

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 16, 2021

Aniello Salierno, Executive Officer The Charlotte Assisted Living, LLC, Licensee The Charlotte Assisted Living 3530 Toringdon Way STE 204 Charlotte, NC 28277

Email: licensing@charlotte-living.com; lworkman@charlotte-living.com

**Re:** Receipt of Plan of Correction (ASPEN Event ID DBOB11)

Facility: The Charlotte Assisted Living

Licensure Number: HAL-060-158 County: Mecklenburg

Dear Mr. Aniello Salierno:

Based on our telephone conversation on December 1, 2021, there was an addendum to the Plan of Correction for the Statement of Deficiencies dated October 26, 2021. The pages noting the addendum are provided for your records.

Please do not hesitate to contact us at 704-594-0203, if you have questions or we may be of further assistance.

Sincerely,

Diana Spalding RN, BSN, Licensure Consultant

Adult Care Licensure Section

Division of Health Service Regulation

Diana Soll Wissi

Enclosure

cc: Ms. Leslie Workman, Administrator

Ms. Shannon Myers, Program Manager, Mecklenburg County DSS

Ms. Mary Agena, Team Supervisor, West Team 2 Office, Adult Care Licensure Section

Raleigh Facility File

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION ADULT CARE LICENSURE SECTION

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALOGOISE	A BUILDING	LII CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S		10/26/2021
THE CHARLOTTE ASSISTED LIV	0000000	LLOW RIDGE		
THE OPPOSED THE AGGISTED EN	Ind	OTTE, NC 2821		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL USC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIX (EACH CORRECTIVE ACTION SHOULD CHOSS-REFERENCED TO THE APPROVIDENCY)	D.B.E. COMPLETE
D 000 Initial Comments		D 000		
Mecklenburg County Services conducted involved complaint in onsite visits 10/19/2 on 10/25/21 and with on 10/26/21. The cor	nsure Section and the Department of Social an annual survey and a state evestigation survey with to 10/22/21, a desk review a telephone exit conference implaint investigation was lenburg County Department in 10/06/21.			
(e) The facility shall a requirements for writt discharging a residen (1) The Adult Care H with the Adult Care H shall be hand delivered the resident on the sall home Notice of Discharge with a copy of the Adult Discharge with a copy Hearing Request Form with receipt requested the resident's responsive representative on the Home Notice of Discharge with a copy of the Adult Discharge with a copy Hearing Request Form with receipt requested the resident's responsive representative on the Home Notice of Discharge (3) Failure to use and specific forms according and (e)(2) of this Rule discharge. Failure to these forms shall not in these forms shall not in the second care in	2 Discharge Of Residents assure the following en notice are met before t: forme Notice of Discharge ome Hearing Request Form ed, with receipt requested, to ame day the Adult Care large is dated. These forms to cost from the Division of 505 Mail Service Center, 505. If Care Home Notice of of the Adult Care Home in shall be hand delivered, to or sent by certified mail to lible person or legal same day the Adult Care arge is dated. It simultaneously provide the ing to Subparagraphs (e)(1)	D 229	2. Education and training provid regarding appropriate paperwork issuing a Notice of Discharge and Form.  a. The Adult Care Home Notice Adult Care Home Hearing Required elivered, with receipt requested same day the Adult Care Home dated.  b. A copy of the Adult Care Home with a copy of the Adult Care Home with a copy of the Adult Care Home or sent by certified mail to the resperson or legal representative or Adult Care Home Notice of Discharge, the Adult Care Home Form as completed by the facility resident and a copy of the receip the notification of certified mail demaintained in the resident's record.  3. ED Will audit every discharge and form are completed and delivered well as ensuring that documents resident's record.	k and process for all Hearing Request of Discharge with the street Form shall be his, to the resident or Notice of Discharge e Notice of Discharge e Notice of Discharge in the same day the hearing Request of the same Request of the same day the hearing Request of hand delivery continued in the same day the hearing Request of the same day the same day the same delivery of the same street of the same delivery of the same delivery of the same day the same delivery of the same delivery of the same delivery day the same day

The Plan of Correction with addendum was retrieved acknowledged on 12/1/21. Refer to addendums on page 7 + 23 of this 500. Oms.

TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	Tames and an		
AND PLAN OF CORRECTION	DENTIFICATION NUMBER:	A BUILDING	.E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060158	B. WING		C 10/26/2021
WHE OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	WIF, ZIP CODE	
HE CHARLOTTE ASSISTED LIV	200000	LLOW RIDGE D		
	CHARL	OTTE, NC 28210	ı	
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL I LBG IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DRF COURSES
D 229 Continued From pag	po 1	D 229		
of the latest forms by and Human Services (4) A copy of the connection of Discharge, Hearing Request For facility prior to giving the receipt of hand discritified mail delivery resident's record.  This Rule is not met Based on interviews facility failed to reque discharge notice to 1 (Resident # 1) that where the serview of Resident # 08/09/2021 revealed: -Diagnosis included A of falls, idiopathic hydiglaucoma, diabetes in -A recommended level Review of Resident # dated 10/15/2021 revented the reason for discharge-The reason for discharge-T	empleted Adult Care Home the Adult Care Home rm as completed by the to the resident and a copy of elivery or the notification of y shall be maintained in the as evidenced by: and record review, the est a receipt upon issuing a of 5 sampled residents as discharged to home.  It's current FL2 dated  Vizheimer's dementia, history procephalus, abnormal gait, neilitus, and hypertension. el of care was not listed.  It's Notice of Discharge eaied: ge date listed 10/15/2021, arge listed the resident's endangered, and the lical needs could not be met		1. D296— The facility shall have diet menu for all physician-order guidance of food service staff. 2. Diet Conversion education will Dietary Manager and dining teadesignee will review all new diedining team is educated on any changes. 3. Diet order census will be upon manager regarding any initial of Cross references of diets to be with clinical team and DM. Diet and reviewed with team members made. audited completed 10/23/2021	red therapeutic diets ras provided to the am. Dietary Manager of orders and ensure new diet orders or lated and sent to die r dietary changes, audited twice month census will be poste

