	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/29/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Y	IARON AMIT TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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)	LD BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	Mecklenburg Coun Services conducted	ensure Section and the ty Department of Social d an annual, follow-up, and tion survey 04/27/21-04/29/21.				
D 352	10A NCAC 13F .1003(a) Medication Labels		D 352			
	(a) Prescription leg legible label with the (1) the name of the medication is prescribed. (2) the most recent (3) the name of the (4) the name and comedication, quantity serial number; (5) directions for us (6) a statement of gindicated if a brand prescribed is dispersingle unit or unit do an expiration date; (8) auxiliary statem medication; (9) the name, addred dispensing pharma	date of issuance; prescriber; oncentration of the y dispensed, and prescription se stated and not abbreviated; generic equivalency shall be other than the brand nsed; ate, unless dispensed in a ose package that already has ents as required of the ess, telephone number of the				
	reviews, the facility were properly label residents (#4 and #	et as evidenced by: ions, interviews, and record failed to ensure medications ed for 2 of 6 sampled (6) as related to an insulin medication to treat mood				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/2	29/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PAR	RC AT SHARON AMITY	<i>(</i>	HARON AMIT FTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 352	Continued From pa	ge 1	D 352			
	The findings are:					
	03/16/21 revealed: -Diagnoses include lower leg cellulitisThere was an orde	ent #4's current FL2 dated d Type II Diabetes and right er for a Novolog FlexPen ster 20 units three times a day				
	Review of Resident #4's subsequent physician's order dated 04/14/21 revealed an order for the Novolog FlexPen 100units/ml, administer 23 units three times a day before meals.					
	at 11:40pm revealer-The medication aid #4's Novolog FlexP provided plastic pour-The pharmacy gen pouch revealed: Not administer 20 units meals. -There was no mark to indicate the order-The MA dialed the to administer to the	de (MA) removed Resident en from the pharmacy uch. lerated label affixed to the levolog FlexPen 100 units/ml, three times a day before king on the pharmacy pouch r had changed. pen to 20 units and attempted				
	revealed: -She did not realize order had been cha -She had looked at administering the in register".					

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 2 of 32

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		04/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	V	IARON AMIT TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 352	-It was the respons the medication from order changeThe facility's contribute new medication orderPharmacy medical second or third shift-lt was the MAs responsed the previous new medications were controlled to the emal of the em	ibility of the MAs to remove in the cart when there was an acted pharmacy would send in as soon as they received the stions were delivered on it. In ponsibility when new delivered to the facility, to is medication and place the the cart. Ishift do a cart audit daily for 2 in a label on the medication with the performed the cart audit. It was completed, she would to the Director of Resident in a label on the cart lately and had completed a cart audit for cations. It is on my part. In with the facility's contracted in a label of the cart audit for cations. It is on the cart audit for cations in a label of the cart audit for cations. It is on the facility in a label of the cart audit for cations in a label of the cart audit for cations and the facility is contracted and the facility is contracte	D 352			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 3 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/	29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
THE DAT	OC AT CHADON AMIT	, 4025 N S	HARON AMIT	Y DRIVE		
THE PAR	RC AT SHARON AMITY	CHARLO	TTE, NC 2820)5		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 352	Continued From pa	ge 3	D 352			
	Care (DRC) on 04/2 -Resident #2's Now 04/14/21, from 20 to day before mealsThe order was sen medication was serThe MA who receivit was in the building the medication cartIf the medication was changed, the previor removed and the nedosage placed on to the pharmacyThe discontinued resident to the pharmacyThe facility did not stickers on medication from the checking the eMAR label, and should rematchShe reviewed the cher, and conducted had not audited Resident recently. Interview with the A 3:40pm revealed:	ras the same, but the dosage bus medication should be lew medication with the current the medication cart. Interest in the medication should be returned use "direction change" ions that dosage or delivery lived the medication from the id not remove the previous exart, every MA should be a cart, every MA should be a centry with the pharmacy emove medications that do not cart audit forms submitted to random cart audits, but she sident #4's medications dministrator on 04/28/21 at cting Administrator at the				
	-Once a new order medication was del previous medication	ned any cart audits to date. was prescribed and the ivered to the facility, the n should be removed from the I sent back to the pharmacy.				

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 4 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/	29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE DAT	OC AT CHADON AMITY	, 4025 N SI	HARON AMIT	Y DRIVE		
THE PAR	RC AT SHARON AMITY	CHARLO	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 352	Continued From pa	ge 4	D 352			
		ons, interview and record rmined Resident #4 was not aled:				
	 2. Review of Resident #6's current FL2 dated 03/18/21 revealed diagnoses included dementia and schizophrenia. Review of a subsequent physician order dated 03/22/21 revealed: -There was an order for oxcarbazepine 150mg to be administered twice a day for 10 days, from 03/22/21 through 03/31/21. -There was an order for oxcarbazepine 300mg to be administered twice a day starting 04/01/21. 					
	hand on 04/28/21 a -There was a bliste 150mg twice daily to from 03/22/21 throu -There were 6 table pack.	er pack labeled oxcarbazepine o be administered for 10 days, ugh 03/31/21. ets remaining in the blister tional oxcarbazepine available				
	pharmacist on 04/2 -The facility sent the 150mg to be admin days, from 03/22/2 oxcarbazepine 300 day starting 04/01/2 -The pharmacy staf order for oxcarbaze administered twice -Due to that error, of	ff only keyed in the 10 day epine 150mg to be a day.				

