STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CC AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		DLE CONSTRUCTION	(X3) DATE SUF COMPLET			
		HAL060125	B. WING		04/29/2021	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Ŷ	HARON AM TTE, NC 28	-		
(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)	LDBE, C	(X5) COMPLETE DATE
	Mecklenburg Count Services conducted complaint investiga	ensure Section and the ty Department of Social an annual, follow-up, and tion survey 04/27/21-04/29/21. 03(a) Medication Labels	D 000	Responses to the cited deficeincies do not cons admission or agreement by the facility of the fac or conclusions, set forth in the statement of defic the plan of correction is prepared soley as a mat compliance by the law.	ts alleged ciencies, tter of	
0 352	10A NCAC 13F .10 (a) Prescription leg legible label with the (1) the name of the medication is presc (2) the most recent (3) the name of the (4) the name and co medication, quantity serial number; (5) directions for us (6) a statement of g indicated if a brand prescribed is disper (7) the expiration dat single unit or unit do an expiration date; (8) auxiliary statement dispensing pharmate (10) the name, addred dispensing pharmate (10) the name or ini pharmacist.	03 Medication Labels end medications shall have a e following information: resident for whom the ribed; date of issuance; prescriber; oncentration of the y dispensed, and prescription e stated and not abbreviated; eneric 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 cy; and itials of the dispensing	D 352	 10A NCAC 13F .1003 (a) Medication Labels (a) Prescription legend medications shall have a with the following information: (1) the name of the for whom the medication is prescribed; (2) the m date of issuance; (3) the name of the prescriber; and concentration of the medication, quantify dis prescription serial number; (5) directions for use not abbreviated; (6) a statement of generic equi be indicated if a brand other than the brand pres dispensed; (7) the expiration date, unless dispen single unit or unit dose package that already has date; (8) auxiliary statements as required of the (9) the name, address, telephone number of the pharmacy; and (10) the name or initials or the di pharmacist. Medications will be checked for accuracy of the lensure that correct medications are secured witt label to ensure accuracy of the medications to medications that is found to have an incorrect la a change order sticker applied to the packaging If this is not possible then a brand new package will be ordered from the contracted pharmacy. Med-Techs will be in-serviced on the proper use order stickers and the placement on the packaging All Medications will be marked with an expiratior open date as required. The process will reviewe /Lead SIC and or ED for accuracy. The ADCS/T review monthly on the cart audit checks for 3 mc compliance. Community will be in compliance by 07-15-2021 	abels to n a correct e given. Any bel will have g if applicable of medication	
Division of He	instability (#6). ealth Service Regulation)		<u> </u>	
_		PER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	EXecutive Direct		DATE
STATE FORM	А		6899	NNYW11	If continuation s	heet 1 of 32

Reviewed and acknowledged *SGPC* 06/01/2021

Division of Health Service Regulation

Division	of Health Service Re	egulation				
STATEMEN	OF CORRECTION DENTIFICATION 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	TATE, ZIP CODE		
THE PAR		4025 N SH	ARON AMIT	Y DRIVE		
		CHARLOT	TE, 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 CORRECTI (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 352	Continued From pa	ge 1	D 352			
	The findings are:					
·	1. Review of Reside 03/16/21 revealed: -Diagnoses include lower leg cellulitis. -There 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				
	order dated 04/14/2	#4's subsequent physician's 1 revealed an order for the 00units/ml, administer 23 units efore meals.				
	at 11:40pm revealed -The medication aid #4's Novolog FlexP provided plastic pou- -The pharmacy gen pouch revealed: No administer 20 units meals. -There was no mark to indicate the order -The MA dialed the to administer to the	le (MA) removed Resident en from the pharmacy uch. erated label affixed to the volog FlexPen 100 units/ml, three times a day before king on the pharmacy pouch r had changed. pen to 20 units and attempted				
Division of H	revealed: -She did not realize order had been cha -She had looked at administering the in register".					

Division	of Health Service R	egulation				AFFROVEL
AND DEAN OF CODRECTION DENTIFICATION MUNAPER.			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		04/2	29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
THE PAF	C AT SHARON AMIT	Ŷ	HARON AMIT TTE, 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 CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 352	Continued From pa	age 2	D 352		<u></u>	
	the medication from order change. -The facility's contri- the new medication order. -Pharmacy medica second or third shift -It was the MAs res- medications were of remove the previou new medication on -The MAs on each or 3 residents daily -She compared the the eMAR when sh -When the cart aud submit her findings Care (DRC). -She had been very was not sure if she Resident #4's medi -"This was an overs Telephone interview pharmacist on 04/2	sponsibility when new delivered to the facility, to is medication and place the the cart. shift do a cart audit daily for 2 delabel on the medication with e performed the cart audit. lit was completed, she would to the Director of Resident y busy on the cart lately and had completed a cart audit for ications.				

the most current directions. Division of Health Service Regulation STATE FORM

administration.

had agreed upon.

daily changed on 04/14/21 from 20 units to 23

on 04/14/21 for a 28 day supply of insulin. -The Novolog FlexPens labeled for 20 units three times daily before meals should have been returned and the new FlexPens with the most

recent directions should be used for

-Seven Novolog FlexPens were sent to the facility

-This was the policy the pharmacy and the facility

-Medication labels have to be "up to code" with

units before each meal.

