE

4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
D 271	Continued From page 1	D 271		
	coronary artery disease, diabetes, and vitamin D deficiency.			
	Review of the physician's hypoglycemia standing order dated 12/18/19 revealed if the resident was unconscious immediately call 911.			
	Review of the Emergency Medical Service (EMS) report for Resident #2 dated 06/09/20 revealed: -The facility called EMS at 9:04amThe EMS unit was dispatched to the facility at			
	9:04am for hypoglycemia and arrived at the facility at 9:29am.			
	-The paramedics found the resident lying on the couch in the common area.			
	-The resident had a Glasgow Coma Scale evaluation (GCS is a tool that healthcare providers use to measure a person's level of			
	consciousness)Resident #2's GCS was 8 out of a maximum of			
	15, and diaphoretic (sweaty and cool to the touchStaff reported "we just got on at 7:00am, so we			
	don't know what's going on". -The staff presented the following blood sugar			
	readings to EMS as follows; BS 77mg/dl at			
	7:40am, 64 mg/dl at 8:00am, 113 mg/dl at 8:45am and 87 mg/dl at 8:58am.			
	-The staff did not report a reason why they waited so long to call EMS, but stated that the resident's			
	condition (GCS 8) was the same when they initially saw him this morning.			
	-The resident had OJ around his mouth and on his shirt where the staff attempted to give prior to			
	EMS arrivalIV access was obtained and the resident was			
	given 150mg/dl of D10 (10% Dextrose) and his mental status improved.			
	-Vital signs taken at 9:29am (on arrival) were as follows; GCS 8, heart rate 70, respiratory rate 14, blood pressure 160/70, oxygen status 95% on			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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		HAL060149	B. WING			₹ 18/2020
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	, 7 M L	CHARLO	TTE, NC 28205			
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D 271	Continued From page	2	D 271			
D 271	room air, and a blood -Vital signs at 9:30am GCS 15, heart rate 70 oxygen status 95% or of 90The resident was trai arrived at 10:13am wi oriented. Review of the 2017 A Basic Life Support gu revealed: -The first link in the tre was to recognize that phone the appropriate numberEarly access to the e in the healthcare com additional rescuers ar providing advanced lift as possibleIf a victim was unres activate the emergence observe breathingIf no breathing or onli cardio-pulmonary resi Review of a nurses no 11:03amThe entry was docum completed by a medio -Resident #2 was obs unresponsive at 7:40a -The blood sugar was	sugar of 22. (after D10), were as follows b), blood pressure 136/65, in room air and a blood sugar insported to the hospital and ith a GCS of 15, alert and merican Heart Association ide for healthcare providers eatment of any emergency an emergency exists and e emergency response mergency response system munity was to ensure that ind those capable of fe support arrive as quickly eponsive, shout for help, by gasping, or pulse, begin uscitation (CPR). ote dated 06/09/20 at mented as a late entry cation aide (MA), erved sitting in the dayroom am, taken and it was 77. en OJ with sugar to help back up. #2's blood sugar was	D 271			
	-At 8:45am a blood su was 113.	igar was checked, and it				

HAL060149 B. WNG B. WNG NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PRECEDED BY FULL PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX R O6/18/2020 R O6/18/2020 STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE COMPLIAN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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D 271 Continued From page 3 D 271	D 271	Continued From page	e 3	D 271			*****
-The primary care physician (PCP) was called to be advised on the next procedure. -The PCP advised to continue giving sweet OJ until resident blood sugar reached 180, -At 8.58am recheck Resident #2 s blood sugar and it was 87. -The PCP was called again, and the PCP advised to send Resident #2 to the emergency room. -At 9.11am the EMS arrived and checked Resident #2's blood sugar and it was 22. -Resident #2's blood sugar and it was 22. -Resident #2's blood sugar and remaphered to the hospital for further evaluation. Review of the Emergency Department provider notes dated 06/09/20 at 10:20am revealed: -The chief comptaint was documented as decreased blood sugar (symptomatic). -The history and physical was documented as a 70-year-old male brought in by EMS after being found unresponsive in his nursing facility this morning. The patient was initially alert this morning and received a dose of his insulin. He gets, Levemir, Januva, Novolog and Glimepiride. He had not eater since yesterday morning, He became unresponsive. It was documented that the patient had his glucose checked 4 times between 7:30am and 9:00am, and all of the values were between 70 - 115. However, when EMS arrived at 9:15am the patient's blood sugar was 22. The patient is now awake, alert, oriented and appropriate after receiving dextrose from EMS. -A blood sugar was documented as 69. -A Complete Metabolic Panel was drawn and the result of the blood glucose was documented as hypoglycemia due to insulin and transient alteration of awareness.		-The primary care physe advised on the netThe PCP advised to until resident blood states and it was 87The PCP was called to send Resident #2 was give the hospital for furthe Review of the Emergences dated 06/09/20 to send the patient of the patient was 20 to send the patient had not eaten sind became unresponsive it morning and received gets, Levemir, Januvi He had not eaten sind became unresponsive the patient had his glubetween 7:30am and values were between EMS arrived at 9:15am was 22. The patient is and appropriate after EMSA blood sugar was de-A Complete Metaboli result of the blood glu 120Final diagnoses were hypoglycemia due to	ysician (PCP) was called to at procedure. continue giving sweet OJ agar reached 180. Resident #2's blood sugar again, and the PCP advised to the emergency room. arrived and checked augar and it was 22. en an IV and transported to a revaluation. ency Department provider at 10:20am revealed: was documented as a aught in by EMS after being an his nursing facility this was initially alert this a dose of his insulin. He as, Novolog and Glimepiride. Exercise yesterday morning. He as, It was documented that acose checked 4 times 9:00am, and all of the 70 - 115. However, when are the patient's blood sugar as now awake, alert, oriented receiving dextrose from the patient's blood sugar and was drawn and the cose was documented as a documented as 69, and commented as insulin and transient	D2/1			