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 5 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/2	9/2021
	PROVIDER OR SUPPLIER	4025 N SH	DRESS, CITY, SHARON AMIT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDER OF THE APPREDED TO THE APPREDEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 352	-The order for oxca was never filled and The facility did not requesting the oxca to be filled. -The medication late entire order from the 150mg to be administed the oxcarbazepine twice daily. Telephone interview Care (DRC) on 04/2-She had noticed the entry for Resident #300mg twice daily, -She manually enterwice daily, to be accessed as the order for 150mg 03/22/21 through 03/22/21 through 03/22/21 through 03/22/21 through 03-She did not know this error during a content with the medication of the had prescribed dosage for Resider aggressive behaviors as performed the medication as performed the provider of the medication as performed the medication as performed the provider of	rbazepine 300mg twice daily disent to the facility. contact the pharmacy staff arbazepine 300mg twice daily del should have listed the ephysician: oxcarbazepine istered twice daily for 10 days, a 300mg to be administered with the Director of Resident 29/21 at 9:25am revealed: the pharmacy had omitted the 29/21 at 9:25am revealed: the pharmacy had omitted the 26's order for oxcarbazepine to begin on 04/01/21. The pharmacy of the error. The label on the oxcarbazepine om the pharmacy only listed grant audit. The pharmacy only listed grant audit. The pharmacy of the error and the pharmacy only listed grant audit. The pharmacy only listed grant audit on cations since the error on 03/22/21. The with Resident #6's mental 04/29/21 at 10:05pm revealed: do xcarbazepine in a titrated of the significant with Resident #6's mental of the significant with Resident #6'	D 352			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 6 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/	29/2021
	PROVIDER OR SUPPLIER	4025 N SH	DRESS, CITY, SHARON AMIT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 352	medications as predications as predications as predications as predictions. The did not know R oxcarbazepine as phealth provider. He expected the Madministration procentry to the label or blister pack. He expected the Mass a discrepancy eMAR entry. He expected the Mass prescribed and expected the Mass prescribed	dministrator on 04/28/21 at esident #6 was not receiving prescribed by her mental last to follow the medication ess and compare the eMAR in the pharmacy generated last to clarify an order if there between the label and the last to administer medications entered on the eMAR, and to macy or prescribing physician ons, interview and record rmined Resident #6 was not	D 352			
	Administration 10A NCAC 13F .10 (a) An adult care h preparation and adprescription and no by staff are in according orders by a lice which are maintained.	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments				
	This Rule is not me	et as evidenced by:				

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 7 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL060125	B. WING		04/2	9/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PARC AT SHARON AMITY		IARON AMIT			
		TE, NC 282			
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
the facility's policies, and #7) observed durincluding errors with a sugar (#4), a medicat two creams ordered to 2 of 5 residents sam and #6) regarding a anti-anxiety medication. The findings are: The medication error by the observation of opportunities during to 04/27/21 at 11:30 am. Review of the Clinical Procedures - Medication Cart Audicompleted to ensure community and availation-Medication cart audications: -Medication cart audications and a designated number their medications. -The physician orders compared to the medication cart. -The MA should check medications. 1. Review of Residen 03/16/21 revealed: -Diagnoses included	ailed to administer red and in accordance with for 3 of 4 residents (#4, #6 ring the medication pass a medication to lower blood tion for bone loss (#6), and for skin irritation (#7); and for npled for record review (#5 mood stabilizer (#6) and an on (#5). Trate was 15% as evidenced at errors out of 26 the medication passes on and on 04/28/21 at 8:00am. All Standard Operating tion Management dated July dits: Cart Audits were medications were in the able for administration. its require the following ion aide (MA) on every shift mber of residents to audit as should be printed and	D 358			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 8 of 32

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	IARON AMIT			
			TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC 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 8		D 358			
	-There was an order for a Novolog FlexPen 100units/ml, administer 20 units three times a day before meals. Review of Resident #4's subsequent physician's order dated 04/14/21 revealed an order for the Novolog FlexPen, administer 23 units three times a day before meals.					
	Observation of the medication pass on 04/27/21 at 11:40pm revealed: -The morning medication aide (MA) on the 200 hall, removed Resident #4's Novolog FlexPen from the pharmacy provided plastic pouch. -The pharmacy generated label affixed to the pouch revealed: Novolog FlexPen 100units/ml, administer 20 units three times a day before meals. -The entry on the electronic medication administration record (eMAR) revealed: Novolog FlexPen, administer 23 units three times a day before meals. -The MA looked at the label on the pharmacy pouch. -There was no marking on the pharmacy pouch to indicate the order had changed.					
	-The MA dialed the pen to 20 units and attempted to administer to the residentThere was no other Novolog FlexPen on the medication cart. Interview with the MA on 04/27/21 at 12:05pm revealed: -She did not realize Resident #4's Novolog insulin order had been changedShe had been administering 20 units of Novolog insulin to Resident #4 three times a dayShe had looked at the eMAR before administering the insulin, but the 23 units "did not register".					