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O	ONSTRUCTION	(X3) DATE SURV COMPLETED	
HAL060158		B. WING		C 19/26/2	021	
WINE OF P	MOVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	, ZIP COOR	1012012	04.1
HE CHA	RLOTTE ASSISTED LI	P IPPO	LLOW RIDGE DRIV	E		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIX CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE G	(X8) OMPLET DATE
D 229	Continued From pa	ige 2	D 229			
	dated 10/15/2021.	er or discharge notice was uled transfer or discharge was	ANARO II			
	revealed:	Review of Resident #1's Resident Register revealed:				
	-There was no docu information.	onsible party was listed. Imented discharge or transfer				
	record revealed a pi	# 1's physician's orders hysician's order dated ecommended level of care for				
	Review of Resident -Resident #1 was as 08/20/2021.	#1's progress notes revealed: dmitted to the facility on				
	-There was no docu	mentation that Resident # 1's				
3	level of care had cha -There was no docu	anged. mentation that the facility had				
100	attempted to determ care had changed si	ine if the resident's level of				
33	and procedures reve	indated discharge policies saled the facility will give the and the Hearing Request				
- 1	Form to the resident	, responsible person, or legal				
39	representative on the Discharge is dated.	e same day the Notice of				
	Based on record revidence determined Resident	ew and interviews, it was t#1 was not interviewable.				
8,5	10/20/2021 at 1:00pr	ent #1's responsible party on m revealed: presentative for Resident				
	V1.					
	Resident #1's physic	cian recommended Resident				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
7/32003		HAL060158	B. WING		10/26/2021	
IAME OF P	ROYDER OR SUPPLIER	STREET	ADDRESS, OITY, STATE	ZP GODE		
THE CHA	RLOTTE ASSISTED LI	YING	LLOW RIDGE DRIV OTTE, NC 28210	•		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL OR LISC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETE	
D 229	Continued From pa	ige 3	D 229			
	facility informing he discharged effective - The facility notified immediately discharthe facility could no needs On 10/15/2021, shwhere Resident #11 - On 10/15/2021, Re Special Transportat approximately 7:30s care center She did not know if a Notice of Discharg interview with the E: 10/22/2021 at 10:22	the received an email from the or that Resident #1 would be a 10/15/2021.  Ther that Resident #1 was reged on 10/15/2021 because longer meet the Resident #1's did not know the location was to be discharged too, esident #1 was sent on a lion Services (STS) bus at arm to Resident #1's adult day of Resident #1 had been issued go or Hearing Request form.				
	08/20/2021.	dmitted to the facility on				
	<ul> <li>Resident #1 attends every weekday.</li> </ul>	ed an adult day care center				
93	meet Resident #1's Resident #1's needs -On 10/15/2021, at a	d the facility could no longer needs due to concerns ad increased supervision. approximately 7:30am she				
	issued an immediate because Resident # increase Resident # Care Unit (SCU).	e discharge to Resident #1 1's physician refused to 1's level of care to Special				
	of Discharge and He discharge date listed	handed Resident #1 a Notice earing Request Form with a d as 10/15/2021 while ting on a bus to attend adult	1			
	-She did not request upon delivery of Res Discharge.	a receipt from Resident #1 ident #1's Notice of arge listed two facilities that				