	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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D 271	Continued From page	÷ 4	D 271			
	at 2:00pm.					
	Review of the Incident revealed: -The report was creat -Resident #2 was four day room, alone, unresident was docognitive impairment/-There were no injuries-First-aid was docume-Resident #2's level of documented as unresident 2 was transfroom by EMS. -Resident #2 returned 06/09/20 with a diagn follow up with PCP. Telephone interview woon 06/17/20 at 9:36an -She worked 7:00am years. -She found Resident room on 06/09/20 at 7-Resident #2 was swell-sternal rub" and Resident sternal rub" and Resident #2 was swell-sternal	dementia. as documented. as documented. anted as not administered. af consciousness was aponsive. aported to the emergency after from the hospital on asis of Hypoglycemia and to with a medication aide (MA) an revealed: at 7:00pm shift the last 5 #2 unresponsive in the day atting, she performed a				
	sternum who is not re	sponding verbally in efforts				
	to determine extent of -She checked Reside	unconsciousness). nt #2's blood sugar and it				
	was 77.					
		2 "sugared orange juice" s blood sugar was usually				
		s blood sugar was usually aid his blood sugar would				
	drop more.	_				
		2's head in her arm and				
		gared OJ in his mouth				
	every minute or so. -Around 8:00am she r	echecked his blood sugar				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER;		A DUBLIDADO.		COMPLETED
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	CHARLOTT	TE, NC 28205		
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D 271 Continued From page 5		D 271		
and it was 64. She continion juice and sugar. -Around 8:45am she rechalled blood sugar and it was 11 primary physician at that his blood sugar would confuse was still unresponsive. She considered a blood Resident #2 was low since normally in the 200-300 mand of the sternal o	necked Resident #2's 13 and she called the point because she felt intinue to drop. Resident at this point. sugar of 113 for the his blood sugars were range. I her to continue with the ad sugar was above 180. hysician the resident because Resident #2 rub with moaning. tecked Resident #2's 7 and she called the 11 him of the blood sugar responsive. I her to call 911. 100am. In IV by the paramedics IV and loaded Resident the began to wake up. dent #2 received all of foilling out onto his chin are. the PCP on 06/12/20 at d a call from a MA after dent #2 was found od sugar was in the gar had been 2 normalized with a sure the resident ate and all informing that the			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
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D 271	Continued From page	6	D 271			
D 271	and he gave the orde hospital. -He had a standing or the resident was uncommediately call 911. -Resident #2's blood a 200-300's and this was this low and considered Resident #2. -If Resident #2's blood it could have been can a higher dosage of his ordered) or not getting lit was important to make sugar (200-300's) befored an important to make a ma	r to send the resident to the order for hypoglycemia and if proscious, staff was to sugar was normally in the as very unusual for him to be ed this very serious for disugar was lower than 150 used if Resident #2 received insulin, (more than was go the proper food intake, aintain his normal blood ore and after meals. 2's blood sugar less than 70 ch insulin could result in nability to concentrate, for the inability to call for help. 2's blood sugar less than 70 clar heart rhythm and with history, including coronary rial fibrillation along with a 70 and loss of lead to death if not treated if to call 911 as soon as the presponsive. an 50 was considered life for" Resident #2 because come unresponsive and go much insulin in the blood par), and or cardiac arrest, eath.	D 271			
	at 2:45pm revealed: -On 06/09/20, his bloc	of th Resident #2 on 06/17/20 od sugar dropped low and anything after sitting in the				
		eived his morning insulin				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, STAT	E, ZIP CODE	
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D 271	Continued From page	7	D 271		
	into the ambulance. -He asked the EMS p -He was told that his l they gave him someth better. -He did not remember being loaded into the -He had not eaten sin (06/08/20). -He informed the MAs not eating because he hot, as well as the MA -He had not been feel weekend. He felt hot, -The AC was out at th hot the last several da -He went to the hospir	ce breakfast the day before sover the weekend he was edid not feel well and too a on 06/08/20. ing good since the sweaty and tired. e facility, so he was really ays. tal and was given fluids and of and was sent back to the			
	12:22pm and 06/17/20 -She was aware Resident was aware Resident was the machine and the facility as the machine MA gave her a volume was administered, and the to go to the hospital formula she read the nurs 06/16/20There was a facility postanding order if a resident was a standing order of the standing order order order order	dent #2 was sent to the because she had just arrived edics were loading imbulance. erbal report that Resident low, OJ with sugar was PCP wanted Resident #2 or evaluation. sident #2 was unresponsive ses note dated 06/09/20 on olicy and hypoglycemia ident was unresponsive to			

Division of Health Service Regulation

PRINTED: 07/08/2020 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING HAL060149 06/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD **EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID m (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 271 Continued From page 8 D 271 The facility failed to respond in accordance with the facility's policy and procedures for assuring 911 was contacted immediately for Resident #2 who became unresponsive. The facility's failure to respond immediately prevented first responders from arriving as quickly to provide advanced life support resulting in an 84 minute delay to receive emergency medication for an unconscious resident, to treat a blood sugar of 22. This failure resulted in serious risk for physical harm which constitutes a Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131 D-34 on 06/18/20. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JULY 18. 2020. (D 338) 10A NCAC 13F .0909 Resident Rights {D 338} 10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home 10A NCAC 13F .0909 Resident Rights shall assure that the rights of all residents guaranteed under An adult care home shall assure that the rights of G.S. 131D-21, Declaration of Residents' Rights, are maintain all residents guaranteed under G.S. 131D-21, ed and may be exercised without hindrance. Declaration of Residents' Rights, are maintained and may be exercised without hindrance. In service will be will be conducted by the ED and for designed for all scheduled shift staff by 6/19/2020 on Resident Rights to include receiving care and services which are adequate This Rule is not met as evidenced by: and appropriate and in compliance with relevant federal and TYPE A1 VIOLATION state laws, rules and regulations. Each month ED will provide Resident Rights training to all staff during the all staff monthly meeting for 4 months, then Based on record reviews and interviews, the a minimum of twice per year. Ed will contact Ombudsmans' office and request onsite facility failed to provide care and services which Resident Rights training for all staff as soon as Ombudmans' are adequate, appropriate, and in compliance schedule allows. Ed and/or designee will continue to conduct observation with Federal and State laws and rules and

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regulations for 1 of 5 sampled residents

external defibrillator vest.

(Resident #2) who had 2 unresponsive episodes

in less than 24 hours due to hypoglycemia which resulted in cardiac arrest and the placement of an rounds of all residents and staff daily to ensure all Resident

compliance with relevant federal and state laws, rules and

Facility will be in compliance as of July 18, 2020.

Rights are being provided accurately, appropriately and are in

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE			
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(D 338}	Continued From page	9	{D 338}				
,							
		rgency Medical Service dent #2 dated 06/09/20					
	-The facility called EM -The EMS unit was di 9:04am for hypoglyce facility at 9:29am.	spatched to the facility at					
		d the resident lying on the					
	-The resident had a G is a tool that healthcar	lasgow Coma Scale (GCS re providers use to measure					
		aluated with a GSC of 8 out					
	and cool to the touch. -A GCS of 8 was docu	ne was diaphoretic (sweaty)					
		d to eye opening as a 2 (to					
	(incomprehensible spewas a 4 (withdraws in	eech), and motor response response to pain).					
	don't know what's goir						
	readings to EMS as fo						
	7:40am, 64 mg/dl at 8 8:45am and 87 mg/dl -The staff did not repo						
		ut stated that the resident's					
	initially saw him this m	orning.					
		nge juice (OJ) around his					
	mouth and on his shirt to give prior to EMS a	t where the staff attempted rrival.					

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SI COMPLE	
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(D 338)	Continued From page	10	{D 338}			
(U 338)	-IV access was obtain given 150mg/dl of D11 mental status improve -Vital signs taken at 9 follows; GSC 8, heart blood pressure 160/70 room air, and a blood -Vital signs at 9:30am GCS 15, heart rate 70 oxygen status 95% or of 90The resident was train arrived at 10:13am with oriented. Review of the Emergentes dated 06/09/20 -The chief complaint with decreased blood sugar-The history and phys	ned and the resident was 0 (10% Dextrose) and his ed. 29am (on arrival) were as rate 70, respiratory rate 14, 0, oxygen status 95% on sugar of 22. (after D10), were as follows 0, blood pressure 136/65, n room air and a blood sugar ansported to the hospital and the a GCS of 15, alert and ency Department provider at 10:20am revealed: was documented as	{D 338}			
	morning. The patient was morning and received	his nursing facility this was initially alert this a dose of his insulin. He a, Novolog and Glimepiride.				
	became unresponsive the patient had his glu between 7:30am and values were between					
	was 22. The patient w oriented and appropria from EMS.					
		c Panel was drawn and the cose was documented as e documented as				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		SURVEY PLETED	
					R	
		HAL060149	B. WING		06	/18/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STATE	, ZIP CODE		
EAST TO	NAIE	4815 NOI	RTH SHARON AMI	TY ROAD		
EASTIO	VNE	CHARLO	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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 338}	Continued From page	11	{D 338}			
	hypoglycemia due to alteration of awarenes -Resident #2 was disc at 2:00pm.	insulin and transient ss. charged back to the facility				
	unresponsive at 7:40a -The blood sugar was	nented as a late entry cation aide (MA). erved sitting in the dayroom am.				
	bring his blood sugar -At 8:00am Resident rechecked, and it was -At 8:45am a blood suwas 113.	back up. #2's blood sugar was 644. ugar was checked, and it				
	be advised on the nex -The PCP advised to	continue giving sweet OJ				
	and it was 87. -The PCP was called	esident #2's blood sugar again, and the PCP advised to the emergency room. arrived and checked				
	-Resident #2 was give the hospital for further	en an IV and transported to r evaluation.				
	revealed:	t Report dated 06/09/20				
	-Resident #2 was four	dementia.				
		ented as not administered.				

