

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL060019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/13/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHADY HARBOUR ADULT LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>908 TOM HUNTER ROAD CHARLOTTE, NC 28213</b>
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C 000	Initial Comments	C 000		
C 236	<p>10A NCAC 13G .0802 (a) Resident Care Plan</p> <p>10A NCAC 13G .0802 Resident Care Plans (a) A family care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan shall be an individualized, written program of personal care for each resident.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to provide a care plan that was developed annually after admission to the facility for 3 of 3 sampled residents (#1, #2 and #3).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 03/30/21 revealed diagnoses of schizoaffective disorder, chronic obstructive pulmonary disease, tobacco use disorder, hypertension, vitamin D deficiency, and chronic obstructive bronchitis exacerbation.</p> <p>Review of Resident #1's care plan dated 08/27/19 revealed: -Resident #1 was independent with eating, ambulation and transfers. -Resident #1 required limited assistance with toileting, bathing, dressing and grooming. -There were no other care plans in Resident #1's record.</p> <p>Refer to telephone interview with the</p>	C 236		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 236	<p>Continued From page 1</p> <p>Supervisor-in-Charge on 04/13/21 at 12:33pm.</p> <p>Refer to interview with the Administrator on 04/13/21 at 12:25pm.</p> <p>2. Review of Resident #3's current FL2 dated 03/30/21 revealed diagnoses of chronic obstructive pulmonary disease, hypertension, obesity, bipolar disorder, gastro-esophageal reflux disease, dementia, breast cancer, hypertension, schizophrenia disease, and vasomotor symptoms.</p> <p>Review of Resident #3's care plan dated 08/27/19 revealed:</p> <ul style="list-style-type: none"> <li>- Resident #3 was independent with eating, ambulation and transfers.</li> <li>- Resident #3 required supervision with dressing and grooming.</li> <li>- Resident #3 required extensive assistance with toileting and bathing.</li> <li>- There were no other care plans in Resident #1's record.</li> </ul> <p>Refer to telephone interview with the Supervisor-in-Charge on 04/13/21 at 12:33pm.</p> <p>Refer to interview with the Administrator on 04/13/21 at 12:25pm.</p> <p>3. Review of Resident #2's current FL2 dated 03/22/21 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included dementia, aortic valve stenosis, seizures, gout and hypertension.</li> <li>-The resident was intermittently disoriented, ambulatory and continent of bowel and bladder.</li> </ul> <p>Review of Resident #2's Resident Register revealed an admission date of 08/08/19.</p>	C 236		

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C 236	<p>Continued From page 2</p> <p>Review of Resident #2's record revealed: -There was a care plan completed on admission dated 08/24/19. -The care plan documented Resident #2's level of care as supervision by the staff while ambulating, bathing, dressing, personal hygiene and grooming. -Resident #2 was independent with eating and toileting. -There was no documentation of an annual care plan completed after 08/24/19.</p> <p>Refer to telephone interview with the Supervisor-In-Charge on 04/13/21 at 12:33pm.</p> <p>Refer to interview with the Administrator on 04/13/21 at 12:25pm.</p> <hr/> <p>Telephone Interview with the Supervisor-in-Charge (SIC) on 04/13/21 at 12:33pm revealed: -She assisted the Administrator with completing FL2s and care plans for residents when asked to do so. -She did not recall completing any care plans for residents recently. -She did not know how frequently care plans were supposed to be developed.</p> <p>Interview with the Administrator on 04/13/21 at 12:25pm revealed: -The resident's care plans were completed by the SIC or herself. -She and the SIC audited the resident records to ensure documentation was complete and up to date. -She was responsible for overseeing the residents' records were accurate and documentation was up to date.</p>	C 236		

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C 236	Continued From page 3  -She did not know the resident's care plans for 3 of 3 sampled residents had not been updated annually. -She thought the SIC had been completing the resident's care plans as needed.	C 236		
C 270	10A NCAC 13G .0904 (c-7) Nutrition And Food Service  10A NCAC 13G .0904 Nutrition And Food Service  Menus in Family Care Homes:  (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to have a matching therapeutic menu for 1 of 1 sampled residents with a physician's order for a low sodium and low fat diet, (#2).  The findings are:  Review of Resident #2's current FL2 dated 03/22/21 revealed: -Diagnoses included dementia, gastro-esophageal reflux disease (GERD), gout and hypertension. -The diet order was a low sodium and a low fat diet.  Review of the "Weekly Menu" diet menu spreadsheet provided on 04/13/21 and displayed on the kitchen wall revealed: -There was a menu provided by the registered dietician labeled "Regular Diet", a menu labeled	C 270		

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C 270	<p>Continued From page 4</p> <p>"No Concentrated Sweets", and a menu labeled "Low Sodium", displayed on the kitchen wall of the facility. -There was no therapeutic menu for a low fat low sodium diet.</p> <p>Interview with a personal care aide (PCA) on 10/08/20 at 11:13am revealed: -She prepared the breakfast and lunch meals for the residents. -She referred to the menus posted on the kitchen wall. -All the residents had regular diets except Resident #2. -Resident #2 had a low sodium diet. -She referred to the low sodium diet menu for his meal preparation. -She did not know Resident #2 had a low fat diet also.</p> <p>Telephone interview with the Registered Dietician on 04/13/21 at revealed: -She had assisted the facility in creating menus for regular diets, no concentrated sweets and low sodium diets. -She had not created a menu for a low sodium, low fat diet. -She was contacted by the facility today to create a low sodium low fat diet. -She did not know if the low fat diet was related to a medical diagnosis, and as such could present with a negative outcome. -She was concerned an order to change Resident #2's diet on 03/22/21 was not initiated.</p> <p>Attempted telephone interview with Resident #2's primary care physician (PCP) on 04/13/21 at 11:35am was unsuccessful.</p> <p>Interview with the Administrator on 04/13/21 at</p>	C 270		