6899

NNYW11

If continuation sheet 3 of 32

Division of Health Service Regulation

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	29/2021
	PROVIDER OR SUPPLIER	Y 4025 N SI	DRESS, CITY, S HARON AMI 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 352	Continued From pa	ge 3	D 352		<u></u>	
	Care (DRC) on 04/2 -Resident #2's Now 04/14/21, from 20 u day before meals. -The order was sen medication was ser -The MA who receive it was in the building the medication cart -If the medication we changed, the previous removed and the net dosage placed on the -The discontinued re to the pharmacy. -The facility did not stickers on medication time had changed. -If the MA who rece pharmacy courier d medication from the checking the eMAR label, and should re match. -She reviewed the of her, and conducted had not audited Res recently. Interview with the A 3:40pm revealed: -He had been the a facility for the past 2 -He had not perform -Once a new order medication was deli- previous medication	vas the same, but the dosage bus medication should be aw medication with the current he medication cart. medication should be returned use "direction change" ions that dosage or delivery ived the medication from the id not remove the previous e cart, every MA should be cart, every MA should be e entry with the pharmacy move 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				

Division of Health Service Regulation

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER: A.			COMPLETED	
		HAL060125	B. WING		04/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4025 N SH	ARON AMI			
	RC AT SHARON AMIT	Y	TE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		0.445
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 352	Continued From pa	ge 4	D 352			
		ions, interview and record rmined Resident #4 was not aled:				
		ent #6's current FL2 dated 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. Observation of Resident #6's medications on hand on 04/28/21 at 4:05pm revealed: -There was a blister pack labeled oxcarbazepine 150mg twice daily to be administered for 10 days, from 03/22/21 through 03/31/21.					
	for administration ir	itional oxcarbazepine available in the facility. v with the facility's contracted				
	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 stat order for oxcarbaze administered twice -Due to that error, o	9/21 at 3:42pm revealed: e order for oxcarbazepine listered 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.				
Division of U	facility.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			, a bolibilito.			
		HAL060125	B. WING		04/2	9/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	C AT SHARON AMIT	Y	HARON AMIT			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF CORRECTI	<u></u>	(14 m)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 352	Continued From pa	age 5	D 352			
D 352	-The order for oxca was never filled and -The facility did not requesting the oxca to be filled. -The medication lal entire order from th 150mg to be admir then oxcarbazepine twice daily. Telephone interview Care (DRC) on 04/ -She had noticed th entry for Resident 4 300mg twice daily, -She manually enter twice daily, to be ac 8:00pm, starting 04/ -She did not notify -She did not know blister pack sent fro the order for 150mg 03/22/21 through 0 -She did not know this error during a 0 -Sometimes she per on the medication of -She did not rement Resident #6's medi oxcarbazepine order Telephone interview health provider on -She had prescribe	arbazepine 300mg twice daily d sent to the facility. contact the pharmacy staff arbazepine 300mg twice daily bel should have listed the ne physician: oxcarbazepine histered twice daily for 10 days, a 300mg to be administered w with the Director of Resident 29/21 at 9:25am revealed: he pharmacy had omitted the #6's order for oxcarbazepine to begin on 04/01/21. ared oxcarbazepine 300mg dministered at 8:00am and 1/01/21. the pharmacy of the error. the label on the oxcarbazepine for the pharmacy only listed g twice a day for 10 days, from 3/31/21. why the MAs had not caught cart audit. erformed random cart audits carts. nber doing a cart audit on ications since the	D 352			
	aggressive behavio	ors.				
	the medication as p	Resident #6 had not received prescribed. facility to administer				

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Division	of Health	Service Reg	ulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING	·	
		HAL060125	B. WING		04/29/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
THE PAP	C AT SHARON AMIT	Ŷ	IARON AMI ITE, NC 28:		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
D 352	Continued From pa	ge 6	D 352		
	medications as pre	scribed.			
	Interview with the A 3:40pm revealed: -He did not know R oxcarbazepine as p health provider. -He expected the M administration proc entry to the label or blister pack. -He expected the M was a discrepancy eMAR entry. -He expected the M as prescribed and e clarify with the phar if needed. Based on observati	administrator on 04/28/21 at 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 administer medications entered on the eMAR, and to macy or prescribing physician ons, interview and record rmined Resident #6 was not			
D 358	 (a) An adult care h preparation and adu prescription and no by staff are in account (1) orders by a lice which are maintained (2) rules in this Sec and procedures. This Rule is not me 	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments rdance with: nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies	D 358	10A NCAC 13F .1004 (a) Medication Administrat (a) An adult care home shall assure that the prep and administration of medications, prescription a prescription, and treatments by staff are in accor- (1) orders by a licensed prescibing practitioner w maintained in the resident's record; and (2) rules Section and the facility's policies and procedures Monthly medication cart audits will be performed community MCM/Lead SIC along with the weekly performed weekly by the Med-Techs. Communit Administrator will review both weekly and monthil ensure compliance. Cycle fill audits will be comp Medication Aides and the oversight of the MCM in new cart start of the cycle with the ED and the D have oversight as needed. All orders will be reviewed by the MCM with assi ED and any orders that need clarifications will be addressed with the PCP immediately. Any order a parameter will be reviewed by the MCM. The F notified of any outside range with instructions / recommendations to follow.	nd non- dance with: hich are in this y by the y cart audits y audits to leted by the orior to the DCS will st from the s that require CP will be The correct
Division of U				way to do one. Med- Techs will also be in service	ea on Cycle
DIVISION OF H	ealth Service Regulation				