Division of Health Service Regulation

PRINTED: 07/08/2020 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING HAL060149 06/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD **EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) {D 338} {D 338} Continued From page 12 -Resident #2's level of consciousness was documented as unresponsive. -Resident 2 was transported to the emergency room by EMS. -Resident #2 returned from the hospital on 06/09/20 with a diagnosis of Hypoglycemia and to follow up with PCP. Review of Resident #2's physician orders revealed: -On 01/29/20, an order to check a fingerstick blood sugar three times a day at 6:30am, 12:00pm and 5:00pm and to notify the physician if the blood sugar was greater than 400 or less than -On 01/29/20, an order for Novolog Flexpen (is a fast acting insulin, used to treat diabetes, that begins to work within 5-10 minutes) 30 units with meals (prime pen with 2 units prior to each use) three times a day at 7:00am, 12:00pm and 5:00pm. -On 01/29/20, an order for glimepiride (a oral medication used to lower blood sugar) 4mg, 30 minutes before breakfast, at 6:30am. -On 01/29/20, an order for Levemir (is a long acting insulin used to lower blood sugar over a 24 hour period), (prime pen with 2 units prior to each use) 60 units two times a day at 8:30am and 8:00pm. -On 01/29/20, an order for Januvia (a medication used to lower blood sugar) 50mg every day at -On 05/07/20, the order for Novolog Flexpen was changed to 35 units with meals (prime pen with 2

Division of Health Service Regulation

revealed:

-The Glimepiride 4mg 30 minutes before

units prior to each use) three times a day.

Review of Resident #2's June 2020 electronic Medication Administration Record (eMAR)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF CORRECTION	IDENTIFICATION NUMBER:	1	CONSTRUCTION	COMPLETED
					R
		HAL060149	B. WING		06/18/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AU	DDRESS, CITY, STA	TE. ZIP CODE	
			RTH SHARON AI		
EAST TOV	NNE	CHARLO	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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
(D 338)	Continued From page	13	{D 338}		
	breakfast was docume 6:30am on 06/09/20. -The Januvia 100mg of as not administered at Resident #2 was at the -The Levemir 60 units documented as admin 06/09/20, and at 8:30 of 06/09/20 at 8:30am are -The Novolog 35 units documented as admin 11:30am, and 4:30pm not administered on 04:30pm resident at the Refer to telephone int 06/12/20 at 3:03pm. Refer to interview with 06/16/20 at 11:24am, Refer to interview with at 12:00pm. Refer to telephone int 06/16/20 at 2:55pm. Refer to telephone int 06/16/20 at 4:19pm. Refer to telephone int 06/17/20 at 9:38am. Refer to telephone int 06/17/20 at 9:38am.	ented as administered at every day was documented t 8:30am on 06/09/20 due to the hospital. 2 times a day was histered at 8:30pm on the hospital. 3 with meals was histered at 6:30am, 1, on 06/09/20 at 6:30am, 16/09/20 at 11:30am and the ER. The erview with the PCP on The a medication aide (MA) on The a second MA on 06/16/20 The erview with a fourth MA on The erview with a fifth MA on The erview with Resident #2's			
		ent Report dated 06/10/20	:		

Division of Health Service Regulation

PRINTED: 07/08/2020 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ HAL060149 B. WING 06/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4815 NORTH SHARON AMITY ROAD EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) (D 338) Continued From page 14 {D 338}

revealed: -The event time was 4:54pm and created at 6:44pm by the Administrator. -Resident #2 was found by a staff member in Resident #2's room, alone unresponsive. -Resident #2's level of consciousness was documented as laying on the bed, unresponsive and sweating. -Cardiopulmonary resuscitation (CPR) was initiated. -At 4:55pm the vital signs were documented as follows; blood pressure 126-54, heart rate 45, oxygen saturation 95% on room air and blood sugar was 62 mg/dl. -Resident 2 was transported to the emergency room by Emergency Medical Service (EMS) at 5:35pm. Review of the (EMS) report for Resident #2 dated 06/10/20 revealed: -The facility called EMS at 5:14pm. -The unit was dispatched to the facility at 5:17pm for unconscious/fainting and arrived at the facility

- at 5:21pm.
- -The paramedics found the resident lying supine, laying on the floor, agonal respirations (a breathing pattern used to describe gasping or struggle to breathe which is often a symptom of a severe medical emergency), and CPR in progress by the staff. Cardiac arrest due to hypoglycemia.
- -A GCS of 3 (GCS is a tool that healthcare providers use to measure a person's level of consciousness and the normal value is 15) on arrival was documented as follows, Resident #2 responded to eye opening as a 1 (no response), verbal response was a 1 (no response), and motor response was a 1 (no response).
- -Per report from the staff, Resident #2 was found unresponsive, pulseless and began CPR in his

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPL	
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		HAL060149	B. WING			8/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	STE, ZIP CODE		
EASTIOWNE		TH SHARON A	MITY ROAD			
	CHIMALADA		TE, 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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 338}	Continued From page	- 15	{D 338}			
	room and had been he hypoglycemia. -CPR was taken over 100% oxygen supplie via a bag valve maskResident initially puls were placed and Resia narrow bradycardic rhythm less than 60) of the place of	aving issues with by medic at 5:21pm and d for Resident #2 at 15 liters seless and defibrillator pads ident #2 was found to be in rhythm (an abnormal heart with multifocal PVCs r contractions are extra by the regular rhythm of the ac monitor at 5:23pm were res; heart rate of 20, rod pressure of 78/54, 100% on oxygen and a ss than 20 mg/dl). CPR was still in respiratory arrest. with 100% mechanical bus vascular access (venous one marrow for rapid fluid bitation), into the right leg, ams was pressure infused, ar of 74, spontaneous er paused, cardiac rhythm on with multifocal PVC's, G performed and showed trophy (enlarged heart) with lock (a cardiac conduction w 14, and a blood sugar asported to the hospital at at the hospital at 5:51pm, his and the resident unsure he	(U 338)			
		vith a representative from Emergency Medical Service				

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			·		_
		HAL060149	B. WNG		R
		TIALUOU 143			06/18/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
EAST TO	EAST TOWNE 4815 N			MITY ROAD	
EAUT TO		CHARLOT	TE, 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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 338}	Continued From page	16	{D 338}		
, ,	on 06/18/20 at 1:35pr	n revealed a "lo" on their ates the blood sugar was			
	Provider Notes dated revealed:	·			
	Resident #2 presente	was documented as follows; d with decreased blood found down (unresponsive),			
	Glasgow Coma Scale	of 3.			
	to protect their airway	ncern that they are unable or that they have an			
		clinical course based on			
	exam or imaging findi	ngs, then intubation can be			
		ulmonary Resuscitation			
		al. Blood sugar "LO" (20			
	mg/dl or less, normal				
		d of CPR heart rate 25,	i		
		rmal heart rhythm), and e lower than 60, normal			
	- ,	e lower than 60, normal edic paced (mechanical			
	· ·	neart rate) at 85 beats per			
		stered (dextrose to raise			
	blood glucose levels),				
	-	for patient). A repeat blood			
		3 with no pacer and a GCS			
	-Resident #2 had a w	*			
	breathing, found to ha				
	bradycardia without p				
		ne emergency department			
		o for the same event of			
	symptomatic hypoglyc	cemia and decreased			
	responsiveness.				
	-Resident #2's blood s				
	hospital was 145mg/d				
	-Resident #2 was on I				
		work several hours after rs), Novolog (fast acting			