	of Health Service Re	gulation	. 100 100 - 100		FORM APPROVED
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL060158	B. WING		C 10/28/2021
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	1002021
THE CH	ARLOTTE ASSISTED LI	VINC	LLOW RIDGE DRIV OTTE, NC 28210	Œ	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
D 22	Continued From pa	ge 4	D 229		
D 294	-She was not awanthe Notice of Disch documentation or a -She notified Resid email on 10/15/202 immediate discharg -She was not aware responsible party hitiving arrangements #1 left the facility th Service  10A NCAC 13F .096 Service  10A NCAC 13F .096 (c) Menus in Adult (7) The facility shall	essessments for Resident #1. ent #1's responsible party by 1 regarding Resident #1's e from the facility. e what Resident #1's ad planned for Resident #1's on 10/15/2021 after Resident at morning.  04(c)(7) Nutrition And Food 04 Nutrition And Food Service Care Homes: I have a matching therapeutic ysician-ordered therapeutic	D 296		
	review the facility fai menu for 1 of 1 sam physician's order for The findings are: Review of Resident: 10/18/21 revealed: -Diagnoses included (ESRD). -An order for a renal	ons, interviews and record led to have a therapeutic pled residents with a a renal diet. (Resident #4). #4's current FL2 dated end stage renal disease			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING: _	CONSTRUCTION		DATE SURVEY COMPLETED
	HAL050158		B.WNG			C 10/26/2021
AME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	e, ar coos		
HE CHAR	LOTTE ASSISTED L	A MART	ILLOW RIDGE DRI OTTE, NC 28210	Æ		
(X4) ID PREFIX TAG	MACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEPICIENCE	TION SHOULD BE THE APPROPRIATE	(XE) COMPLET DATE
D 296	Continued From pa	age 5	D 296			
	10/19/21 at 4:00pn -The menu posted diet.	n revealed: was for residents on a regular				
	-There was not a m	nenu for a renal diet posted.				
	10/15/21 revealed:	ty's therapeutic diet list dated				
- 1	-Resident #4 was n -There were not an were on a renal die	y residents on the list who				
	10:32am revealed:	dent #4 on 10/20/21 at	1			
	The facility did not she monitored her diagnoses of ESRD	have her on a special diet but own dietary intake due to and diabetes.				
i	She did not always hat her dialysis die	follow the dietary restrictions titian recommended since she				
	cotato, peas and ca	nicken pot pie, a baked sweet prots for the dinner service				
		nd ate all of her dinner. lietary Manager (DM) on				
	10/19/21 at 4:00pm The therapeutic die	and 4:49pm revealed: It list was up to date.				
8	The kitchen only he and made small cha herapeutic diets.	ed a copy of the regular menu anges to accommodate other				
s	He was not given a terted 4 months ag ecently.	renal diet menu when he to and did not receive one				
0	n 10/20/21 at 9:35a					
fa to	acility was expected matoes, cranges,	as ordered a renal diet, the d to restrict potatoes, orange slices and bananas. acility to have a copy of the				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.0000000000000000000000000000000000000	E CONSTRUCTION	(X3) DATE SURVEY	
1000 000 000 000 000 000 000 000 000 00			A BUILDING:		COMPLETED	
		HAL960158	B. WING		C 10/26/2021	
MME OF PI	ROWDER OR SUPPLIER	STREET	ADDRESS, CITY, 81	ATE, ZIP CODE		
HE CHAI	RLOTTE ASSISTED LIVE	NG .	LLOW RIDGE D			
(X4) ID	SUMMARY ST	TATEMENT OF DEPICIENCIES	OTTE, NC 2821			
PREFIX	(EACH DEFICIENC	CY NUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE	
D 296	Continued From pag	e 6	D 296			
	restrictions of a renal copy to the DM on 10	diet but she also emailed a 0/19/21 in the evening.				
	10/25/21 at 2:50pm r					
	expected to request the corporate distillar	the therapeutic menu from n, by the next meal, if the				
	information was not in	n the diet manual.				
D 310	10A NCAC 13F .0904 Service	(e)(4) Nutrition and Food	D 310			
	<ul><li>(e) Therspeutic Dietr</li><li>(4) All therspeutic die supplements and thic</li></ul>	Nutrition and Food Service in Adult Care Homes: ats, including nutritional kened liquids, shall be the resident's physician.		D310— 10A NCAC 13F .08 Service (e) Therapeutic Diets (4) All therapeutic diets, inclusupplements and thickened lordered by the resident's phy Re-education provided to regarding therapeutic diets. A will have access to updated to the control of the control	in Adult Care Homes ding nutritional lquids, shall be served rsician. dietary team members Ill dietary team member herapeutic diets	
100	This Rule is not met a			reeducation completed by 10	/25/2021	
93	Based on Interviews a	and record reviews the		Addindum ser	telephone	
1	facility failed to ensure	therapeutic diets was 1 of 2 sampled residents		Addendum per conversation w	14h +16 FN	
8	(Resident # 4) with a	renal diet.		on 12/1/21 at 12	uum	
83	The findings are:			- The Clinical Se	mice Direct	
				provided educa	ten to De	
9	Review of Resident #4 10/18/21 revealed:	s current FL2 dated				
	Diagnoses included o	end stage renal disease		dietary teams	whites -	
	ESRD). An order for a renal d	liet.		- The RSD/RCD W	il he respon	
	Zoview of electronic -	noil (amail) mana		your audits if I	uresaury	
1	etween the Resident	nail (email) messages Care Director (RCD),	T (	diet orders even		
on of Healt	Service Regulation			for acusay of	computing	
E FORM	DECEMBER OF THE SEC			BOSTINE ED WILL	Hoonshuten when 7 of 27	
				monthly audits	of the	
				residents aret		
				accurry + cm	putin.	