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 9 of 32

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060125	B. WING		04/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	HARON AMIT FTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
D 358	-She went by the pl plastic pouchIt was the respons the medication from order changeThe facility's contro the new medication orderPharmacy medical second or third shift -It was the MAs resonedications were or remove the previous new medication on -The MAs on each or 3 residentsShe compared the the eMAR when sh -When the cart aud submit their finding Care (DRC)She had been very was not sure if she Resident #4's medi -"This was an overs -The DRC was not Attempted interview 04/29/21 at 11:32ai Observation in the at 3:15pm revealed -There were 7 Flex pharmacy generate 100units/ml, admin before mealsThe label was date	harmacy label on the FlexPen ibility of the MAs to remove in the cart when there was an acted pharmacy would send in as soon as they received the tions were delivered on it. Sponsibility when new delivered to the facility, to is medication and place the the cart. Shift do a cart audit daily for 2 label on the medication with the performed the cart audit. It was completed, she would is to the Director of Resident by busy on the cart lately and had completed a cart audit for cations. Site on my part". In the facility at this time. We with a second MA on my was unsuccessful. medication room on 04/27/21 lice pens for Resident #4 with a labels "Novolog Flexpen ister 23 units three times a day and on the cart and	D 358			
		t #4's April 2021 electronic stration record (eMAR), from				

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 10 of 32

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Υ	HARON AMIT			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ITE, NC 282	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
D 358	Continued From pa	ge 10	D 358			
D 358	04/14/21 through 0-There was an entr 23 units three times administered at 8:0 5:00pm. -There was docume been administered 04/14/21 through 0-The Novolog Flexf administered 39 of Telephone interview pharmacist on 04/2-Resident #4's Nov daily changed on 0-units before each in Seven Novolog Flexf times daily before in returned and the ne recent directions shadministration. -This was the policy had agreed upon. -Medication labels in most current direction interview physician (PCP) on revealed: -She increased Resfrom 20 units to 23 blood sugar reading. -The noon time doseffect on the dinner (FSBS) readings.	4/27/21 revealed: y for a Novolog FlexPen, inject daily before meals, to be 0am, 12:00pm and entation Novolog 23 units had three times daily from 4/27/21. Pen was documented as 39 possible opportunities. w with the facility's contracted 9/21 at 3:42pm revealed: olog insulin order three times 4/14/21 from 20 units to 23 heal. exPens were sent to the facility 8 day supply of insulin. Pens labeled for 20 units three heals should have been ew FlexPens with the most hould be used for y the pharmacy and the facility have to be up to code with the fons. w with the primary care 04/28/21 at 10:23am sident #4's Novolog insulin units due to an increase in her	D 358			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 11 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/29/2021	
	PROVIDER OR SUPPLIER	, 4025 N SI	DRESS, CITY, S' HARON AMIT' ITE, NC 2820	Y DRIVE		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	Telephone interview Care (DRC) on 04/2-Resident #2's Novo 04/14/21, from 20 to day before meals. The order was sen medication was ser. The MA who receivit was in the building the medication cart. If the medication we changed, the previor removed and the nedosage placed on to the pharmacy. The discontinued restriction to the pharmacy. The facility did not stickers on medication from the checking the eMAR label, and should rematch. She reviewed the cher, and conducted had not audited Reservicemently. She did not know for 23 units of Novolog changed on 04/14/2. Interview with the A 3:40pm revealed: He had been the a facility for the past 23-He had not performate did not know R.	with the Director of Resident 29/21 at 9:25am revealed: plog insulin order changed on inits to 23 units three times a at to the pharmacy and the not that evening on 04/14/21. Wed the medication signed that g and should have placed it on a was the same, but the dosage plus medication should be given medication with the current the medication cart. In medication should be returned use "direction change" gions whose dosage had a given the medication from the grown of the previous of the cart, every MA should be greatly with the pharmacy of the medications that do not contain the medications that do not contain the medications are cart, and the pharmacy of the medications that do not contain the pharmacy of the medications that do not contain the medications are submitted to random cart audits, but she sident #4 had not received insulin since the order 21. In different properties of the medication of the order 21.	D 358			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 12 of 32

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL060125	B. WING		04/2	29/2021	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE DADO AT CHADON AMITY	, 4025 N SH	IARON AMIT	Y DRIVE			
THE PARC AT SHARON AMITY	CHARLOT	TE, NC 282	05			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
was to check the phredication against to a lift there was a discrete pharmacy or the conce a new order of medication was deliprevious medication cart and a lift by the concentration of the concentra	ministration of medications harmacy generated label of the the eMAR entry. Lepancy, the MA should call to physician to clarify. Lepancy and the vered to the facility, the harmacy are moved from the sent back to the pharmacy. Lepancy, the MA should call to physician to clarify. Lepancy, the MA should call to physician to clarify. Lepancy, the MA should call the vered to the facility, the harmacy. Lepancy and the vered to the pharmacy. Lepancy and record the mined Resident #4 was not the lepancy and the lepancy are lepancy are lepancy and the lepancy are lepancy are lepancy and the lepancy are lepancy and the lepancy are lepancy and the lepancy are lepan	D 358				