Division of Health Service Regulation

HALO60149 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING B. WING PREFIX (EACH CORRECTION (EACH CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPILED TO THE APPROPRIATE COMPILED TO THE APPRO	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING CHARLOTTE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPTOR TO THE APPROPRIATE DATE OF THE APPR						<u> </u>	
EAST TOWNE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 (X4) ID PREFIX PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPILED BY FULL) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE:			HAL060149	B. WING		06/18/2020	
EAST TOWNE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 (X4) ID PREFIX PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) 4815 NORTH SHARON AMITY ROAD PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPILED TO THE APPROPRIATE DATE OF THE PROPRIATE COMPILED TO THE APPROPRIATE DATE OF THE PROPRIATE DATE OF THE PROPRIA	NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
CHARLOTTE, NC 28205 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X6 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPITTED TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE		4815 NORTH SHARON AMITY ROAD					
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPI TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	EASTIO	WNE	CHARLO	TTE, NC 28205			
DEFIGER(I)	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
{D 338} Continued From page 17 {D 338}	{D 338}	Continued From page	17	{D 338}			
insulin, starts to work in 15 minutes after injection), Januvia (a medication used to treat hyperglycemia) and Oilmepiride (a medication used with a proper diet to treat high blood sugars), -The ED triage vitals were documented as follows; at 6:13pm the blood pressure was 14,0%2, heart rate was 62, respiratory rate was 18 and oxygen status was 98%, -Blood was drawn and the blood glucose level was 92 and the HgB A1C was 8.6 (high, normal 4.8-5.6). -An Electrocardiography (ECG) showed a heart rate of 60, and sinus rhythm with 1st degree AV block (a disease of the electrical conduction system of the heart), and abnormal ECG, -Critical was necessary to freat or prevent imminent or life-threatening deterioration of the metabolic crisis and endocrine crisis. -The diagnoses included, hypoglycemia secondary to sulfonylurea (medication used to lower blood sugar), accidental or unistentional, hypothermia, renal insufficiency and respiratory arrest. -The diagnosis management comments included as follows; at 6:00pm he presented with respiratory arrest after profound hypoglycemia, sinus bradycardia which completely resolved with D10. -It was likely Resident #2's oral hypoglycemic may be the culprit. Resident #2' may be over treated on his medication. -Resident #2 was admitted to the Intensive Care Unit (ICU). Review of a Cardiology consult note dated 08/1/02/0 at 3:36pm revealed: -A noted profound hypoglycemia at the time of event, working diagnosis as a cause of patient's arrest. Reported sinus brady in the setting of		insulin, starts to work injection), Januvia (a hyperglycemia) and Gused with a proper die sugars). -The ED triage vitals of follows; at 6:13pm the 140/82, heart rate ware and oxygen status ware. Blood was drawn and was 82 and the HgB / 4.8-5.6). -An Electrocardiograp rate of 60, and sinus of block (a disease of the system of the heart), a critical was necessal imminent or life-threat metabolic crisis and entry and the diagnoses included as econdary to sulfonylous blood sugar), and hypothermia, renal insurrest. -The diagnosis manages follows; at 6:00pm respiratory arrest after sinus bradycardia whith D10It was likely Resident may be the culprit. Resident #2 was admunit (ICU). Review of a Cardiolog 06/10/20 at 3:36pm re-A noted profound hypevent, working diagnosis working diagnosis.	in 15 minutes after medication used to treat offimepiride (a medication et to treat high blood were documented as a blood pressure was as 62, respiratory rate was 18 as 98%. It the blood glucose level A1C was 8.6 (high, normal only (ECG) showed a heart thythm with 1st degree AV et electrical conduction and abnormal ECG. The arry to treat or prevent tening deterioration of the indocrine crisis. The ded hypoglycemia urea (medication used to occidental or unintentional, sufficiency and respiratory gement comments included the presented with a profound hypoglycemia, ch completely resolved with the states of the indocrine crisis. The arrow of the indocrine crisis included the presented with a profound hypoglycemia, ch completely resolved with the indocrine crisis. The arrow of the indocrine crisis is a sa cause of patient's included the indocrine crisis.	{U 330}			

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PRINTED: 07/08/2020 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ... R B. WING HAL060149 06/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4815 NORTH SHARON AMITY ROAD EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) {D 338} Continued From page 18 {D 338} profound hypoglycemia. -Profound hypoglycemia at time of arrest the blood sugar was "lo" then 188 after D10, and then return of spontaneous circulation was achieved. -A cardiac ejection fraction was 15-20%, 1st degree heart block. -A recommendation for a candidacy for an ICD (internal cardiac defibrillator). Review of the Hospitalist Admission Report dated 06/10/20 at 9:52pm revealed the assessment documented the following; recurrent/persistent hypoglycemia, in a patient currently on treatment including Amaryl and Levemir; second episode in 24 hours and transient respiratory arrest resolved. Review of a facility's nurses note dated 06/10/20 at 6:53pm revealed: -Staff reported to the Administrator, Resident #2 was unresponsive. -The Administrator and the Resident Care Coordinator (RCC) entered Resident #2's bedroom and found Resident #2 unresponsive, pale in color, and skin was clammy. -When obtaining vitals and performing a chest rub, Resident #2 remained unresponsive. -Resident #2 stopped breathing and was transferred from the bed to the floor, CPR was started by the Administrator and continued until relieved by medics. -The medics were able to resuscitate Resident #2 and transported Resident #2 to the hospital.

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62 mg/dl.

revealed:

-The vital signs were documented as follows; blood pressure 126-54, heart rate 44, oxygen saturation 95% on room air and blood sugar was