	FOR DEPICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIER/CLIA IDENTIFICATION NUMBER: HALDB0158	A BUILDING:	DISTRUCTION	(X3) DATE SURVEY COMPLETED	
AME OF PE	ROYDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE.	THE CORP.	10/26/2021	
				STATE OF THE STATE		
HE CHAR	RLOTTE ASSISTED LIV	ING	LLOW RIDGE DRIVI OTTE, NC 28210			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		NO		
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D 310	Continued From pag	e 7	D 310			
	dietitlan dated 10/07/ -The dialysis dietitian was served a renal diphosphorus and low -The RCD did not be to accommodate a recontact the corporate alternative diet the fa Resident #4The RCD emailed the diet recommendation if the recommendation of the resident.  Review of the therape DM office on 10/19/2 -The list was updated -Resident #4 was not the resident #4 was not was not the resident #4 was not was no	recommended Resident #3 fiet (low potassium, low sodium) with high protein. fileve that the facility was able and diet but planned to Dietitian to see what cility could provide to the DM with the dialysis clinic as for Resident #3 and asked as could be accommodated, and diet could be provided to seutic diet list posted in the revealed:				
	she monitored her ow history of diabetes an Resident #4 did not a advice that her dietitia She was served a sm he breakfast meal sei he juice. She was served chick totato, peas and carro service on 10/19/21 an interview with the DM	ave her on a special diet but in dietary intake due to her id ESRD. always follow the dietary				
n	evealed:	dent Care Coordinator				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(K2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
MAL080158		MAL060158	B. WNG		C 10/26/2021
NAME OF PROVIDER OR SUPPLIER STREET.			ADDRESS, CITY, STATE	ZP 000E	
THE CHA	RLOTTE ASSISTED LIV	IIIO	ILLOW RIDGE DRIV OTTE, NC 28210	re .	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL (LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C JEACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEPICIENCY	ON SHOULD BE COMPLET E APPROPRIATE DATE
D 310	Continued From pag	pe 8	D 310		
	-If there was a new o				
	merapeutic list was a	updated the RCD or RCC municate the new diet order.			
	-The current therape	nunicate the new diet order. Julic diet list was up to date.			
		on 10/19/21 at 4:45pm			
	revealed he has not	been asked to prepare a			
	dialysis/renal diet pla	ite for any of the meal			
	services on 10/18/21	or 10/19/21.			
	Telephone interview with the DM on 10/19/21 at				
	4:49pm revealed he was not given a renal diet				
	menu when he starte	ed 4 months ago and still did			
	not have a renal diet	menu.			
	Interview with BCD o	n 10/19/21 at 4:54pm			
	revealed she assume	ed Resident #4 was being			
	served a renal diet si	nce the DM said the kitchen			
	would be able to prov	vide one.			
	Telephone interview	with the DM on 10/19/21 at			
	5:12pm revealed mos	st residents did not like the			
	options on the renal of	diet so they were offered			
	food from the regular	menu.			
	Telephone interview v	with the corporate dietitian			
	on 10/20/21 at 9:35ar	m revealed:			
		red select diets and the DDS			
	should have referred	to the "Diet Conversion			
		when he received the renal			
	diet order.				
	- The facility should he	eve already had access to			
	copy to the DM on 10	Sheet" but she emailed a			
	-Resident #4 should h	v19/21 for reference. have received chicken pot			
	pie, peas, carrots and	any allowed vegetable in			
3	place of the baked sw	eet potato for the supper			
7.0	meal service on 10/19	1/21.			
	If a resident requeste	d an item that was not			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD60158	A BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 10/26/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	TROVOS	TOTAL
		222222	LLOW RIDGE DRA		
THE CHAI	RLOTTE ASSISTED LIV	ING	OTTE, NC 28210		
(X4) ID PREFIX TAG	(BACH DEFICIENC	TATEMENT OF DEPICIENCIES CYMUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLET E APPROPRIATE DATE
D 310	Continued From pag	9 9	D 310		
	allowed on their then	apeutic diet then the resident			
	should have been an	ducated that the food is not			
	allowed on their diet.				
		nued to request the item after			
	education was provid	ded then they could have it.			
	-She was not alerted	when residents requested			
	food not allowed on t	their therapeutic diet.			
	Telephone Interview	with the dialysis dietitian on			
	10/20/21 at 10:10am revealed:				
	-She recommended Resident #4 follow a low				
	phosphorus, low sodium, low potassium and high				
	protein diet.				
	-She faxed the facility	y dietary guidelines monthly.			
	-The facility had not o	communicated to her that the			
	resident consumed to diet.	ood not allowed on the renal			
	7-7-7	that the facility's renal diet			
	only restricted notato	es, tomatoes, oranges,			
	orange juice and ban				
	Telephone interview	with a representative from			
	Resident #4's Nephro	plogist's office on 10/20/21 at			
	11:45am revealed:	TOTAL OF THE STATE			
	-All dialysis patients v	who were discharged from			
	the hospital were orde	ered a renal diet.			
	<ul> <li>Complications which</li> </ul>	could result in Resident #4			
	not receiving a renal	diet could be; issues with			
1	Increased blood press	sure and cholesterol, and			
- 8	one body's ability to m	naintain the amount of			
3	potassium required for a healthy body. -A renal diet could also help prevent nausea,				
10	vomiting and diarrhea	associated with dialysis.			
10	Telephone interview v	with the Administrator on			
	10/25/21 at 2:50pm re	rvealed:			
10	one expected the res	sident to receive their new			
3	was provided the orde	following meal after the DM			
		er. Jested the therapeutic menu			