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 13 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/	29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE DAG	RC AT SHARON AMITY	, 4025 N S	HARON AMIT	Y DRIVE		
THE PAR	RC AT SHARON AWITT	CHARLO	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 13	D 358			
	overstock drawer in the medication room.					
	documented medicate to the facility pharm through 04/27/21 redocumentation Res	Re-order Binder which ations which had been faxed acy for refill from 01/01/21 evealed there was no ident #6's calcium carbonate-requested to be refilled.				
	Review of Resident #6's April 2021 eMAR revealed: -There was an entry for calcium carbonate-vitamin D3 to be administered daily at 8:00amThere was documentation calcium carbonate was administered daily from 04/01/21 through 04/27/21.					
	pharmacist on 04/2 -Resident #6 had an carbonate-vitamin E-Calcium carbonate from the pharmacy packagingThe calcium carbo requested by the fablister packsThe last refill reques 11/27/20 and 7 tablesPrior to that, calcium filled on 10/30/20, 0 with 28 tablets in easif the calcium carbonate in the calcium carbonate.	w with the facility's contracted 9/21 at 3:42pm revealed: n active order for calcium 0 on her medication profile. e-vitamin D was not issued in the weekly multi dose nate-vitamin D refills had to be cility and were sent out in est from the facility was on ets were sent to the facility. m carbonate-vitamin D was 19/04/20 and 07/15/20, all sent ach blister pack. onate-vitamin D was dered, 12/04/20 would have				
	04/28/21 at 8:20am	nedication aide (MA) on revealed: ed third shift and did not				

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 14 of 32

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		04/2	9/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4025 N S	HARON AMIT			
THE PAR	RC AT SHARON AMIT	(TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	administer morning medicationsShe did not know how long the calcium carbonate-vitamin D had not been available for administrationShe could check the documentation in the Medication Room showing which medications had been ordered recently. Telephone interview with Resident #6's primary care physician (PCP) on 04/28/21 at 5:03pm revealed: -Resident #6 was diagnosed with bone lossHe was treating her condition with Fosomax, a medication that alters bone formation, and calcium carbonate vitamin D to slow down the progression of her bone lossResident #6 required the calcium carbonate-vitamin D to work in conjunction with Fosomax for the best outcome. Telephone interview with the Director of Resident Care (DRC) on 04/29/21 at 9:25am revealed: -It was the responsibility of the MAs to audit the residents' medications on their assigned		D 358			
	residents should be -The MAs should pi the eMAR, and ens the medication cart -It was the responsi medications as nee	rint the physician's orders from ure the medications were on with the correct labeling. ibility of the MAs to re-order ded.				
	Medication Room a Binder when comple- The following day, arrived, the MA sho follow up on the re- -She did not know w	if the medication had not uld contact the pharmacy and				

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 15 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/2	29/2021
	PROVIDER OR SUPPLIER	, 4025 N S	DRESS, CITY, SHARON AMIT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	-vitamin DShe did not know vitamin D was not italian in DShe performed ran recall if she had automedications recent. Interview with the A 3:40pm revealed: -The MAs were resuldits on their assignation that was dose packet, and remedications or medications or medications or medications had chandle had not performedications had chandle had not know R carbonate-vitamin I since 11/27/20. Based on observation reviews it was determined in the was determined by the chest of Resided 13/18/21 revealed 13/18/21 re	why the calcium carbonate - dentified during cart audits. Indom cart audits but did not dited Resident #6's ly. dministrator on 04/28/21 at ponsible for performing cart gned medication cart for 2 or ly. ponsible for re-ordering any s not sent in the weekly multi emoving any expired dications whose dosage or liged. Ined any cart audits to date. lesident #6's calcium or had not been re-ordered ons, interview and record rmined Resident #6 was not ent #7's current FL2 dated diagnoses included dementia, anxiety disorder. ent #7's physician orders lealed a physician order for lotion, to be applied topically and arms twice a day, (a r skin irritation). 8:00am medication pass on	D 358			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 16 of 32

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/29/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	V	HARON AMIT TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 16	D 358			
	and administered the water.	esident #6. edications in a medication cup ne medication with a cup of was not administered to				
	Observation of medications available for administration revealed: -There was a bottle of Sarna Sensitive 1% Lotion for Resident #7 with a pharmacy generated label to administer twice daily to the chest, back and armsThe bottle had approximately three quarters of the lotion remaining. Review of Resident #7's April 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Sarna Sensitive 1% Lotion to be administered twice daily at 8:00am and 8:00pmThere was documentation Sarna Sensitive 1% Lotion was administered twice daily from 04/01/21 through 04/27/21.					
	revealed: -She worked third somorning medication -She was distracted preparation of med -She did not observations 1% Lotion -Resident #7 had not Sensitive 1% Lotion her medicationsShe did not administration.	d by Resident #7 during the ications. The the eMAR entry for Sarna				

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 17 of 32

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		04/2	29/2021
	PROVIDER OR SUPPLIER	, 4025 N SH	DRESS, CITY, SHARON AMIT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	•		D 358			
	 b. Review of Resident #7's physician orders dated 03/18/21 revealed a physician order for triamcinolone acetonide cream 1% apply topically to affected area twice daily, (a medication used to treat skin irritation). Observation of the 8:00am medication pass on 04/28/21 at 8:20am-9:05am revealed; -The morning MA working in the 100 Hall prepared 4 oral medications for administration to Resident #7. -The triamcinolone acetonide cream 1% was not administered to Resident #7. 					
	administration rever -Resident #7 had a acetonide cream 19 label to apply topica	dications available for aled: tube of triamcinolone wwith a pharmacy generated ally to affected area twice daily. than one quarter dispensed.				
	medication adminis revealed: -There was an entry cream 1% to be add 8:00am and 8:00pm -There was docume	#7's April 2021 electronic tration record (eMAR) y for triamcinolone acetonide ministered twice daily at n. entation triamcinolone cream wice daily from 04/01/21				
	revealed: -She did not observ triamcinolone aceto -Resident #7 had no acetonide cream du medications.	IA on 04/28/21 at 9:45am re the eMAR entry for onide cream 1%. ot requested the triamcinolone uring the administration of her				