Review of the Cardiologist consult dated 06/11/20

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
			A. BUILDING:		COM LETED
		HAL060149	B. WNG		R 06/18/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
EAST TO	EAST TOWNE			MITY ROAD	
			TE, NC 28205	T T T T T T T T T T T T T T T T T T T	
(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 COMPLETE
(D 338)	Continued From page	: 19	{D 338}		
(D SSS)	-Resident #2 was an earrest, with noted profat the time of event as cardiac arrest. -A history of known coan ejection fraction or the amount of the bloodower chambers when than 50%, then your historicient amount of bitan 50%, extensive corecommend an Implant Defibrillator (ICD, is used bitan 15-20%, extensive corecommend an Implant Defibrillator (ICD, is used bitan 15-20%, extensive corecommend and Implant Defibrillator (ICD, is used bitan 15-20%, extensive corecommend and the second that the second in t	out of hospital cardiac found hypoglycemia ("low") is a cause of Resident #2' oronary artery disease and in 15-20% (a percentage of od pumped out of the hearts in your heart contracts, less heart may not pump a lood). The esident #2 presented with any to hypoglycemia, an own ongoing ischemic an ejection fraction of ronary artery disease, would intable Cardioverter used if the ICD detects an in, it will deliver an electric egular heartbeat). 2's hospital note dated revealed: The was a Hospitalist. The plan as follows; respiratory cemia bradycardia, coronary logy was following, stress up with cardiology as for an ICD and evaluation earable Cardioverter treatment option for liden cardiac death). 2's hospital note dated evealed: The was a Internal Medicine			
	-The Life Vest WCD w	as placed on Resident #2,			
	Review of Resident #2 Medication Administra	2 June 2020 electronic tion Record (eMAR)			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FEAR	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPL	FIED
			D MINO		F	
		HAL060149	B. WING		06/1	8/2020
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET A			(TE, ZIP CODE		
EAST TO	EAST TOWNE			MITY ROAD		
	CHMMADVCT		TE, 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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
(D 338)	Continued From page	20	{D 338}			
	revealed: -The Glimepiride 4mg breakfast was docume 6:30am on 06/10/20The Januvia 100mg as administered at 8:3-The Levemir 60 units documented as admin 06/10/20 on was not a 8:30pm at hospitalThe Novolog 35 units documented as admir 11:30am, and 4:30pm 06/10/20 at 11:30am, administered at 4:30pm Refer to telephone int 06/12/20 at 3:03pm.	ay 30 minutes before ented as administered at every day was documented 30 am on 06/10/20. The second at 8:30 am on administered on 06/10/20 at 30 am on administered on 06/10/20 at 30 am, and on 06/10/20 at 6:30 am, and on 06/10/20 was not am resident at the ER.				
	Refer to interview with a medication aide (MA) on 06/16/20 at 11:24am. Refer to interview with a second MA on 06/16/20 at 12:00pm. Refer to telephone interview with a third MA on 06/16/20 at 2:55pm.					
	Refer to telephone interview with a fourth MA on 06/16/20 at 4:19pm.					
	Refer to telephone int 06/17/20 at 9:38am.	erview with a fifth MA on				
	Refer to telephone into Pharmacist on 06/17/2	erview with Resident #2's 20 at 11:36am.				
	Refer to telephone into 06/17/20 at 2:45pm.	erview with Resident #2 on				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING;	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R
		HAL060149	B. WNG		06/18/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
E 4 0 T T 0 \	41611	4815 NO	RTH SHARON AN	/IITY ROAD	
EAST TO	VNE	CHARLO	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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{D 338}	Continued From page	21	{D 338}		
· 	Refer to interview with 06/16/20 at 12:22pm a	n the Administrator on and 06/17/20 at 2:16pm.			
	3:03pm revealed:	vith the PCP on 06/12/20 at			
		ng insulin which means it es and a resident must eat			
	within 30 minutes or o	ould have symptoms of			
	hypoglycemiaOn 06/09/20, he rece	eived a call from a MA after			
	8:00am concerning Re				
	unresponsive and his	blood sugar was in the			
	70's-80's and OJ with	5			
		nt #2 normalized with a			
	blood sugar of 113-12				
	continue to monitor.	ke sure the resident ate and			
		d call informing that the			
		nsive, blood sugar of 70,			
		to send the resident to the			
		sugar was normally in the			
	200-300's and this wa this low and considere	s very unusual for him to be			
	Resident #2.	t eat after receiving the	4444		
		g with the long term insulin	1		
		lications which lowered			
		blood sugar could drop			
		Resident #2 could become			
	lethargic and confused				
		nt #2 because he could go			
	into insulin shock (too	much insulin in the blood,			
	causing the blood sug				
	-	to make sure all residents			
		fter receiving insulin and if			
		or for low blood sugar, i.e.,			
	sweating, confusion or				
		ons Resident #2 had the			
	hypoglycemia episode	es, 1) "possibly too much or			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1			E SURVEY PLETED	
		HAL060149	B. WING			R
		TAL000149			06	3/18/2020
NAME OF PROVIDER O	R SUPPLIER		DDRESS, CITY, STA			
EAST TOWNE			RTH SHARON A TTE, NC 28205			
(VA) ID	SHMMADV ST	ATEMENT OF DEFICIENCIES		T	COORDON	
	EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
(D 338) Continu	ed From page	22	{D 338}			
the wron		2) "receiving the insulin and	:			
o6/16/20 -She wo -She sta and rece -Breakfa 12:00pm -There we the amo -She ad which us in 30 mi -She wa eaten af not beca -On 06/² Residen -On 06/² breakfas after rete eaten ak -On 06/² sugar wa #2's Nov -She did he did n timeOn 06/² if she ac she did i unrespo the Adm Adminis -She do the hosp	O at 11:24am in the discontinuous and supper sives of the Nostrained to chiter receiving in ause of the medical supper sives and sives around sinistrator and trator started six and six a	to 7:00pm. at the facility 3 months ago etic training upon hire. d at 7:30am, lunch at was at 5:00pm. The resident for the residents in and snacks consumed. The resident would eat with lovolog insulin with meals the resident would eat with lovolog administration. The resident had insulin but sometimes could edication pass. The resident would eat with lovolog administered in and Levemir 60 units. The resident #2 after was on a 14-day isolation had be encential. Resident #2 had is breakfast. The resident #2's blood and eaten lunch because in more medications at that with she could not remember at 4:30 pm Novolog because it but found him in his room 5:15pm. She went and got there was no pulse, so the				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 338) Continued From page 23 12:00pm revealed: -She was rew to the facility and worked 7:00am to 7:00pmShe was trained in MA class how to give insulin, to check to make sure the resident eats after receiving insulin and the signs and symptoms of hypoglycemia (sweaty, thirsty and confusion)She was trained in the diabetic training class as wellA resident must eat with in 15-30 minutes after receiving insulinShe did not always see the residents eat or make sure the residents had eaten because the medication pass took a long timeShe administered insulin to residents during 7:00am -7:00pm int. Telephone interview with a third MA on 06/16/20 at 2:55pm revealed: -She worked 7:00pm -7:00am for 3 years nowOn 06/09/20 at 6:30am, she checked Resident #2's blood sugar and it was good (168), so she administered Resident #2's Novolog and ClimepirideBreakfast was at 8:00am and she left around	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	SURVEY PLETED	
MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4818 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 (X4) ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 338) Continued From page 23 12:00 pm revealed: -She was new to the facility and worked 7:00 am to 7:00 pmShe was trained in MA class how to give insulin, to check to make sure the resident eats after receiving insulin and the signs and symptoms of hypoglycemia (sweaty, thirsty and confusion), -She was trained in the diabetic training class as wellA resident must eat with in 15-30 minutes after receiving insulinShe did not always see the residents eat or make sure the residents had eaten because the medication pass took a long timeShe administered insulin to residents during 7:00 am -7:00 pm int. Telephone interview with a third MA on 06/16/20 at 2:55 pm revealed: -She worked 7:00 pm -7:00 am for 3 years nowOn 06/09/20 at 6:30 am, she checked Resident #2's blood sugar and it was good (188), so she administered Resident #2's Novolog and GlimepirideBreakfast was at 8:00 am and she left around							R
### A815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 Ox4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			HAL060149	B. WING		06	/18/2020
CHARLOTTE, NC 28205 (PA-ID SUMMARY STATEMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) (D 338) Continued From page 23 12:00pm revealed: -She was new to the facility and worked 7:00am to 7:00pmShe was trained in MA class how to give insulin, to check to make sure the resident eats after receiving insulin and the signs and symptoms of hypoglycemia (sweaty, thirsty and confusion)She was trained in the diabetic training class as wellA resident must eat with in 15-30 minutes after receiving insulinShe did not always see the residents eat or make sure the residents had eaten because the medication pass took a long timeShe administered insulin to residents during 7:00am -7:00am shift. Telephone interview with a third MA on 06/16/20 at 2:55pm revealed: -She worked 7:00pm -7:00am for 3 years nowOn 06/09/20 at 6:30am, she checked Resident #2's blood sugar and it was good (168), so she administered Resident #2's Novolog and GlimepirideBreakfast was at 8:00am and she left around	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
CHARLOTTE, NO. 28205 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATIONY OR LSC IDENTIFYING INFORMATION) (D 338) Continued From page 23 12:00pm revealed: -She was new to the facility and worked 7:00am to 7:00pm. -She was trained in MA class how to give insulin, to check to make sure the resident eats after receiving insulin and the signs and symptoms of hypoglycemia (sweaty, thirsty and confusion). -She was trained in the diabetic training class as well. -A resident must eat with in 15-30 minutes after receiving insulin. -She did not always see the residents eat or make sure the residents had eaten because the medication pass took a long time. -She administered insulin to residents during 7:00am -7:00pm shift. Telephone interview with a third MA on 06/16/20 at 2:55pm revealed: -She worked 7:00pm -7:00am for 3 years now. -On 06/09/20 at 6:30am, she checked Resident #2's blood sugar and it was good (168), so she administered Resident #2's Novolog and Glimepiride. -Breakfast was at 8:00am and she left around	EAST TO	WNE			ITY ROAD		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		· · · · · · · · · · · · · · · · · · ·	CHARLO	TTE, NC 28205			
12:00pm revealed: -She was new to the facility and worked 7:00am to 7:00pmShe was trained in MA class how to give insulin, to check to make sure the resident eats after receiving insulin and the signs and symptoms of hypoglycemia (sweaty, thirsty and confusion)She was trained in the diabetic training class as wellA resident must eat with in 15-30 minutes after receiving insulinShe did not always see the residents eat or make sure the residents had eaten because the medication pass took a long timeShe administered insulin to residents during 7:00am - 7:00pm shift. Telephone interview with a third MA on 06/16/20 at 2:55pm revealed: -She worked 7:00pm - 7:00am for 3 years nowOn 06/09/20 at 6:30am, she checked Resident #2's blood sugar and it was good (168), so she administered Resident #2's Novolog and GlimepirideBreakfast was at 8:00am and she left around	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	COMPLETE
-She was new to the facility and worked 7:00am to 7:00pmShe was trained in MA class how to give insulin, to check to make sure the resident eats after receiving insulin and the signs and symptoms of hypoglycemia (sweaty, thirsty and confusion)She was trained in the diabetic training class as wellA resident must eat with in 15-30 minutes after receiving insulinShe did not always see the residents eat or make sure the residents had eaten because the medication pass took a long timeShe administered insulin to residents during 7:00am - 7:00pm shift. Telephone interview with a third MA on 06/16/20 at 2:55pm revealed: -She worked 7:00pm - 7:00am for 3 years nowOn 06/09/20 at 6:30am, she checked Resident #2's blood sugar and it was good (168), so she administered Resident #2's Novolog and GlimepirideBreakfast was at 8:00am and she left around	(D 338)	Continued From page	23	{D 338}			
7:30am that morning and Resident #2 was sitting in the day room. -She recalled Resident #2 acting different, (staying in his room, tired and not eating) a few days prior (06/07/20 and 06/08/20). -She did not report Resident #2 acting different to the PCP. -On 06/08/20, she received report from another MA when she came on shift, Resident #2 was in his room a lot, not eating and was not feeling good and to keep an eye on him. -She did not know Resident #2 was sent to the hospital not long after she left work on 06/09/20.	{U 330}	12:00pm revealed: -She was new to the fit to 7:00pmShe was trained in M to check to make sure receiving insulin and thypoglycemia (sweaty-She was trained in thwellA resident must eat vireceiving insulinShe did not always somake sure the resider medication pass tookShe administered ins 7:00pm - 7:00pm shift Telephone interview wat 2:55pm revealed: -She worked 7:00pm - On 06/09/20 at 6:30a #2's blood sugar and administered Residen GlimepirideBreakfast was at 8:00 7:30am that morning a in the day roomShe recalled Resider (staying in his room, tidays prior (06/07/20 a - She did not report Rethe PCPOn 06/08/20, she recome on this room a lot, not eat good and to keep an e-She did not know Resider (she possible did not know Resider)	facility and worked 7:00am IA class how to give insulin, at the resident eats after the signs and symptoms of y, thirsty and confusion). The diabetic training class as with in 15-30 minutes after the residents eat or this had eaten because the along time. The sulin to residents during the third MA on 06/16/20 - 7:00am for 3 years now, and, she checked Resident in the was good (168), so she the third was good (168), so she the third mand she left around and Resident #2 was sitting and the suling different, are and not eating) a few and 06/08/20). The sident #2 acting different to be eived report from another in shift, Resident #2 was in ling and was not feeling and was sent to the	{U 338}			