Division	of Health	Service	Regulation

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
	PROVIDER OR SUPPLIER	4025 N SH	DRESS, CITY, I ARON AMI I TE, NC 28 3			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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	medications as ord, the facility's policies and #7) observed d including errors with sugar (#4), a medic two creams ordered 2 of 5 residents sa and #6) regarding a anti-anxiety medica The findings are: The medication error by the observation of opportunities during 04/27/21 at 11:30ar Review of the Clinic Procedures - Medic 2020 revealed: -Medication Cart Au completed to ensur community and ava -Medication cart au steps: Each medica had a designated n their medications. -The physician order compared to the me -Any expired medic from the cart. -The MA should che medications. 1. Review of Reside 03/16/21 revealed: -Diagnoses include	failed to administer ered and in accordance with s, for 3 of 4 residents (#4, #6 uring the medication pass in a medication to lower blood cation for bone loss (#6), and d for skin irritation (#7); and for ampled for record review (#5 a mood stabilizer (#6) and an tion (#5). or rate was 15% as evidenced of 4 errors out of 26 g the medication passes on in and on 04/28/21 at 8:00am. cal Standard Operating cation Management dated July udits: Cart Audits were e medications were in the illable for administration. dits require the following ation aide (MA) on every shift umber of residents to audit ers should be printed and edications on the cart. ations were to be removed eck for re-stocking of any ent #'4's current FL2 dated d dementia, Type II Diabetes, pulmonary disease (COPD)	D 358	Fill the correct way to complete the process. Community will be in compliance by 07-15-2021.		

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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			STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Ŷ	IARON AMI TE, 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	-There was an orde 100units/ml, admin before meals. Review of Residen order dated 04/14// Novolog FlexPen, a a day before meals Observation of the at 11:40pm reveale -The morning med hall, removed Resi from the pharmacy ger pouch revealed: No administer 20 units meals. -The entry on the e administration reco FlexPen, administe before meals. -The MA looked at pouch. -There was no mar to indicate the orde -The MA dialed the to administer to the -There was no othe medication cart. Interview with the M revealed: -She did not realize order had been cha -She had been administent -She had looked at	er for a Novolog FlexPen ister 20 units three times a day t #4's subsequent physician's 21 revealed an order for the administer 23 units three times 3. medication pass on 04/27/21 ed: ication aide (MA) on the 200 dent #4's Novolog FlexPen provided plastic pouch. herated label affixed to the boolog FlexPen 100units/ml, a three times a day before electronic medication ord (eMAR) revealed: Novolog er 23 units three times a day the label on the pharmacy rking on the pharmacy pouch er had changed. pen to 20 units and attempted a resident. er Novolog FlexPen on the MA on 04/27/21 at 12:05pm e Resident #4's Novolog insulin anged. ninistering 20 units of Novolog #4 three times a day.	D 358			

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AND DEAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
*	HAL060125 B. WING 04		04/2	9/2021		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	IARON AMIT TE, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	-She went by the pl plastic pouch. -It was the respons the medication from order change. -The facility's contra the new medication order. -Pharmacy medicat second or third shif -It was the MAs res medications were d remove the previou new medication on -The MAs on each or 3 residents. -She compared the the eMAR when shi -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 11:32ar Observation in the n at 3:15pm revealed -There were 7 Flex pharmacy generate 100units/ml, admini- before meals. -The 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 as soon as they received the ions were delivered on t. ponsibility when new elivered to the facility, to s medication and place the the cart. shift do a cart audit daily for 2 label on the medication with e performed the cart audit. it was completed, she would s to the Director of Resident of busy on the cart lately and had completed a cart audit for cations. site on my part". in the facility at this time. with a second MA on in was unsuccessful. medication room on 04/27/21 coens for Resident #4 with d labels "Novolog Flexpen ister 23 units three times a day ad 04/14/21.	D 358			
		#4's April 2021 electronic tration record (eMAR), from				

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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 AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PAR	RC AT SHARON AMIT	Y	IARON AMIT TE, 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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	04/14/21 through 0 -There was an entr 23 units three time: administered at 8:0 5:00pm. -There was docum been administered 04/14/21 through 0 -The Novolog Flext administered 39 of Telephone interview pharmacist on 04/2 -Resident #4's Nov daily changed on 0 units before each r -Seven Novolog Flext imes daily before r returned and the nor recent directions sh administration. -This was the polic had agreed upon. -Medication labels most current direct Telephone interview physician (PCP) or revealed: -She increased Re from 20 units to 23 blood sugar readin -The noon time dos effect on the dinne (FSBS) readings.	4/27/21 revealed: y for a Novolog FlexPen, inject s daily before meals, to be 20am, 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 29/21 at 3:42pm revealed: rolog insulin order three times 4/14/21 from 20 units to 23 neal. exPens were sent to the facility 8 day supply of insulin. Pens labeled for 20 units three neals 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 ions. w with the primary care h 04/28/21 at 10:23am sident #4's Novolog insulin units due to an increase in her gs. se of insulin would have an rtime fingerstick blood sugar he FSBS at 5:00pm had been	D 358			
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		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		04/2	9/2021
NAME OF	PROVIDER OR SUPPLIER					
THE PAR	RC AT SHARON AMIT	Y	IARON AMI ITE, 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)	.D BE	(X5) COMPLETE DATE
D 358	Telephone interview Care (DRC) on 04/ -Resident #2's Nov 04/14/21, from 20 to day before meals. -The order was ser medication was ser -The MA who recei- it was in the buildin the medication card -If the medication v changed, the previo- removed and the n dosage placed on t -The discontinued to the pharmacy. -The facility did not stickers on medica changed. -If the MA who recei- pharmacy courier of medication from the checking the eMAF label, and should re- match. -She reviewed the her, and conducted had not audited Re- recently. -She did not know 23 units of Novolog changed on 04/14/ Interview with the A 3:40pm revealed: -He had been the a facility for the past -He had not perform	with the Director of Resident 29/21 at 9:25am revealed: olog insulin order changed on units to 23 units three times a at to the pharmacy and the nt that evening on 04/14/21. ved the medication signed that g and should have placed it on vas the same, but the dosage ous medication should be ew medication should be ew medication cart. medication should be returned use "direction change" tions whose dosage had sived the medication from the lid not remove the previous e cart, every MA should be R entry with the pharmacy emove medications that do not cart audit forms submitted to I random cart audits, but she sident #4's medications Resident #4 had not received insulin since the order 21. administrator on 04/28/21 at acting Administrator at the	D 358			
		roper insulin dosage since				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060125	B. WING		04/2	9/2021
NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY. 5			<u> </u>
		4025 N SH	ARON AMIT			
	C AT SHARON AMITY	f	TE, NC 282			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		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 pa	ge 12	D 358	·		
	04/14/21.					
	was to check the ph medication against -If there was a discr the pharmacy or the -Once a new order of medication was delig previous medication medication cart and Based on observation reviews it was deter interviewable. 2. Review of Reside 03/18/21 revealed: -Diagnoses included hypocalcemia and c	repancy, the MA should call e physician to clarify. was prescribed and the ivered to the facility, the n was removed from the I sent back to the pharmacy. ons, interview and record mined Resident #4 was not ent #'6's current FL2 dated d dementia, schizophrenia, osteoporosis. r for calcium carbonate				
	04/28/21 revealed:	3:00am medication pass on				
	the 100 Hall prepare administration to Re					
	Administration Reco medications, and co carbonate-vitamin E cart.	he electronic Medication ord (eMAR) as she prepared ould not find calcium 0 600-400 on the medication				
	room after the admi oral medications to	otation to check the medication inistration of Resident #6's determine if the calcium) had been delivered.				
		lications available for				
		4/28/21 at 9:10am revealed				
Division of He	ealth Service Regulation	vitamin D was not in the		J		