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 18 of 32

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/2	9/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	<u>.</u>	STATE, ZIP CODE			
THE PAR	RC AT SHARON AMIT	Υ	HARON AMIT				
	0.0000000000000000000000000000000000000		TTE, NC 282		<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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	(X5) COMPLETE DATE	
D 358	Continued From page 18		D 358				
	to Resident #7 during the morning medication pass.						
		ions, interview and record rmined Resident #7 was not					
	4. Review of Resident #'6's current FL2 dated 03/18/21 revealed diagnoses included dementia and schizophrenia.						
	Review of a subsequent physician order dated 03/22/21 revealed: -There was an order for oxcarbazepine 150mg to be administered twice a day for 10 days, from 03/22/21 through 03/31/21There was an order for oxcarbazepine 300mg to be administered twice a day starting 04/01/21.						
	from 03/22/21 throu- There was an entr twice daily for 10 da 8:00am and 8:00pm -Oxcarbazepine 15 administered at 8:0 03/22/21 through 0 -Twenty doses of co	rd (eMAR) for March 2021 ugh 03/31/21 revealed: y for oxcarbazepine 150mg ays, to be administered at n. 0mg was documented as 0am and 8:00pm from					
	through 04/28/21 re -There was an entr twice daily, to be ac 8:00pmOxcarbazepine 30 administered at 8:0	R for April 2021 from 04/01/21 evealed: y for oxcarbazepine 300mg dministered at 8:00am and 0mg was documented as 0am and 8:00pm from 4/27/21, and the 8:00am dose					

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 19 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		04/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAI	RC AT SHARON AMITY	4025 N SI	HARON AMIT	Y DRIVE		
111121741	TO AT OTTAINED TO	CHARLO	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	on 04/28/21Fifty-five doses of documented as adr through 04/28/21. Observation of Reshand on 04/28/21 a -There was a blister 150mg twice daily te-There were 8 caps packThere were no oxy available for adminited adminited to 150mg to be adminished adminished to 150mg to be adminished adminished at the 150mg to be adminished adminished twice adminished twic	oxcarbazepine 150mg were ministered from 04/01/21 ident #6's medications on t 4:05pm revealed: r pack labeled oxcarbazepine to be administered for 10 days. Fulles remaining in the bubble oxcarpazepine 300mg tablets istration in the facility. With the facility's contracted 19/21 at 3:42pm revealed: reorder for oxcarbazepine istered twice a day for 10 through 03/31/21 and mg to be administered twice a 21. If only keyed in the 10 day epine 150mg to be a day.	D 358			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 20 of 32

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		04/29/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	V	IARON AMIT TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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)	LD BE	(X5) COMPLETE DATE
D 358	8:00pm. -She did not notify the oxcarbazepine administrationShe did not know to oxcarbazepine 150 the pharmacy for the pharmacy for the eMAR and clarity she did not know the pharmacy and 1300mg capsulesShe did not know the pharmacy and 1300mg capsulesShe did not know the blister pack for orderShe did not know this error during a construction of the shad prescribed oxcarbazepine order. Telephone interview health provider on the construction of the shad prescribed dosage for Resider aggressive behaviors after her and report from the resident #6 was retimes, paranoid and she in assessing the treating her mental she was retimed to the she was retimed to the medication as pher in assessing the treating her mental she was retimed to the medication as pher in assessing the treating her mental she was retimed to the medication as pher in assessing the treating her mental she was retimed to the medication as pher in assessing the treating her mental she was retimed to the medication as pher in assessing the treating her mental she was retimed to the construction of	dministered at 8:00am and the pharmacy of the error. The pharmacy had not sent out 300mg capsules for only 20 tablets of mg twice daily were sent from the 10 day order. MAs to follow the orders on fy when needed. Why the MA had not contacted request the oxcarbazepine why there were 8 capsules left from the oxcarbazepine 150mg why the MAs had not caught cart audit. The her doing a cart audit on cations since the erron 03/22/21. We with Resident #6's mental 04/29/21 at 10:05pm revealed: doxcarbazepine in a titrated at #6's agitation and mildly ors. any significant improvement in 04/27/21 visit with the resident estaff. The eported to be agitated at doverbally aggressive. Resident #6 had not received orescribed, which did not assist the medications effectiveness in	D 358			