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: MALDS0158	(X2) MULTIPLE A BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
MME OF B	ROYDER OR SUPPLIER				10/26/2021
PMC UF F	NOVIDER OR SUPPLIER		ADDRESS, CITY, STAT		
HE CHAI	RLOTTE ASSISTED LIV		ILLOW RIDGE DR OTTE, NC 28210	VE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (ILACH CORRECTIVI) ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
D 310	Continued From pag	ge 10	D 310		
	the information was -If the new therapeu	fietitian, by the next meal, if not in the diet manual. tic diet order came in on the lichen was given 48-72 hours enu.			
D 358	10A NCAC 13F .100 Administration	94(a) Medication	D 358		
	(a) An adult care he preparation and administration and non-by staff are in accord (1) orders by a licen which are maintainer (2) rules in this Sect and procedures.  This Rule is not met Based on record revitacility failed to admin ordered for 1 of 5 sain #1) related to clopida prevent heart attacks medication used to to help protect the kindiabetes), memantim decrease the amount brain), officiacin (a minfections), vitamin Dand prevent bone distinct of question of the protect of the kindiabetes) and prevent procedure (a minfections), vitamin Dand prevent bone distinct certain mental/in treat certain mental/in treat certain mental/in the control of the protect of the procedure of the certain mental/in treat certain mental/in the certain the	sed prescribing practitioner d in the resident's record; and tion and the facility's policies as evidenced by: lews and interviews, the hister medications as impled residents (Resident agrel (a medication used to a and strokes), losartan (a rest high blood pressure and dneys from damage due to a (a medication used to a of abnormal activity in the hedication used to treat corders), and administering ine (a medication used to		Clinical team to provide report Medication Administrators remedication administration a in-service to include but not medications timely; medications timely; medications timely; medications timely; medications of residents returned the same day; projections.     Clinical team will run the capture report weekly and formembers on any outliers not 4. in-service to be complete.	egarding proper nd documentation. Ilmited to: administe tion documentation ring meds; proper who are on LOA, but per documentation of medication exception ollow up with team sted from report.
33	problems) within 12 h	ion used to treat sleep			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER: HALOGO158	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		C 10/26/2021
NAME OF P	ROMDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	70,000	10/20/2021
2000		0420 W	LLOW RIDGE DRIV		
THE CHA	RLOTTE ASSISTED LIV	ING	OTTE, NC 28210		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEPICIENCIES CY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF ( (EACH CORRECTIVE ACTIV CROSS-REFERENCE) TO TO DEFICIENCY	ON SHOULD BE COMPLETE HE APPROPRIATE DATE
D 358	Continued From pag	je 11	D 358		
	08/09/21 revealed di Alzheimer's disease, gait/mobility abnorm and hypertension. Review of Resident	dementia, history of falls, alities, glaucoma, diabetes 2, #1's Resident Register dated			
	on 08/16/21.	ne was admitted to the facility			
	a. Review of Resident #1's current FL2 dated 08/09/21 revealed an order for clopidogrel (a medication used to prevent heart attacks and strokes) 75mg every day.	order for clopidogrei (a revent heart attacks and			
	Review of Resident # Medication Administr revealed:	#1's August 2021 electronic ation Record (eMAR)			
	tablet every day sche	for clopidogrei 75mg take 1 duled at 8:30am. as documented as not			
	administered on 08/2 and 08/27/21.	1/21, 08/22/21, 08/25/21 receive 4 of 11 doses of	I		
	clopidogrel.	TOURING TO IT COSOS OF	1 1		
	pharmacist on 10/21/ -On 08/21/21, they re clopidogrei 75mg eve				
14 9	filled and dispensed t 08/22/21.	o the facility to start on			
	09/15/21. -On 09/10/21, clopido doses were filled and start on 09/11/21.	grel 75mg every day, 30 dispensed to the facility to idogrel would last until			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLICATION NUMBER:			ONSTRUCTION	Term water to	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BULDING:	CHAINSCHON	COMPLETED	
		HAL060158	8. WNG		C 19/26/2021	
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP COOP	19/20/2021	
HE CHAI	RLOTTE ASSISTED L		LLOW RIDGE DRIV			
12000		CHARL	OTTE, NC 28210	801		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEPICIENCIES ENCY MUST BE PRECEDED BY FULL OR USC IDENTIFYING INPORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORP (EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLET	
D 358	Continued From pa	age 12	D 358			
	08/09/21 revealed losertan (a medical pressure and to he	ent #1's current FL2 dated an order for an order for tion used to treat high blood up protect the kidneys from betes) 25mg every day.				
	Review of Residen	t #1's August 2021 electronic stration Record (eMAR)				
	tablet every day so -Losartan 25mg wa	y for losartan 25mg take 1 heduled at 8:30am. is documented as not l/21/21, 08/22/21, 08/25/21				
	and 08/27/21.	ot receive 4 of 11 doses of				
	Telephone Interview pharmacist on 10/2	with the facility's contracted 1/21 at 2:00pm revealed:				
	-On 08/21/21, they 25mg every day.	received an order for losartan				
- 33	-On 08/21/21, losar	tan 25mg, 25 doses were				
99	08/22/21,	i to the facility to start on				
- 3	09/15/21.	sartan would last until				
	were filled and dispe 09/11/21.	tan 25mg every day, 30 doses ensed to the facility to start on				
	The 30 doses of los 10/15/21.	sartan would last until				
1	08/09/21 revealed a memantine (a medic	int #1's current FL2 dated in order for an order for cation used to decrease the activity in the brain) 10mg				
		#1's subsequent orders				