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HAL060125 B. WING 04/29	9/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE THE PARC AT SHARON AMITY 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 368 Continued From page 13 D 358 overstock drawer in the medication room. Observation of the Re-order Binder which documented medications which had been faxed to the facility pharmacy for refill from 01/01/21 through 04/27/21 revealed there was no documentation Resident #6's calcium carbonate-vitamin D had been 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 8:00am. - There was adocumentation calcium carbonate was administered daily from 04/01/21 through 04/27/21. Telephone interview with the facility's contracted pharmacist on 04/29/21 at 3:42pm revealed: - Resident #6's had n active order for calcium carbonate-vitamin D on her medication profile. -Calcium carbonate-vitamin D was not issued from the pharmacy in the weekly multi dose packaging. - The calcium carbonate-vitamin D refills had to be requested by the facility and were sent out in blister packs. -The last refill request from the facility was on 11/27/20 and 715/20, all sent with 28 tables in each blister pack. - Fribe dail markey and 07/15/20, all sent with 28 tables in each blister pack. -If the calcium carbonate-vitamin D was and filled on 10/30/20, 99/04/20 and 07/15/20, all sent with 28 tables in each blister pack. - If the calcium carbonate-vitamin D was administered as ordered, 12/04/20 would have been the refill date. Interview with the medication aide (MA) on 04/28/21 at 8:20am revealed:	

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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 AD	DRESS, CITY, S	STATE, ZIP CODE		
		4025 N SI				
	RC AT SHARON AMIT	CHARLO	TTE, NC 282	205		
(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)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	age 14	D 358			
U 358	administer morning -She did not know carbonate-vitamin I administration. -She could check th Medication Room s had been ordered r Telephone interview care physician (PC revealed: -Resident #6 was o -He was treating he medication that alte calcium carbonate progression of her -Resident #6 requir carbonate-vitamin I Fosomax for the be	medications. how long the calcium D had not been available for the documentation in the showing which medications recently. w with Resident #6's primary P) on 04/28/21 at 5:03pm liagnosed with bone loss. er condition with Fosomax, a ers bone formation, and vitamin D to slow down the bone loss. red the calcium D to work in conjunction with	D 358			
	-It was the respons residents' medication medication cart. -Daily audits of mer- residents should be -The MAs should p the eMAR, and ensi- the medication cart -It was the respons medications as nee- -The pharmacy re- Medication Room a Binder when comple- -The following day, arrived, the MA sho follow up on the re- -She did not know	ibility of the MAs to audit the ons on their assigned dications for two or three e performed. rint the physician's orders from sure the medications were on with the correct labeling. ibility of the MAs to re-order eded. order forms were in the and were filed in the Re-order leted. if the medication had not build contact the pharmacy and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING			
	PROVIDER OR SUPPLIER	Y 4025 N S	DDRESS, CITY, S HARON AMIT			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETE DATE
D 358	 -vitamin D. -She did not know vitamin D was not i -She performed rar recall if she had au medications recent Interview with the A 3:40pm revealed: -The MAs were resaudits on their assi three residents dail -The MAs were reserved and the resident of the the resident of the resident of the the resident of the the second dated 03/18/21 reverved and the the second dated the the second of the the second of the 04/28/21 at 8:20 and the reserved of the the second of the 04/28/21 at 8:20 and the the second of the 04/28/21 at 8:20 and the the second date of the the second of the 04/28/21 at 8:20 and the the second date of the the second of the 04/28/21 at 8:20 and the the second date of the the second date date of the the second date date of the the second date date date date date date date dat	why the calcium carbonate - dentified during cart audits. ndom cart audits but did not dited Resident #6's ly. Administrator on 04/28/21 at sponsible for performing cart gned medication cart for 2 or ly. sponsible for re-ordering any s not sent in the weekly multi emoving any expired dications whose dosage or nged. med any cart audits to date. tesident #6's calcium D had not been re-ordered ions, interview and record rmined Resident #6 was not ent #7's current FL2 dated diagnoses included dementia, anxiety disorder. ent #7's physician orders ealed a physician order for 6 lotion, to be applied topically and arms twice a day, (a	D 358			