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C 270	Continued From page 5  12:55 revealed: -She was aware Resident #2 had an order for a low fat low sodium diet. -The staff followed the low sodium menu developed by the facility contracted dietician. -The meats and oils the facility used were low fat and she thought that was sufficient. -She did not reach out to the dietician for direction for a low fat low sodium diet.  Based on observations, interviews and record reviews it was determined Resident #2 was not interviewable.	C 270		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care  10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side	C 375		

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C 375	<p>Continued From page 6</p> <p>effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record;</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure that quarterly pharmaceutical reviews were completed for 3 of 3 residents (#1, #2 and #3).</p> <p>1. Review of Resident #1's current FL2 dated 03/30/21 revealed diagnoses of schizoaffective disorder, chronic obstructive pulmonary disease, tobacco use disorder, hypertension, vitamin D deficiency, chronic obstructive bronchitis exacerbation, essential hypertension.</p> <p>Review of Resident #1's record revealed: -A pharmaceutical review was completed on 01/27/20, with no medication recommendations documented for Resident #1. -A pharmaceutical review was completed on 11/05/20, with no medication recommendations documented for Resident #1. -There were no other pharmaceutical reviews available for review for Resident #1 between 01/01/20 and 12/31/20. -There were no pharmaceutical reviews available for Resident #1 from 01/01/21 through 04/13/21.</p> <p>Refer to interview with the Administrator on</p>	C 375		

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C 375	<p>Continued From page 7</p> <p>04/13/21 at 12:40pm.</p> <p>Refer to pharmacist's interview on 04/13/21 at 12:05pm.</p> <p>2. Review of Resident #3's current FL2 dated 03/30/21 revealed diagnoses of chronic obstructive pulmonary disease, hypertension, obesity, bipolar disorder, constipation, gastro-esophageal reflux disease, dementia, breast cancer, hypertension, schizophrenia disease, chronic tobacco use, vasomotor symptoms.</p> <p>Review of Resident #3's record revealed: -A pharmaceutical review was completed on 01/27/20, with no medication recommendations documented for Resident #3. -A pharmaceutical review was completed on 11/05/20, with no medication recommendations documented for Resident #3. -There were no other pharmaceutical reviews available for review for Resident #3 between 01/01/20 and 12/31/20. -There were no pharmaceutical reviews available for Resident #3 from 01/01/21 through 04/13/21.</p> <p>Refer to pharmacist's interview on 04/13/21 at 12:05pm.</p> <p>Refer to administrator's interview on 04/13/21 at 12:40pm.</p> <p>Review of Resident #2's current FL2 dated 03/22/21 revealed diagnoses included dementia, aortic valve stenosis, seizures, gout and hypertension.</p> <p>Review of Resident #2's record revealed:</p>	C 375		



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C 375	<p>Continued From page 8</p> <p>-A pharmaceutical review was completed on 01/27/20, with no medication recommendations documented for Resident #2.</p> <p>-A pharmaceutical review was completed on 11/05/20, with no medication recommendations documented for Resident #2.</p> <p>-There were no other pharmaceutical reviews available for review for Resident #2 between 01/01/20 and 12/31/20.</p> <p>-There were no pharmaceutical reviews available for Resident #2 from 01/01/21 through 04/13/21.</p> <p>Refer to telephone interview with the facility contracted pharmacist on 04/13/21 at 12:05pm.</p> <p>Refer to interview with the Administrator on 04/13/21 at 12:40pm.</p> <hr/> <p>Telephone interview with the facility's contracted pharmacist on 04/13/21 at 12:05pm revealed:</p> <p>-He had only conducted pharmaceutical reviews for the facility in January 2020 and November 2020.</p> <p>-He conducted pharmaceutical reviews at the facility's request.</p> <p>-He was not aware of the quarterly requirement for pharmaceutical reviews to be completed for residents and relied on the facility to contact him when reviews needed to be completed.</p> <p>-If he observed any issues that needed to be addressed during his reviews, he would reach out to the resident's physician and also discuss them with the Administrator.</p> <p>-He could not recall any serious issues that needed to be addressed during the previous review dated 11/05/20.</p> <p>Interview with the Administrator on 04/13/21 at 12:40pm revealed:</p>	C 375		

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C 375	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-She was aware that pharmaceutical reviews were supposed to be completed quarterly for the residents in the facility.</li> <li>-When it was time for reviews to be conducted, she would call the pharmacy and schedule a time for the pharmacist to come to the home to complete the reviews.</li> <li>-She was not sure how this had been overlooked this past year.</li> <li>-When reviews were completed, she always reviewed them to assure any recommendations had been addressed.</li> </ul>	C 375		