IND PLAN	T OF DEFIGIENCIES OF CORRECTION	(XT) PROVIDENSUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
. Feet trucks		HAL060158	B. WING		C 10/26/2021
MME OF P	ROYIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	
HE CHA	RLOTTE ASSISTED LIVI	NG 9120 WI	LLOW RIDGE DRIV	E	
		CHARL	OTTE, NC 28210		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COURT
D 358	Continued From page	e 13	D 358		
	revealed an order da memantine 10mg ev	ted 08/30/21 to discontinue ery day.			
	Review of Resident # Medication Administra revealed:	f1's August 2021 electronic ation Record (eMAR)			
	100000000000000000000000000000000000000	for memantine 10mg take 1 duled at 8:30am.			
	-Memantine 10mg wa	is documented as not 1/21, 08/22/21, 08/25/21			
		receive 4 of 11 doses of			
	pharmacist on 10/21/2	with the facility's contracted 21 at 2:00pm revealed:			
	-On 08/21/21, they re- mernantine 10mg eve -On 08/21/21, meman	ceived an order for ry day. Itine 10mg, 25 doses were			
	filled and dispensed to 08/22/21.	the facility to start on			
	-They did not receive memantine 10mg on t	an order to discontinue the 08/30/21.			
	08/09/21 revealed an	#1's current FL2 dated order for an order for			
	ofloxacin (a medicatio infections) 0.3% apply	n used to treat eye to eye daily.			
	Review of Resident #1 revealed an order date	ed 09/03/21 to discontinue			
	offoxacin 0.3% to eye	daily.			
- 0	Medication Administral revealed:				
- 9	oyes every day schedu Ofloxacin 0.3% was d	ocumented as not			
	administered on 08/21	/21, 08/22/21, 08/25/21,			

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/OLIA IDENTIFICATION NUMBER: HAL080158	(X2) MULTIPLE Of A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED  C	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE					10/26/2021	
	RLOTTE ASSISTED LA		LLOW RIDGE DRIV			
			OTTE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CO (BACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLET APPROPRIATE DATE	
D 358	Continued From pag	ge 14	D 358			
	08/27/21 and 08/30/	m.	V-905500			
		t receive 5 of 10 doses of				
	Telephone interview	with Resident #1's Power of				
	Attorney (POA) on 1	0/19/21 at 11:00am revealed:				
	administered as the	ications were not being y were prior to admission to				
	the facility when she	e lived with the POA.				
	-She did not supply	the eve drops upon	4 8			
	admission, they were	e dispensed from the	1			
	pharmacy.					
	-The primary care pl	hysician (PCP) was supposed				
	to discontinue the ey	ye drops prior to admission to				
	the facility.					
	the facility the MA	ARs the POA received from				
	the facility, the MAs	ned documented e drops once daily in both				
	eyes.	e drops once daily in both				
	- Jour					
	Interview with the Re	esident Care Director (RCD)				
99	on 10/21/21 at 10:04	am revealed:				
	<ul> <li>The resident's power</li> </ul>	er of attorney (POA) informed	¥ 11			
33	her prior to admissio	n Resident #1's eye drops				
뷡	On 09113234 # - Dr	ed, but there was no order.				
100	for the offered over	CD sent an order clarification drops to Resident #1's				
- 8	primary care physicis	arops to Resident #1's				
		the ophthalmologist who				
- 1	initially prescribed the	e offoxacin eye drops and the				
3)	order was discontinu	ed on 09/03/21.				
1	Telephone Interview	with the facility's contracted				
23	pharmacist on 10/21/	21 at 2:00pm revealed:				
- 0	On 08/21/21, they re	eceived an order for ofloxacin				
3	0.3%, a 5ml bottle, to	eye(s) every day.				
	On US/21/21, official	cin 0.3% was filled and				
	On 08/19/21 the facil	lity to start on 08/22/21.				
	dated 08/09/21 was	armacy received an FL2 a note to the side of the eye				
	Service Regulation	o note to the side of the eye				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALGE0158	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		C 19/28/2024
NAME OF P	PROVIDER OR SUPPLIER	STOCET	ODRESS, CITY, STATE	710 000¢	10/26/2021
			LLOW RIDGE DRIV	. (1)	
THE CHA	RLOTTE ASSISTED LIV	TNG.	OTTE, NC 28210	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEIDED BY FULL LISC IDENTIFYING INFORMATION)	ID PRIEFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TON SHOULD BE COMPLET THE APPROPRIATE DATE
D 358	Continued From pag	pe 15	D 358		
drops, "discontinued by specialist".  -The FL2 dated 08/09/21 received on 08/19/21 was a copy of the FL2 received on 08/21/21 with the note about the eye drops discontinued by the specialist.  -She did not consider that an order and an order was requested by the pharmacy on 08/19/21 from the facility.  -On 09/03/21, an order was faxed to the pharmacy to discontinue the offoxacin 0.3% at					
	08/09/21 revealed an order for Vitamin D3	nt #1's current FL2 dated n order for an order for an (a medication used to treat corders) 10mcg, 2 tablets			
10 CT	Medication Administrative aled: -There was an entry tablets every day sch -Vitamin D3 was door administered on 08/2 and 08/27/21.	f1's August 2021 electronic ation Record (eMAR) for vitamin D3 10mcg, take 2 leduled at 8:30am, umented as not 11/21, 08/22/21, 08/25/21 receive 4 of 11 doses of			
	pharmacist on 10/21// -On 08/21/21, they re D3 10mcg, 2 tablets e -On 08/21/21, vitamin doses) were filled and start on 08/22/21. -The 25 doses of vitar 09/15/21.	with the facility's contracted 21 at 2:00pm revealed: sceived an order for vitamin every day. a D3 10mcg, 50 tablets (25 d dispensed to the facility to min D3 would last until			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERUSUPPLIERICLIA IDENTIFICATION NUMBER: HALIGGOISS	(XZ) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED C 10/20/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP COOR	102012021
THE CHA	RLOTTE ASSISTED LA	VING 9120 W	LLOW RIDGE DRIV		
(N4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 358	Continued From page	ge 16	D 358		
	dispensed to the fac	doses) were filled and cility to start on 09/11/21, tamin D3 would last until			
	08/09/21 revealed a	nt #1's current FL2 dated in order for quetiapine (a treat certain mental/mood very night.			
	Review of Resident	#1's subsequent orders			
		08/21 to increase quettapine			
	to 50mg every night.	무슨 회사들이 많은 COST 하는 사람들은 COSTS COSTS -	1 -		
	<ul> <li>An order dated 10/0 to 25mg every day.</li> </ul>	01/21 to decrease quetiapine			
	Review of Resident	#1's August 2021 electronic ration Record (eMAR)			
	revealed:	reson record (exper)			
	tablet every night sci	for quetiapine 25mg take 1 heduled at 8:00pm, from			
	08/20/21 to 08/31/21 -Quetiapine 25mg wi administered on 08/2	B8 documented as not			
	-Resident #1 did not quetiapine.	receive 1 of 12 doses of			
8	Review of Resident #	#1's September 2021 eMAR			
	-There was an entry	for quetiapine 25mg take 1			
8	tablet every day scho -Quetiapine 25mg wa	eduled at 8:00pm. as documented as			
- 6	administered on 09/0	01/21 to 09/08/21.			
3	There was an entry	for quetiapine 50mg take 1			
	tablet every day sche -Quetiapine 25mg wa				
	administered on 09/0				
19	-There was an entry tablet every day sche	for quetiapine 50mg take 1			