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		HAL060125	B. WING		04/:	29/2021
	PROVIDER OR SUPPLIER	4025 N S	DRESS, CITY, S HARON AMIT TTE, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 358	administration to R -She placed the me and administered the water. -The Sarna Lotion of Resident #7. Observation of med administration reve -There was a bottle for Resident #7 with to administer twice arms. -The bottle had app the lotion remaining Review of Residen medication adminis revealed: -There was an entr Lotion to be admini and 8:00pm. -There was docum Lotion was adminis 04/01/21 through 0 Interview with the M revealed: -She worked third s morning medication -She was distracted preparation of med -She did not observ Sensitive 1% Lotion her medications. -She did not admin	esident #6. edications in a medication cup he medication with a cup of was not administered to dications available for ealed: of Sarna Sensitive 1% Lotion h a pharmacy generated label daily to the chest, back and proximately three quarters of g. t #7's April 2021 electronic stration record (eMAR) by for Sarna Sensitive 1% istered twice daily at 8:00am entation Sarna Sensitive 1% stered twice daily from 4/27/21. MA on 04/28/21 at 9:45am shift and did not administer ns. d by Resident #7 during the lications. we the eMAR entry for Sarna	D 358			

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			E CONSTRUCTION	(X3) DATE COMP	SURVEY	
		HAL060125	8. WING		04/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4025 N SH	IARON AMIT	'Y DRIVE		
		CHARLOT	TE, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 17	D 358			
	 b. Review of Reside dated 03/18/21 reversion triamcinolone acetor to affected area twin treat skin irritation). Observation of the 04/28/21 at 8:20am The morning MA we prepared 4 oral mean Resident #7. The triamcinolone administered to Resident #7. The triamcinolone administration reversion administration reversion. Observation of mean acetonide cream 19 label to apply topical -The tube was less Review of Resident medication administrevealed: There was an entry cream 1% to be add 8:00am and 8:00pn There was docume was administered to through 04/27/21. Interview with the Morevealed: She did not observation revealed: Resident #7 had ma acetonide cream dution 	ent #7's physician orders baled a physician order for onide cream 1% apply topically ce daily, (a medication used to 8:00am medication pass on -9:05am revealed; vorking in the 100 Hall dications for administration to acetonide cream 1% was not sident #7. dications available for aled: tube of triamcinolone % with a pharmacy generated ally to affected area twice daily. than one quarter dispensed. #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 1A on 04/28/21 at 9:45am re the eMAR entry for				
	medications. -She did not admini	ister the triamcinolone cream				
Division of H	ealth Service Regulation				+	k

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A, BUILDING:	·		
		HAL060125	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	RC AT SHARON AMIT	Y				
			TTE, 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 358	Continued From pa	age 18	D 358			
	to Resident #7 duri pass.	ng the morning medication				
		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 03/31/21. There 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 8:00pr -Oxcarbazepine 15 administered at 8:0 03/22/21 through 0 -Twenty doses of co	ord (eMAR) for March 2021 ugh 03/31/21 revealed: y for oxcarbazepine 150mg ays, to be administered at n. i0mg was documented as 00am and 8:00pm from				
	through 04/28/21 re -There was an entr twice daily, to be ac 8:00pm. -Oxcarbazepine 30 administered at 8:0	R for April 2021 from 04/01/21 evealed: y for oxcarbazepine 300mg dministered at 8:00am and 00mg was documented as 00am and 8:00pm from 4/27/21, and the 8:00am dose				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:		(X3) DATE COMP	SURVEY	
		HAL060125	B. WING		04/2	9/2021
	PROVIDER OR SUPPLIER	4025 N SH	DRESS, CITY, S IARON AMI TE, 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 358	documented as adr through 04/28/21. Observation of Res hand on 04/28/21 a -There was a bliste 150mg twice daily t -There were 8 caps pack. -There were no oxy available for admini Telephone interview pharmacist on 04/2 -The facility sent the 150mg to be admini days, from 03/22/2 oxcarbazepine 300 day starting 04/01/2 -The pharmacy stat order for oxcarbaze administered twice -Due to that error, c oxcarbazepine 1500 facility. -If the facility keyed oxcarbazepine 300 show on the pharm -The facility had no 300mg twice daily, had been sent. Telephone interview Care (DRC) on 04/2 -She had noticed th entry for Resident # 300mg twice daily.	oxcarbazepine 150mg were ninistered from 04/01/21 ident #6's medications on t 4:05pm revealed: r pack labeled oxcarbazepine o be administered for 10 days. ules remaining in the bubble carpazepine 300mg tablets stration in the facility. v 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 upine 150mg to be a day.	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED	
		HAL060125	B. WING		04/:	29/2021
	PROVIDER OR SUPPLIER	4025 N S	DRESS, CITY, ST HARON AMIT ^V TTE, NC 2820	Y DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 358	twice daily, to be ad 8:00pm. -She did not notify t -She did not notify t -She did not know to the oxcarbazepine administration. -She did not know of oxcarbazepine 150 the pharmacy for th -She expected the the eMAR and clari -She did not know of the pharmacy and r 300mg capsules. -She did not know of the blister pack fr order. -She did not know of this error during a c -She did not know of this error during a c -She did not remem Resident #6's medi oxcarbazepine order Telephone interview health provider on c -She had prescribe dosage for Residen aggressive behavior -She had not seen behaviors after her and report from the -Resident #6 was re times, paranoid and -She did not know f the medication as p her in assessing the treating her mental	Iministered 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 e 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 fart audit. There doing a cart audit on cations since the er on 03/22/21. With Resident #6's mental 04/29/21 at 10:05pm revealed: d oxcarbazepine in a titrated tt #6's agitation and mildly rs. any significant improvement in 04/27/21 visit with the resident staff. eported to be agitated at d verbally aggressive. Resident #6 had not received prescribed, which did not assist e medications effectiveness in				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI. A. BUILDING:		(X3) DATE COMP	SURVEY LETED
	HAL060125			04/2	9/2021
NAME OF PROVIDER OR SUPPLIER		• •	STATE, ZIP CODE		
THE PARC AT SHARON AMIT	Y	HARON AMIT ITE, NC 282			
PREFIX (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	(X5) COMPLETE DATE
 oxcarbazepine as phealth provider. -He expected the Madministration proceentry to the label or blister pack. -He expected the Nwas a discrepancy eMAR entry. -He expected the Mpharmacy or presc Based on observat reviews it was detered interviewable. 5. Review of Resider revealed diagnoses depression, epileps muscle weakness, difficulty walking. Review of Resider 02/24/21 revealed a (used to treat anxie) before showers on Saturday. Review of Resider Medication Administ revealed: There was an entried to minutes before shower sh	age 21 Resident #6 was not receiving prescribed by her mental MAs to follow the medication ress 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 s included dementia, sy, cerebrovascular accident, hypertension, hyperlipidemia, t #5's physician orders dated an order for Lorazepam 0.5mg ety) one tablet daily 30 minutes Tuesday, Thursday, and t #5's March 2021 electronic stration Record (eMAR) y for Lorazepam 0.5mg tablet take one tablet daily 30 owers on Tuesday, Thursday, entation Lorazepam 0.5mg o Resident #5 on 03/02/21, , 03/20/21, and 03/27/21 with	D 358			