Division of Health Service Regulation STATE FORM

NNYW11 If continuation sheet 21 of 32

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
THE PAF	RC AT SHARON AMIT	V	HARON AMIT TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	-He did not know R oxcarbazepine as phealth providerHe expected the Madministration procentry to the label or blister packHe expected the Mass a discrepancy eMAR entryHe expected the Mass a discrepancy eMAR entryHe expected the Mass and service was it was deteinterviews it was deteinterviewable. 5. Review of Resident revealed diagnoses depression, epileps muscle weakness, difficulty walking. Review of Resident O2/24/21 revealed a (used to treat anxiet before showers on Saturday. Review of Resident Medication Administrevealed: -There was an entry with instructions to minutes before showers and SaturdayThere was docume was administered to the state of the s	esident #6 was not receiving prescribed by her mental MAs to follow the medication ess and compare the eMAR in the pharmacy generated MAs to clarify an order if there between the label and the MAs to clarify with the ribing physician if needed. Ions, interview and record rmined Resident #6 was not ent #5's FL-2 dated 02/24/21 is included dementia, by, cerebrovascular accident, hypertension, hyperlipidemia, If #5's physician orders dated an order for Lorazepam 0.5mg by) one tablet daily 30 minutes Tuesday, Thursday, and If #5's March 2021 electronic stration Record (eMAR) If #5's March 2021 electronic stration Record (eMAR)	D 358			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 22 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/	29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
THE PAR	RC AT SHARON AMITY	/	HARON AMIT			
(VA) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	-	PROVIDER'S PLAN OF CORRE	CTION	(УБ)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 22	D 358			
	-There were 7 out of 13 missed opportunities to administer Lorazepam 0.5mg from 03/01/21-03/31/21. Review of Resident #5's April 2021 eMAR revealed: -There was an entry for Lorazepam 0.5mg tablet with instructions to take one tablet daily 30 minutes before showers on Tuesday, Thursday, and SaturdayThere was documentation Lorazepam 0.5mg was administered to Resident #5 on 04/03/21, 04/10/21, 04/17/21, and 04/24/21 with no exceptionsThere were 7 out of 11 missed opportunities to administered Resident #5's Lorazepam 0.5mg from 04/01/21-04/25/21. Review of Resident #5's March 2021 electronic Care log revealed: -Resident #5 was scheduled to receive a shower every Tuesday, Thursday, and Saturday.					
	Review of Resident Care log revealed: -Resident #5 was s every Tuesday, Thu -Resident #5's show	#5's April 2021 electronic cheduled to receive a shower ursday, and Saturday. wer was completed every , and Saturday with no				
	medication cart on -There were 12 table dispensed on 01/22 -There were 12 table	ident #5's medications on the 04/26/21 at 3:30pm revealed: lets of Lorazepam 0.5mg 2/21 with one tablet remaining. lets of Lorazepam 0.5mg 6/21 with 12 tablets remaining				

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 23 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/	29/2021
	PROVIDER OR SUPPLIER	4025 N SH	DRESS, CITY, S HARON AMIT TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Interview with a firs 04/28/21 at 10:30ar -Resident #5 had a Lorazepam 0.5mg to before showersResident #5 was severy Tuesday, ThuneededShe had administed 0.5mg on Saturday -She did not recall a Lorazepam 0.5mg -She administered on the eMARThe Director Resident responsible for verinew medication or -The eMAR automanotification when a for administration. Telephone interview pharmacy on 04/28 -The pharmacy on 04/28 -The pharmacy reconsidered Lorazed aily 30 minutes da Tuesday, Thursday -There were 12 tab on 01/22/21 for Resident -The pharmacy reconsidered Lorazed -There were 12 tab on 04/06/21 for Resident -There were 12 tab on 04/06/21 for Resident -There were 12 tab on 04/28/21 at 10:5-She ordered Lorazed -She ordered Lorazed -Tuesday, Thursday of agitation related	t shift medication aide (MA) on m revealed: physician's order for to be administered 30 minutes cheduled to receive showers ursday, Saturday and as ared Resident #5's Lorazepam 's before showers. administering Resident #5's on any other occasions. Interest Care (DRC) was fying and approving residents' lers on the eMAR. Intically generates a reminder residents' medication was due with the facility's contracted 1/21 at 11:04am revealed: eived a physician order dated 1/21 for Resident #5 to be epam 0.5mg tablet by mouth 1/21 for Resident #5 to be epam 0.5mg tablet by mouth 1/21 for Resident #5 to be epam 0.5mg tablet by mouth 1/21 for Resident #5 to be epam 0.5mg filled 1/21 for Resident #5	D 358			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 24 of 32

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
HAL060125		B. WING		04/29/2021		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PARC AT SHARON AMITY			HARON AMIT TTE, NC 282			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	schedule to be eve SaturdayShe expected the #5's medications as -She did not know I receiving Lorazepa his shower on Tues Telephone interview Care (DRC) on 04/2-She knew Resider Lorazepam 0.5mg showersResident #5's order recognized as new medication required recipination required and approve a notification remin resident's medication remin resident's medication instructions or chardshe approved Resident's medication and had administration to or Interview with the Doperations (DVPO) revealed: -MAs were responsive residents' medication redication and had administration to or Interview with the Doperations (DVPO) revealed: -MAs were responsive residents' medication and had administration to or Interview with the Doperations (DVPO) revealed: -MAs were responsive residents' medication and had administration to or Interview with the Doperations (DVPO) revealed: -MAs were responsive pharmacy was physician's orders in the DRC was responsive pharmacy of the phar	ry Tuesday, Thursday, and facility to administer Resident sordered. Resident #5 had not been m 0.5mg 30 minutes before iday, Thursday, and Saturday. With Director of Resident 28/21 at 9:20am revealed: at #5 had an order for to be administered before or for Lorazepam .5mg was order each time the dia refill. The determinant of the edge of the	D 358			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 25 of 32