Division of Health Service Regulation

РНЕМ13

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A, BUILDING:	(X3) DATE SURVEY COMPLETED	
			A, BUILDING:		
HAL060149			B. WNG		R 06/18/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, STATE	E, ZIP CODE	
EAST TO	₩NE	4815 NO	RTH SHARON AM	ITY ROAD	
		CHARLO	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 SHOULD CROSS-REFERENCEO TO THE APPROPE DEFICIENCY)	BE COMPLETE
(D 338)	Continued From page	24	{D 338}		
{D 338}	at 4:19pm revealed: -She had been workin 03/01/20 on the 7:00p -She received the req she was hired to make 30 minutes after recei -On 06/10/20, she adi Novolog and Glimepin checking his blood su the Novolog"She could not recall to but knew that it was in -She checked Resided 5:30am when she wor liked to have it done a there was an issue wir sugar usually ran high -She was told by the p Resident #2 was hot, over the weekend (06 -She did not report an -On 06/10/20, when si and administered his in Resident #2 informed eating because it was concerned because hi highShe did not notify the reported to her about Telephone interview w 9:38am revealed: -She worked 7:00am t yearsShe took the diabetic	ing at the facility since of to 7:00am shift. United diabetic training after a sure a resident eats within ving insulin. Ininistered Resident #2's ide at 5:30am after gar and "it was ok to give what the blood sugar was, in the 200-300s. In #2's blood sugar at riked because Resident #2 if that time and did not feel the that because his blood in the eling good or eating 1/06/20 and 06/07/20). If ything to the PCP, the checked his blood sugar insulin and Glimepiride, her that he had not been so hot. She was not is blood sugar was as usual PCP after Resident #2 in the fifth MA on 06/17/20 at 1/20 or 7:00pm shift the last 5 it training when she was	{D 338}		
	hired and yearly after				
	after receiving insulin.				
	-She checked to see i after receiving Novolo	f Resident #2 had eaten g but did not recall the			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED	
		HAL060149	B, WING		1	R /18/2020
NAME OF D	ROVIDER OR SUPPLIER	OTOPET A	2000 0111 0717			10/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	,		
EAST TO	WNE		RTH SHARON AM TTE, NC 28205	ITY ROAD		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE BE APPROPRIATE	(X5) COMPLETE DATE
(D 338)	Continued From page	25	{D 338}			
	had eaten if the reside -On 06/08/20 at 4:30p #2's blood sugar and 35 units with meals to recall if Resident #2 w -Before Resident #2 v 06/09/20 she adminis ordered, and Januvia -The Novolog was add except for on 06/08/20 Resident #2's blood s administer his Novolo because Resident #2 - Around 6:30pm on 0 administered his Novo room, sweating (beca did not want to eat, to eatenShe reported Resident	ument how much a resident ent was a hospice resident, om, she checked Resident administered the Novolog him in the hall but could not was eating or had eaten, went to the hospital on tered his Levemir as as ordered. The ministered as ordered of she did not check ugar at 11:30am or g 35 units with meals was not in the dining room. 6/08/20, after she had olog, she found him in his use no AC), and stated he o tired. She thought he had				
	him. Telephone interview w facility's contracted ph 11:36am revealed: -Resident #2 was on clower the blood sugarResident #2 was on Linsulin, that would pearlinsulin, that would pearlinsulin, that would pearlinsulin, that would pearlinsulin, that would pearlinsulinIf Resident #2 was ta and "not eating correct could drop into the 20"	Levemir, a long acting ak in 12 hours. Novolog, a short acting ak in 15-30 minutes and -30 minutes after receiving all those medications the atl", his blood sugar is or if Resident #2 was unt of insulin, his blood				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		60		(X3) DATE SURVEY COMPLETED	
		A, BUILDING:		OOM ECILO	
		HAL060149	B. WING		R 06/18/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
EAST TO	AINIE	4815 NOR	TH SHARON A	MITY ROAD	
EMSTIC	THE STATE ST	CHARLO	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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
(D 338)	Continued From page	26	(D 338)		
	at 2:45pm revealed: -On 06/09/20, his blockhe did not remember dayroom once he receand medications until into the ambulanceHe asked the EMS perior He was told that his to they gave him sometheterHe had not eaten sin (06/08/20)He had not been feel weekend. He felt hot, not been eating but verthe AC was out at the hot the last several dare the told the MA over to physician after the first	sweaty and tired and had ery little, if at all. e facility, so he was really eys. he weekend and the			
	12:22pm and 06/17/20 -All MAs received the included making sure insulinIt was the policy and administered insulin, tif the resident eats, ar symptoms of low bloomand confusionAfter a MA administeresident was to eat willonger than that.	diabetic training which residents eat after receiving expectation after a MA he MA should check to see			
	eating after receiving l				

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		HAL060149	B. WING		06/18/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
EAST TO	EASTIOWNE			MITY ROAD	
	018.00.00		TE, 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 SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{D 338}	Continued From page	27	{D 338}		
	200-300's and has no hypoglycemia before. The facility failed to provide which are adequate, a compliance with feder and regulations for Reserve Levemir, Nove Januvia and staff not eating, which resulted in less than 24 hours and the latter incident and the placement of vest. The facility's failuservices which were a in compliance with federules and regulations.	sugar usually ran in the t had an issue with rovide care and services appropriate, and in ral and state laws and rules esident #2 who continued to blog, Glimepiride and			
	The facility provided a accordance with G.S.	plan of protection in 131 D-34 on 06/18/20.			
	CORRECTION DATE VIOLATION SHALL N 2020.				
{D 358}	10A NCAC 13F .1004 Administration		{D 358}	10A NCAC 13F .1004 (a) Medication Administrat (a) An adult care home shall assure that the prep administration of medications, prescription and n tion, and treatments by staff are in accordance w	partation and on-prescrip- ith:
	(a) An adult care hom	Medication Administration ne shall assure that the		(1) orders by a licensed prescribing practitioner w maintained in the resident's record; and (2) rules and the facility's policies and procedures.	in this section
	prescription and non-p by staff are in accorda (1) orders by a license	nistration of medications, prescription, and treatments unce with: ed prescribing practitioner in the resident's record; and		DRC/RCC will review residents Blood Sugars dai will be present in the Dining Room for Meals to e residents are eating and provide any follow up ne notification to provider. Administration on insulins and blood sugars chec	nsure Diabetic eeded including