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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		DRESS, CITY, S			
THE PAI	RC AT SHARON AMIT	Y	TTE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	-There were 7 out of administer Lorazep 03/01/21-03/31/21. Review of Residem revealed: -There was an entr with instructions to minutes before sho and Saturday. -There was docum was administered to 04/10/21, 04/17/21 exceptions. -There were 7 out of administered Residen Care log revealed: -Resident #5 was s every Tuesday, Thu- Resident #5 show Tuesday, Thursday exceptions from 03 Review of Residem Care log revealed: -Resident #5 show Tuesday, Thursday exceptions from 04 Observation of Resident -There were 12 tab dispensed on 01/22 -There were 12 tab	of 13 missed opportunities to be an 0.5mg from t #5's April 2021 eMAR y for Lorazepam 0.5mg tablet take one tablet daily 30 owers on Tuesday, Thursday, entation Lorazepam 0.5mg o Resident #5 on 04/03/21, , and 04/24/21 with no of 11 missed opportunities to lent #5's Lorazepam 0.5mg 5/21. t #5's March 2021 electronic scheduled to receive a shower ursday, and Saturday. wer was completed every y, and Saturday with no //01/21-03/31/21. t #5's April 2021 electronic scheduled to receive a shower ursday, and Saturday. wer was completed every y, and Saturday with no //01/21-03/31/21.	D 358			

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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	29/2021
THE PARC AT SHARON AMITY 4025 N SH		DRESS, CITY, S IARON AMI				
(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	(X5) COMPLETE DATE
D 358	Interview with a firs 04/28/21 at 10:30a -Resident #5 had a Lorazepam 0.5mg before showers. -Resident #5 was s every Tuesday, Thu needed. -She had administe 0.5mg on Saturday -She did not recall Lorazepam 0.5mg -She administered on the eMAR. -The Director Resid responsible for veri new medication ord -The eMAR automa notification when a for administration.	t shift medication aide (MA) on m revealed: physician's order for to be administered 30 minutes ucheduled to receive showers ursday, Saturday and as ered Resident #5's Lorazepam 's before showers. administering Resident #5's on any other occasions. medications as they generated dent Care (DRC) was fying and approving residents' lers on the eMAR. atically generates a reminder residents' medication was due	D 358			
 Telephone interview with the facility's contracted pharmacy on 04/28/21 at 11:04am revealed: The pharmacy received a physician order dated 01/22/21 and 04/06/21 for Resident #5 to be administered Lorazepam 0.5mg tablet by mouth daily 30 minutes daily before showers every Tuesday, Thursday, and Saturday. There were 12 tablets of Lorazepam 0.5mg filled on 01/22/21 for Resident #5. There were 12 tablets of Lorazepam 0.5mg filled on 04/06/21 for Resident #5. Telephone interview with Resident #5's physician on 04/28/21 at 10:50am revealed: She ordered Lorazepam 0.5 one tablet on Tuesday, Thursday, and Saturday due to a history of agitation related to showers. The facility notified her Resident #5's shower 						