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL060125 B. WING 04/29/20		9/2021		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	HARON AMIT FTE, NC 282			
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From page 25 -Once a physician's order had been approved in the eMAR, a notification was generated in eMAR to remind the MA when a resident's medications were due for administration per shift. -The pharmacy would not be aware of which shift on Tuesday, Thursday, or Saturday that Resident #5 was scheduled to receive a shower. -The DRC was responsible for adjusting Resident #5's medication frequency to generate a notification for the MA to administer the medication on second shift. Interview with the Administrator on 04/29/21 at 12:26pm revealed: -He expected MAs to administer medications as ordered by the physician. -He expected the eMARs to be accurate. -The DRC was responsible for verifying the accuracy of new physician's orders that had been transcribed by the pharmacy on the eMARs. -The DRC was the primary person responsible for making changes to the eMAR system. -MAs were expected to review the eMAR and each medication label before administering a		D 358			
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and desage or quantity of medication		D 367			
(3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment;						

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 26 of 32

NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY (A4) ID PREETIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (A5) ID ORDINARY OR LSC DENTIFYING INFORMATION) D 367 Continued From page 26 (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) anea or initials of the person administration; (7) adocumentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administration administration record (MAR). This Rule is not met as evidenced by; Based on observations, interviews, and record reviews, the facility failed to ensure the electronic medication administration of a mood stabilizer and a vitamin supplement. The findings are: Review of Resident #6's current FL2 dated 03/18/21 revealed: -Diagnoses included dementia, schizophrenia, hypocalcemia and osteoporosis. -There was an order for calcium carbonate-vitamin D3, used to treat bone fragility. Review of Resident #6's February 2021 electronic medication administration record (eMAR) revealed: -There was an entry for calcium carbonate-vitamin D3 to be administered daily at	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY (A4) ID PREFIX (EACH DEFICIENCY MUST SEP PRECEDED BY FULL TAG ON THE APPROPRIATE DEFICIENCY MUST SEP PRECEDED BY FULL TAG ON THE A							
THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PRECHACT OR SHOULD BE GROULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE COMPLETE COMPLET			HAL060125	B. WING		04/2	9/2021
CARLOTTE, NC 28205 CARLOTTE, CARLOTT	NAME OF I	PROVIDER OR SUPPLIER					
PRÉFIX TAG Continued From page 26 (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the electronic medication administration records (eMARs) were accurate for 1 of 5 sampled residents (Resident #6) for the documentation of a mood stabilizer and a vitamin supplement. The findings are: Review of Resident #6's current FL2 dated 03/18/21 revealed: -Diagnoses included dementia, schizophrenia, hypocalcemia and osteoprorosisThere was an order for calcium carbonate-vitamin D3, used to treat bone fragility. Review of Resident #6's February 2021 electronic medication administration record (eMAR) revealed: -There was an entry for calcium carbonate-vitamin D3 to be administered daily at	THE PAR	THE PARC AT SHARON AMITY					
(6) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the electronic medication administration records (eMARs) were accurate for 1 of 6 sampled residents (Resident #6) for the documentation of a mood stabilizer and a vitamin supplement. The findings are: Review of Resident #6's current FL2 dated 03/18/21 revealed: -Diagnoses included dementia, schizophrenia, hypocalcemia and osteoporosisThere was an order for calcium carbonate-vitamin D3, used to treat bone fragility. Review of Resident #6's February 2021 electronic medication administration record (eMAR) revealed: -There was an entry for calcium carbonate-vitamin D3 to be administered daily at	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
8:00amThere was documentation calcium carbonate was administered daily from 02/01/21 through	D 367	(5) reason or justific medications or treat documenting the refe (6) date and time of (7) documentation medications or treat omission, including (8) name or initials the medication or to signature equivaler documented and madministration reconstruction. This Rule is not madministration reconstruction administration admi	cation for the administration of atments as needed (PRN) and esulting effect on the resident; f administration; of any omission of atments and the reason for the refusals; and, of the person administering reatment. If initials are used, a at to those initials is to be naintained with the medication and (MAR). Let as evidenced by: ions, interviews, and record failed to ensure the electronic stration records (eMARs) were sampled residents (Resident notation of a mood stabilizer lement. Let #'6's current FL2 dated and dementia, schizophrenia, osteoporosis. For calcium D3, used to treat bone fragility. Let #6's February 2021 electronic stration record (eMAR) Let #6's February 2021 electronic stration record (eMAR) Let #6's rediction calcium carbonate	D 367			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 27 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		04/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
THE PAR	THE PARC AT SHARON AMITY 4025 N SI					
			TTE, NC 282			
(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 367	Continued From pa	nge 27	D 367			
	revealed: -There was an entr carbonate-vitamin I 8:00amThere was docume was administered of 03/31/21. Review of Resident 04/01/21 through 0 -There was an entr carbonate-vitamin I 8:00amThere was docume was administered of	D3 to be administered daily at entation calcium carbonate daily from 03/01/21 through t #6's April 2021 eMAR, from 4/27/21 revealed:				
	Observation of medications available for administration on 04/28/21 at 9:10am revealed calcium carbonate-vitamin D was not in the facility. Observation of the Re-Order Binder for a record of medications which had been faxed to the facility pharmacy for refill from January 01, 2021 through April 27, 2021 revealed there was no documentation Resident #6's calcium carbonate-vitamin D had been requested to be refilled. Telephone interview with the facility's contracted pharmacist on 04/29/21 at 3:42pm revealed: -Resident #6 had an active order for calcium carbonate-vitamin D on her medication profileCalcium carbonate-vitamin D was not issued from the pharmacy in the weekly multi dose packagingThe calcium carbonate -vitamin D refills had to be requested by the facility and were sent out in					