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ HAL060149 06/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4815 NORTH SHARON AMITY ROAD EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) {D 358} Continued From page 28 {D 358} Facility will be in compliance no later than August 2, 2020. (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure the rapid acting insulin was administered within the appropriate timeframe prior to meals and the correct dosage of insulin according to the physician's orders were administered and in accordance with the facility's policies for 1 of 5 residents (Resident #2). The findings are: Review of Resident #2's current FL2 dated 09/06/19 revealed: -Diagnoses included hyperlipidemia, hypertension, atrial fibrillation, coronary artery disease, diabetes, and vitamin D deficiency. -An order to check a fingerstick two times a day at 6:30am and 5:00pm and to notify the physician if the blood sugar was greater than 400 or less -An order for Novolog (is a fast acting insulin, used to treat diabetes, that begins to work within 5-10 minutes) Flexpen 25 units with meals (prime pen with 2 units prior to each use) three times a day at 7:00am, 12:00pm and 5:00pm. Review of Resident #2's physician orders revealed: -On 01/29/20 an order to check a fingerstick three times a day at 6:30am, 12:00pm and 5:00pm and to notify the physician if the blood sugar was greater than 400 or less than 70. -On 01/29/20 an order for Novolog Flexpen 30 units with meals (prime pen with 2 units prior to

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A, BUILDING: _		
		HAL060149	B. WING		R 06/18/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
EAST TO	WNE	4815 NOR	TH SHARON A	MITY ROAD	
	CHARL				
(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 358)	Continued From page	29	{D 358}		
(D 358)	each use) three times and 5:00pm. On 05/07/20 an orde units with meals (prime ach use) three times a. Review of Residen Medication Administratevealed: An entry to check a fat 6:30am, 12:00pm aphysician if the blood or less than 70 docum 6:30am, 12:00pm, and 05/31/20. An entry for Novolog pen with 2 units prior day, documented as a 05/06/20 at 7:00am, 106/07/20 at 7:00am and an entry for Novolog (prime pen with 2 unit times a day, 05/07/20 05/31/20 at 6:30am, 105/07/20 at 6:30am, 105/0	r for Novolog Flexpen 35 te pen with 2 units prior to a day. t #2 May 2020 electronic ation Record (eMAR) ingerstick three times a day and 5:00pm and to notify the sugar was greater than 400 nented as completed at d 5:00pm 05/01/20 - 30 units with meals (prime to each use) three times a administered 05/01/20 - 2:00pm and 5:00pm and and 12:00pm. Flexpen 35 units with meals s prior to each use) three at 4:30pm, and 05/08/20 - 11:30am and 4:30pm. 2 June 2020 electronic ation Record (eMAR) ingerstick three times a day and 5:00pm and to notify the sugar was greater than 400	{D 358}		
	06/01/20 - 06/03/20 at 5:00pm. -An entry for Novolog pen with 2 units prior to day, documented as at 06/03/20 at 6:30am, 1. -An entry for Novolog	t 6:30am, 12:00pm, and 35 units with meals (prime to each use) three times a administered 06/01/20 -			

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ HAL060149 06/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD **EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) {D 358} Continued From page 30 {D 358} day, notify the physician if blood sugar is greater than 400 or less than 70 was documented as administered at 6:30am, 11:30am, and 4:30pm 06/04/20 - 06/08/20 at 6:30am, 06/08/20 at 11:30am resident unavailable, 06/08/20 at 4:30pm - 06/09/20 at 6:30am, 06/09/20 at 11:30am and 4:30pm resident at the ER, 06/10/20, 6:30am to 11:30am and 06/10/20 at 4:30pm resident was at hospital. Review of Resident #2's Brand A glucometer's history on 06/24/20 revealed: -Of the only history documented on the glucometer, 06/08/20 - 06/10/20, the blood sugar times were inconsistent compared to times documented on Resident #2's June 2020 eMAR. -On 06/08/2,0 the recorded the blood sugar in the glucometer was at 5:15am instead of the eMAR documented time of 6:30am. -On 06/09/20 the recorded the blood sugars in the glucometer were at 8:15am, 8:41am and 8:56am instead of the eMAR documented time of 6:30am. -On 06/10/20 the recorded the blood sugar in the glucometer was at 5:15am instead of the eMAR documented time of 6:30am. After review of Resident #2's Brand A glucometer's history and Resident #2's June eMAR, Resident #2 was receiving his blood sugar test and Novolog administration, 2 out of 3 times at 5:15am instead of the documented 6:30am time Telephone interview with the PCP on 06/12/20 at 3:03pm revealed: -Novolog is a fast-acting insulin which means it peaks in 15-30 minutes. -The Novolog was to be administered at 6:30am