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			SURVEY PLETED
		HAL060125	B. WING	VING		29/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	C AT SHARON AMIT	4025 N S	HARON AMIT	Y DRIVE		
		CHARLO	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 ¹	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 358	Saturday. -She 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 f showers. -Resident #5's order recognized as new medication required -Resident #5 receiv in addition to any as -When a resident's verified and approv a notification reminer resident's medication timeframe accordin instructions or char -She approved Res medication and had administration to or Interview with the D Operations (DVPO) revealed: -MAs were response residents' medication orders. -The pharmacy was physician's orders i -The DRC was resp	ry Tuesday, Thursday, and facility to administer Resident s ordered. Resident #5 had not been m 0.5mg 30 minutes before aday, Thursday, and Saturday. with Director of Resident 28/21 at 9:20am revealed: at #5 had an order for to be administered before er for Lorazepam .5mg was order each time the d a refill. red three showers each week is needed showers. new medication order was ed, the eMAR would generate der for the MA to administer a on during a specified g to the physician's order loges made by the DRC. ident #5's Lorazepam .5mg d changed the frequency of nly every Saturday in error.	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			Ju Doublito	·		
		HAL060125	B. WING			
NAME OF I	PROVIDER OR SUPPLIER					
THE PAF	RC AT SHARON AMIT	Ŷ	IARON AMI TE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON I	(X5)
PRÉFIX TAG		(MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLETE DATE
D 358	Continued From pa	ge 25	D 358			
	-Once a physician's the eMAR, a notific to remind the MA w were due for admin -The pharmacy wou on Tuesday, Thurso #5 was scheduled t -The DRC was resp #5's medication free notification for the M medication on seco Interview with the A 12:26pm revealed: -He expected MAs ordered by the phys -He expected the el -The DRC was resp accuracy of new ph transcribed by the p -The DRC was the making changes to -MAs were expecte each medication lat residents' medication 10A NCAC 13F .10 Administration	 a order had been approved in ation was generated in eMAR hen a resident's medications istration per shift. and not be aware of which shift day, or Saturday that Resident to receive a shower. bonsible for adjusting Resident quency to generate a MA to administer the and shift. dministrator on 04/29/21 at to administer medications as sician. MARs to be accurate. bonsible for verifying the ysician's orders that had been oharmacy on the eMARs. primary person responsible for the eMAR system. d to review the eMAR and bel before administering a bar. 04(j) Medication 04 Medication Administration be accurate and include the 	D 358	10A NCAC 13F , 1004(j) Medication Administratio (j) The resident's medication administration recom- shall be accurate and include the following: (1) re- name; (2) name of the medication or treatment or strength and dosage or quantity medication admini- (4) instructions for administering the medication or (5) reason or justification for the administration of (5) reason or justification for the administration of or treatments as needed (PRN) and documenting ing effect on the resident; (6) date and time of ad (7) documentation of any omission of medications ments and the reason for the operson administerion (7) documentation of any omission of medications	d (MAR) sident's der; (3) nstered; or treatment; medication the result- ministration s or treat- refusals:	
	(3) strength and do administered;	dication or treatment order; sage or quantity of medication administering the medication		and, (8) name or intials of the person administerin ication or treatment. If initials are used, a signatur to those initials is to be documented and maintain medication administration record (MAR)	e equivalent	

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE : COMPI	SURVEY .ETED
		HAL060125	B. WING	······································	04/2	9/2021
	PROVIDER OR SUPPLIER	y 4025 N Sł	DRESS, CITY, HARON AMI TTE, NC 28 ID		ON	(25)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) Complete Date
D 367	 (5) reason or justifiamedications or treadocumenting the rest documenting the rest of (6) date and time of (7) documentation is medications or treatomission, including (8) name or initials the medication or transignature equivaler documented and madministration records. This Rule is not medication or the signature equivaler documented and madministration records. This Rule is not medication administration records. The findings are: Review of Resident 03/18/21 revealed: Diagnoses include hypocalcemia and of the carbonate-vitamin to the records. Review of Resident medication administration admi	cation for the administration of itments as needed (PRN) and esulting effect on the resident; f administration; of any omission of itments and the reason for the refusals; and, of the person administering reatment. If initials are used, a to those initials is to be raintained with the medication rd (MAR). et as evidenced by: ions, interviews, and record failed to ensure the electronic stration records (eMARs) were sampled residents (Resident ntation of a mood stabilizer lement. t #'6's current FL2 dated d dementia, schizophrenia, osteoporosis. er for calcium D3, used to treat bone fragility. t #6's February 2021 electronic stration record (eMAR)	D 367	Facility will ensure that all residents medication a be accurate and will include the residents name, medication, strength and dosage, instructions fo the medications, reason for the administration of for any PRN dosage, date and time of administra and or refusals, and the name or initials of the pr administering the medication. Community will en- actions by monitoring of the EMAR on a daily rou MCM and will be followed by monitoring of the EI routine X 3 months. Then MCM will continue to r daily/ weekly routine with the ED support as nee The Med-Techs will a in-service on the Proper S Med Administration. The community will be in cor 07-15-2021	name of r adminstering medication attion omission erson sure these utine by the D on a weekly nonitor on a ded. teps of	