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 28 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		HAL060125	B. WING		04/	29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	IARON AMIT TTE, NC 282			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				(X5) COMPLETE DATE	
D 367	blister packsThe last refill reques 11/27/20 and 7 table -Prior to that, calcius filled on 10/30/20, with 28 tablets in each of the primarily work administer morning -She did not know the carbonate-vitamin I administrationShe did not docume calcium carbonate-the pharmacy for a Telephone interview Care (DRC) on 04/2 -She did not know the pharmacy for a Telephone interview Care (DRC) on 04/2 -She did not know the pharmacy for a Telephone interview with the A 3:40pm revealed: -The MAs should on they administered a medications as need they administered a medication. -Review of Reside 03/18/21 revealed on and schizophrenia.	est from the facility was on ets were sent to the facility. Im carbonate -vitamin D was 09/04/20 and 07/15/20, all sent each blister pack. medication aide (MA) on a revealed: led third shift and did not a medications. How long the calcium D had not been available for ment administration of the vitamin D and would contact refill. In with the Director of Resident 29/21 at 9:25am revealed: Why the MAs were am carbonate-vitamin D as it was not in the building. MAs to document only those ere administered and order eded. Indications on 04/28/21 at analy document medications	D 367			

6899

Division of Health Service Regulation
STATE FORM

NNYW11 If continuation sheet 29 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		• •	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	HAL060125		B. WING		04/29/2021	
NAME OF PROV	/IDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
THE PARC AT SHARON AMITY		V	IARON AMIT TE, NC 282			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
O3/ -Tr be O3/ -Tr be O3/ -Tr be Re addi froi -Tr twii 8:0 -O2 adi 03/ -Tv doc thro -Tr twii 8:0 -O2 adi 04/ on -Fit doc thro Ob har -Tr	administered twi/22/21 through 02 here was an order administered twieview of the elect ministration recom 03/22/21 through onere was an entrace daily for 10 days and 8:00pm xcarbazepine 15 ministered at 8:0 /22/21 through 02/22/21 through 03/31/21. Eview of the eMAI ough 04/28/21 reflere was an entrace daily, to be accompanied as adrough 04/28/21 reflere was an entrace daily, to be accompanied at 8:0 /01/21 through 04/28/21. Its fly-five doses of cumented as adrough 04/28/21. Its fly-five doses of cumented as adrough 04/28/21 and on 04	er for oxcarbazepine 150mg to ice a day for 10 days, from 3/31/21. er for oxcarbazepine 300mg to ice a day starting 04/01/21. eronic medication rd (eMAR) for March 2021 agh 03/31/21 revealed: y for oxcarbazepine 150mg ays, to be administered at n. Omg was documented as 0am and 8:00pm from 3/31/21. excarbazepine 150mg were ministered from 03/22/21 R for April 2021 from 04/01/21 evealed: y for oxcarbazepine 300mg dministered at 8:00am and 0mg was documented as 0am and 8:00pm from 4/27/21, and the 8:00am dose oxcarbazepine 150mg were ministered from 04/01/21 eident #6's medications on it 4:05pm revealed: r pack labeled oxcarbazepine obe administered for 10 days.	D 367			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 30 of 32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
	HAL060125		B. WING		04/	29/2021
	NAME OF PROVIDER OR SUPPLIER THE PARC AT SHARON AMITY STREET AD 4025 N S CHARLO					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	-There was no blist 300mg twice daily to Telephone interview pharmacist on 04/2 -The facility sent the 150mg to be admin days, from 03/22/2 oxcarbazepine 300 day starting 04/01/2 -The pharmacy starting 04/01/2 -The pharmacy starting 04/01/2 -The pharmacy starting 04/01/2 -The pharmacy starting 04/01/2 -The facility had no 300mg twice daily, had been sent. Telephone interview Care (DRC) on 04/2 -She did not know to the oxcarbazepine administrationShe did not know to the oxcarbazepine 300 -She did not know to this error during a relative with the A 3:40pm revealed: -He expected the Modern of the did not know	er pack of oxcarbazepine o start on 04/01/21. with the facility's contracted 9/21 at 3:42pm revealed: e order for oxcarbazepine istered twice a day for 10 1 through 03/31/21 and mg to be administered twice a 21. If only keyed in the 10 day epine 150mg to be a day. Only 20 capsules of mg twice daily were sent to the trequested oxcarbazepine so no additional medication with the Director of Resident 29/21 at 9:25am revealed: the pharmacy had not sent out 300mg capsules for the MAs were documenting the mg as administered. Why the MAs had not caught medication cart audit. dministrator on 04/28/21 at 14. 1As to document only those	D 367			

Division of Health Service Regulation

STATE FORM 6899 NNYW11 If continuation sheet 31 of 32

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED				
		HAL060125	B. WING		04/2	9/2021		
NAME OF	•				1 0 2			
	4025 N SHARON AMITY DRIVE							
THE PAR	THE PARC AT SHARON AMITY CHARLOTTE, NC 28205							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE		
D 367	Continued From pa	ige 31	D 367					
	interviewable.	.90 0 1						
	interviewable.							

Division of Health Service Regulation