Division of Health Service Regulation

which was 30 minutes before the breakfast meal

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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HAL060149		B. WING		06/18/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZID CODE	 	·····
	, is the series of the series		TH SHARON A			
EAST TO	WNE		TE, NC 28205	MITT ROAD		
WALID	SHAMADYST	ATEMENT OF DEFICIENCIES	T	PROVIDERS BLAN OF CORRECTION	\ f	
(X4) ID PREFIX TAG	(EACH DEFICIENC	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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
(D 358)	Continued From page	3 1	{D 358}			
	was to be served so I symptoms of hypogly-He expected the staf received Novolog no before each meal and hypoglycemia. -Resident #2 was to I Novolog administered 5:00pm, and eating wadministration of the illight of t	Resident #2 would not have cemia. If to make sure all diabetics sooner than 30 minutes of the eat to help prevent have his blood sugar and of at 6:30am, 11:30am and within 30 minutes of the insulin. If the short term insuling the insuling at the incorrect of the insuling at the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death. In the insuling shock (too lood which causes low blood and to death.				
	Interview with a secor 12:00pm revealed:	nd MA on 06/16/20 at				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
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HAL060149		B. WING		06/18/2020	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		
EAST TO	WNE		RTH SHARON AMI TTE, NC 28205	TY ROAD	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION (X5)
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(D 358)	Continued From page 32		{D 358}		
⟨D 358 ⟩	-She was new to the fito 7:00pmShe was trained in M (15-30 minutes before -She was trained in the wellShe was trained in the wellShe did not administedShe worked 7:00pm -On 06/09/20 at 6:30a #2's blood sugar and administered Residen GlimepirideShe documented the administration after it. Telephone interview wat 4:19pm revealed: -She had been workin 1, 2020 on 7:00pm to -She received the req she was hiredOn 06/10/20 she adm Novolog at 5:30am aft and it was ok to give the she checked Resided 5:30am when she wor liked to have it done at there was an issue wit sugar usually ran high.	facility and worked 7:00am A class how to give Novolog the mea)l. Sollow the order in the eMAR, the diabetic training class as the rinsulin to Resident #2. With a third MA on 06/16/20 The Toloam for 3 years now, the she checked Resident the was good, so she the the training and the insulint the was completed. With a fourth MA on 06/16/20 The gat the facility since March The training after The training after The Novolog. The Novolog. The training and the training after The Novolog. The training after The Novolog. The training and the training after The Novolog. The training and the training after The t	{D 358}		
	at 2:45pm revealed he blood sugar checks ar	vith Resident #2 on 06/17/20 e received his morning nd Novolog insulin usually 5am because he "liked it at			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		HAL060149	B, WING		06/18/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP GODE			
EAST TO	EAST TOWNE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205						
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	M ave		
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(D 358)	Continued From page	33	{D 358}				
(U 330)	Interview with the Adri 12:22pm and 06/17/21 -All MAs received the included following the related to administratifit was the policy and administered insulin a ordered by the physicing -She did not know Relevant Novolog at 5:00am bettime. b. Review of Resident Medication Administrative revealed an order for insulin used to lower the period) Flex Pen 60 unprior to each use) two 8:00pm and document 05/01/20 - 05/31/20 at Review of Resident #2 Medication Administrative aled: -An order for Leveming pen with 2 units prior to day at 8:30am, and 8: as administered at 8:3 - 06/08/20, at 8:00pm on 06/10/20 (06/09/20 8:00pm at hospital)On 06/11/20 - 06/16/20 hospital and did not reconstruction (prime pen with 2 units times a day at 8:30am. Telephone interview wo 06/17/20 at 11:36am.	ninistrator on 06/16/20 at 0 at 2:16pm revealed: diabetic training which orders from the physician on times. expectation the MA to the correct times as ian. sident #2 received his afore the ordered 6:30am with the facility pharmacy on evealed: diabetic training which orders from the MA to the correct times as ian. sident #2 received his afore the ordered 6:30am with the facility pharmacy on evealed:	{D 358}				
	-Resident #2's current	evealed: order for Levemir Flex pen with 2 units prior to					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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HAL060149		B. WNG		06/18/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	FE, ZIP CODE		
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	om/m		TTE, NC 28205			
(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 358)	Continued From page	34	{D 358}			
	each use) units twice -On 05/27/20, ten Lev 60 units (prime pen w units for twice a day a dispensed and deliver 05/28/20 at 12:16amThe 05/27/20, Levern on 05/28/20 at the 8:3 -The 05/27/20, Levern order, would have run -On 06/16/20, the phacomputer-generated of facility was called to sneeded and was told -On 06/16/20 10- Leve units (prime pen with units twice a day for a dispensed and deliver 06/16/20 at 11:52amBy his count the Leve which could have beethe wrong amount of the wrong amount of the After review of Reside 2020 eMAR and the tepharmacy, Resident #days early and did not Levemir from 06/11/20 Observation via video #2's Levemir on 06/18 Levemir flex pens con with 2 units prior to eaday administration, wi 06/16/20.	a day. remir flex pens containing ith 2 units prior to each use) dministration, was red to the facility on a would have been started foam time. Fir, if given according to the out on 06/19/20. Firmacy received a request for refill and the red if the Levemir was the Levemir was out. Firming flex pens containing 60 a units prior to each use) dministration, was red to the facility on remir ran out 3 days early in caused by administering the Levemir. First #2's May 2020 and June relephone interview with the red ran out of the Levemir 3 is receive 14 doses of 0 - 06/16/20. Conference of Resident receives with the receive 14 doses of 10 - 06/16/20. Conference of Resident receives units for twice a the a dispense date of				
	06/12/20 at 3:03pm re	30 units two times a day t				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		HAL060149	B. WNG		06/18/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
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4444	CLIMMADY CTA		TTE, NC 28205	DECAUCE OF AN OF CORRECTION		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
(D 358)	Continued From page 35		{D 358}			
(D 358)	-Resident #2's blood section 200-300'sResident #2 had 2 hy 06/09/20 and 06/10/20 06/10/20 due to cardid hypoglycemiaSince Resident #2 ra (14 doses) then it could given incorrectly and of hypoglycemic episode caused the cardiac arrive expected the facilitias ordered. Interview with a medic 06/16/20 at 11:24am re-She worked 7:00am re-She started working and received the diabrate was at the hospital Telephone interview woo/16/20 at 2:55pm re-She worked 7:00pm re-She administered the ordered by the physic Resident #2She did not miss any she was working.	sugars usually ran in the proglycemic episodes on and was hospitalized on ac arrest brought on by an out of the Levemir early, ld mean the Levemir was could have caused the es which in turn could also rest. With the administer the insulin cation aide (MA) on revealed: 10 7:00pm. 11 the facility 3 months ago etic training upon hire. 12 Levemir as ordered by the example was the only time she was Levemir because Resident with a second MA on evealed: 13 vith a second MA on evealed: 15 7:00am for 3 years now.	{D 358}			
	-She had been workin 1, 2020 on 7:00pm to	Levemir to Resident #2 as				

Division of Health Service Regulation

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING HAL060149 06/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD **EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION. ΙD (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {D 358} Continued From page 36 {D 358} -On 06/10/20, at 8:00pm the only time she was not able to administer Levemir because Resident #2 was at the hospital. Interview with the Administrator on 06/16/20 at 12:22pm and 06/17/20 at 2:16pm revealed: -All MAs received the diabetic training which included following the orders from the physician including the dosage amount. -It was the policy and expectation the MA administered insulin according to the physician's orders. The facility failed to administer medications as ordered by a physician for Resident #2 who was prescribed Novolog, a fast acting insulin which peaks within 15-30 minutes, and administered an hour prior to the administration time and over two hours prior to eating, which increased the risk for hypoglycemia. Resident #2 was also ordered Levemir and administered the incorrect dose as evidenced by the Levemir running out 3 days too early which also increased the risk for hypoglycemia. The failure of the facility to administer insulin at the correct time and at the correct dose was detrimental to the health, safety and welfare of Resident #2 and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131 D-34 on 06/18/20. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 2. 2020.

Division of Health Service Regulation

(D912) G.S. 131D-21(2) Declaration of Residents' Rights

G.S. 131D-21 Declaration of Residents' Rights

{D912}

G.S. 131D-21 (2) Declaration of Residents' Rights

Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance

with relevant federal and state laws and rules and regulations

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ HAL060149 06/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4815 NORTH SHARON AMITY ROAD EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION m (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) {D912} {D912} Continued From page 37 In service will be will be conducted by the ED and for designe for all scheduled shift staff by 6/19/2020 on Resident Rights Every resident shall have the following rights: to include receiving care and services which are adequate and appropriate and in compliance with relevant federal and 2. To receive care and services which are state laws, rules and regulations, adequate, appropriate, and in compliance with Each month ED will provide Resident Rights training to all staff during the all staff monthly meeting for 4 months, then relevant federal and state laws and rules and a minimum of twice per year. regulations. Ed will contact Ombudsmans' office and request onsite Resident Rights training for all staff as soon as Ombudmans' schedule allows. Ed and/or designee will continue to conduct observation rounds of all residents and staff daily to ensure all Resident This Rule is not met as evidenced by: Rights are being provided accurately, appropriately and are i compliance with relevant federal and state laws, rules and Based on interviews and record reviews, the regulations. facility failed to ensure residents received care Facility will be in compliance as of July 18, 2020. and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules related to medication administration and personal care and supervision. The findings are: 1. Based on observations, interviews, and record reviews, the facility failed to assure the rapid acting insulin was administered within the appropriate timeframe prior to meals and the correct dosage of insulin according to the physician's orders were administered and in accordance with the facility's policies for 1 of 5 residents (Resident #2). [Refer to tag 0358, 10A NCAC 13F .1004(a) Medication Administration, (Type B Violation)]. 2. Based on record reviews and interviews, the facility failed to respond immediately and in accordance with the facility's established policy and procedures for 1 of 5 sampled residents (Resident #2) who was unresponsive due to a hypoglycemic episode which required immediate emergency services. [Refer to tag 0271, 10A NCAC 13F .0901c Personal Care and Supervision (Type A2 Violation)],

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ R HAL060149 06/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4815 NORTH SHARON AMITY ROAD EAST TOWNE** CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ΙD PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D914 Continued From page 38 D914 D914 G.S. 131D-21(4) Declaration of Residents' Rights D914 G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure residents were provided with the necessary care and services to maintain their physical health as related to resident rights. The findings are: Based on record reviews and interviews, the facility failed to provide care and services which are adequate, appropriate, and in compliance with Federal and State laws and rules and regulations for 1 of 5 sampled residents (Resident #2) who had 2 unresponsive episodes in less than 24 hours due to hypoglycemia which resulted in cardiac arrest and the placement of an external defibrillator vest. [Refer to Tag 0338, 10A NCAC 13F .0909 Resident Rights, (Type A1 Violation)].

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