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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 AD	DRESS, CITY, S	STATE, ZIP CODE		
THE PARC AT SHARON AMITY		HARON AMIT TTE, NC 282			
(X4) ID SUMMARY STATEMEN			PROVIDER'S PLAN OF CORRECTION	201	
PREFIX TAG REGULATORY OR LSC IDEN	BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 367 Continued From page 27	,	D 367			
 Review of Resident #6's revealed: -There was an entry for of carbonate-vitamin D3 to 18:00am. -There was documentation was administered daily fr 03/31/21. Review of Resident #6's J 04/01/21 through 04/27/2 -There was an entry for of carbonate-vitamin D3 to 18:00am. -There was documentation was administered daily fr 04/27/21. Observation of medication administration on 04/28/2 calcium carbonate-vitamin facility. Observation of the Re-Or of medications which had facility pharmacy for refill through April 27, 2021 red documentation Resident vitamin D had been requested by the facility carbonate-vitamin D on h-Calcium carbonate-vitamin D on h-Calcium	calcium be administered daily at on calcium carbonate om 03/01/21 through April 2021 eMAR, from 21 revealed: calcium be administered daily at on calcium carbonate om 04/01/21 through ans available for 21 at 9:10am revealed in D was not in the rder Binder for a record I been faxed to the from January 01, 2021 vealed there was no #6's calcium carbonate- ested to be refiiled. the facility's contracted at 3:42pm revealed: ve order for calcium her medication profile. nin D was not issued weekly multi dose				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			ECONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		000	
		HAL060125	B. WING		04/29/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	RC AT SHARON AMIT	T	ARON 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 CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 28	D 367			
D 367	blister packs. -The last refill reque 11/27/20 and 7 tabl -Prior to that, calciu filled on 10/30/20, 0 with 28 tablets in ea Interview with the m 04/28/21 at 8:20am -She primarily work administer morning -She did not know h carbonate-vitamin E administration. -She did not docum calcium carbonate-vitamin E administration. -She did not docum calcium carbonate-vitamin E administration. -She did not docum calcium carbonate-vitamin E administration. -She did not know h care (DRC) on 04/2 -She did not know v documenting calciu administered when -She expected the I medications that we medications as nee Interview with the A 3:40pm revealed: -The MAs should on they administered a medi facility.	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. nedication aide (MA) on revealed: ed third shift and did not medications. now long the calcium D had not been available for ent administration of the vitamin D and would contact refill. with the Director of Resident 29/21 at 9:25am revealed: why the MAs were m carbonate-vitamin D as it was not in the building. MAs to document only those ere administrator on 04/28/21 at hly document medications is given. As had documented as lication that was not in the	D 367			
		ent #'6's current FL2 dated liagnoses included dementia				
Division 11		uent physician order dated				
ວາvision of H	ealth Service Regulation					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL060125	B. WING		04/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	RC AT SHARON AMIT	4025 N Sł	ARON AMI	TY DRIVE		
11100174		CHARLO	FTE, NC 282	205		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 367	Continued From pa	ige 29	D 367			
	03/22/21 revealed:					
		er for oxcarbazepine 150mg to				
		ice a day for 10 days, from				
	03/22/21 through 0					
		er for oxcarbazepine 300mg to				
	be administered tw	ice a day starting 04/01/21.	:			
	Review of the elect	ronic medication				
		rd (eMAR) for March 2021				ŗ
		ugh 03/31/21 revealed:				:
		y for oxcarbazepine 150mg				ľ
		ays, to be administered at				6
	8:00am and 8:00pm					
		Omg was documented as				
	03/22/21 through 0	0am and 8:00pm from				
		xcarbazepine 150mg were				1
		ministered from 03/22/21				
	through 03/31/21.					
	Review of the eMA	R for April 2021 from 04/01/21				
	through 04/28/21 re					
		y for oxcarbazepine 300mg				
	twice daily, to be ac 8:00pm.	Iministered at 8:00am and				
		0mg was documented as				
		0am and 8:00pm from				
		4/27/21, and the 8:00am dose				
	on 04/28/21.					
		oxcarbazepine 150mg were				
		ministered from 04/01/21				
	through 04/28/21.					
	Observation of Res	ident #6's medications on				
	hand on 04/28/21 a					
		r pack labeled oxcarbazepine				
	150mg twice daily t	o be administered for 10 days.				
	-The fill date was 0					
		sules remaining in the bubble				
	pack.					

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	IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
F	HAL060125	B. WING		04/29/2021			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE THE PARC AT SHARON AMITY 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205							
PREFIX (EACH DEFICIENCY MUST 8	(4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
300mg twice daily to start ofTelephone interview with thpharmacist on 04/29/21 at-The facility sent the order150mg to be administereddays, from 03/22/21 througoxcarbazepine 300mg to beday starting 04/01/21The pharmacy staff only korder for oxcarbazepine 15administered twice a dayDue to that error, only 20oxcarbazepine 150mg twicefacilityThe facility had not request300mg twice daily, so no athad been sent.Telephone interview with thCare (DRC) on 04/29/21 at-She did not know the phatthe oxcarbazepine 300mgadministrationShe did not know the MAsoxcarbazepine 300mg as at-She did not know why thethis error during a medicatInterview with the Administ3:40pm revealed:-He expected the MAs to domedications that were adm-He did not know the MAsadministered a medicationto the facility.	PARC AT SHARON AMITY CHARLOT In SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 367 Continued From page 30 -There was no blister pack of oxcarbazepine 300mg twice daily to start on 04/01/21. Telephone interview with the facility's contracted pharmacist on 04/29/21 at 3:42pm revealed: -The facility sent the order for oxcarbazepine 150mg to be administered twice a day for 10 days, from 03/22/21 through 03/31/21 and oxcarbazepine 300mg to be administered twice a day starting 04/01/21. -The pharmacy staff only keyed in the 10 day order for oxcarbazepine 150mg to be administered twice a day. -Due to that error, only 20 capsules of oxcarbazepine 150mg twice daily were sent to the facility. -The facility had not requested oxcarbazepine 300mg twice daily, so no additional medication had been sent. Telephone interview with the Director of Resident Care (DRC) on 04/29/21 at 9:25am revealed: -She did not know the pharmacy had not sent out the oxcarbazepine 300mg capsules for administration. -She did not know the MAs were documenting the oxcarbazepine 300mg as administered. -She did not know the MAs were documenting the oxcarbazepine 300mg as administered. -She did not know the MAs had not caught this error during a medication cart audit. Interview with the Administrator on 04/28/21 at 3:40pm revealed: -He expected the MAs to document only those medications that were administered. -He did not know the MAs were d						

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<u>Divisi</u>	on of	Health	Service	Regulation

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			STATE, ZIP CODE					
THE PARC AT SHARON AMITY 4025 N SHARON AMITY DRIVE CHARLOTTE, NC 28205									
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG 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	0 367 Continued From page 31		D 367						
	interviewable.								
					1				
					1				
Division of Health Service Regulation									