STATEMENT OF		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (	CONSTRUCTION	(XX) DATE SURVEY
VAID PLAN OF C	ARRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
2478-0 ID 63		HAL060158	B. WING		C
AME OF PROV	IDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	7 7P CODE	10/26/2021
TE CUARIO			LLOW RIDGE DRIV		
HE CHAPLO	TTE ASSISTED L	CHARL	OTTE, NC 28218		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LISC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE
D 358 Co	ontinued From p	age 17	D 358		
-Q	uetiapine 50mg	was documented as			
ad	ministered on 06	9/13/21 to 09/16/21 and on			
	/18/21 to 09/30/				
-Q	uetiapine 50mg	was documented as not			
	ministered on 09				
		was documented as			
-R	ministered on Ut	9/19/21 at 5:42am and 9:23pm. ved a double dose of			
	etiapine 50mg o				
1230					
Tel	ephone interview	w with the facility's contracted			
		21/21 at 2:00pm revealed:			
	etiapine 25mg e	received an order for			
-Or	n RR/21/21 aud	very day. Sapine 25mg, 25 tablets were			
fille	d and dispense	d to the facility to start on			
	22/21.	- to the facility to start on			
-Th	e 25 doses of q	uetiapine would last until			
	15/21.				
-Or	09/10/21, quet	lapine 25mg every day, 30			
tab	lets were filled a	and dispensed to the facility to			
	rt on 09/11/21.	and the second second			
10/	15/21.	uetiapine 25mg would last until			
		received an order for			
que	tispine 50mg ev	very night and 2 tablets were			
disp	pensed from the	back up pharmacy to the			
faci	lity to start on 0:	9/19/21.			
-On	109/20/21, queti	iapine 50mg, 25 tablets were			
fille	d and dispensed	d to the facility to start on			
	21/21.				
-On	tianina 25mg e	received an order to			
dier	nensed to the fa-	very night and 13 tablets were clifty to start on 10/03/21.			
-Th	ere should have	been 22 doses of quetiapine			
25m	ng and 16 doses	of quetiapine 50mg.			
n 9	leview of Reside	ent #1's subsequent orders			
rew	aled an order d	ant #1's subsequent orders ated 06/30/21 for melatonin			
	every night.	ated obtable i for melationin			
and the same of the same of	rvice Regulation				

IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDERSUPPLIERVOLIA IDENTIFICATION NUMBER:	002) MULTIPLE CONSTRUCTION A BUILDING:		(XI) DATE SURVEY COMPLETED
		HAL060158	B. WINC		10/26/2021
AME OF P	ROYDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	
HE CHA	RLOTTE ASSISTED LIV	ING	LLOW RIDGE DRIV DTTE, NC. 28216	E	
(K4) ID	SUMMARYS	STATEMENT OF DEFICIENCIES	D	ORCHOTERS OF ALL OF	
TAG	REGULATORY OF	ICY MUST BE PRECEDED BY FULL. R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REPERENCED TO DEFICIEN	TION SHOULD BE COMPLI THE APPROPRIATE DATE
D 358	Continued From pag	ge 18	D 358		
	electronic Medicatio	#1's September 2021 n Administration Record			
	(eMAR) revealed: -There was an entry	for melatonin 3mg take 1			
	tablet every night so	heduled at 8:00pm.			
	-Melatonin 3mg was	documented as			
		01/21, and on 09/03/21 to			
	09/08/21, -Melatonia 3ma was	documented as not			
	administered on 09/				
	-There was an entry	for melatonin 3mg take 1			
	tablet every night so	heduled at 9:30pm.			
	-Melatonin 3mg was	documented as			
	administered from 09	9/09/21 to 09/12/21. for melatonin 3mg take 1			
- 1	tablet every night sch	heduled at 10:00pm.			
	-Melatonin 3mg was	documented as			
	administered from 05				
	-Melatonin 3mg was	documented as			
	-Resident #1 did not	9/21 at 5:42am and 9:30pm. receive 1 of 30 doses of			
	melatonin 3mg.	receive 1 cl 30 doses of			
	-Resident #1 receive	d a double dose of melatonin			
	3mg on 09/19/21.				
- 8	Telephone Interview	with the facility's contracted			
	pharmacist on 10/21/	21 at 2:00pm revealed:			
- 8	-On 08/30/21, they re	ceived an order for			
- 5	melatonin 3mg every	night,			
	-On 08/30/21, melato	nin, 16 tablets were filled			
- 8	and dispensed to the	facility to start on 08/30/21. atonin would last until			
	09/15/21.	awiin would last until			
- 8	On 09/10/21, melato	nin, 30 tablets were filled			
- 8	and dispensed to the	facility to start on 09/30/21.			
		atonin would last until			
	10/15/21.				
		interview with Resident #1's			

STATEMEN	of Health Service Re t of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY	
NU PLAN	OF COMRECTION	IDENTIFICATION NUMBER:	A BUILDING:	Ser a seria de la maria	COMPLETED	
		HAL060158	R WING		C 10/26/2021	
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZP CODE	1012021	
HE CHA	RLOTTE ASSISTED LIN	VING 9120 WI	LLOW RIDGE DRIV	4.000 PM NA		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEPICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REPERZINGED TO THE DEFICIENCY)	SHOULD BE COMBLET	
D 358	Continued From page	ge 19	D 358			
	primary care physic was unsuccessful.	ian on 10/21/21 at 9:05am				
	Interview with a med 10/21/21 at 10:30an	dication Aide (MA) on				
	-Resident #1 left for	the day program before the				
	8:00am medication	pass. hift gave Resident #1 her				
	medications before	she arrived.				
	-She thought the res	sident received all the				
	morning medications -She could only see	s on third shift. the medications for her shift				
	on the electronic ad:	ministration record (eMAR)				
	dashboard, and then dashboard that Resi morning medications	e was no message on the ident #1 had missed her				
	-She never administ	ered medications in the	1			
	morning to Resident	#1. eady left the floor for				
	breakfast and the bu her shift.	is when the MA arrived for				
	A second interview w 1:36pm revealed:	with the MA on 10/21/21 at				
- 33	-She did not adminis #1 in the dining room the day program.	ter medications to Resident before Resident #1 left for				
10	She did know why s #1's medications wer	he documented Resident re administered from				
	Resident #1 was at fi	07/21 at 8:30am when he Day program.				
	on 10/21/21 at 3:45pr	sident Care Director (RCD) m revealed:				
- 3	nedications.	admitted with any of her				
i	Resident #1's medic from the pharmacy or	ations had to be ordered n 08/21/21.				
1	nterview with the RC	D on 10/22/21 at 9:34am				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALDED158	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 10/26/2021
NAME OF P	HOVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	70 cone	1 1012021
		102722300			
HE CHA	RLOTTE ASSISTED LA	VING	LLOW RIDGE DRIV DTTE, NC 28210	-	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BY PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REPERINCED TO THE APPRO DEFICIENCY)	D BE COMPLE
D 358	Continued From pa	ge 20	D 358		
	revealed:				
	the state of the s				
	despite the time of	of a medication by the MA,			
	to the decree of the	administration, was reflected			
		n on the eMAR as given at			
	the scheduled time.				
	rosponeikle for visit	Coordinator (RCC) was			
	responsible for print	ing a "detail report" of the			
	basis.	n administration, on a weekly			
	-The detail report captured the actual time the medication was documented as administered and				
	was a more accurate picture than the eMAR				
	documentation.	e picture than the eMAR			
	The second secon	nowed missed medications			
	and medications not	administered within the time			
	frame that was ente	red on the cMAR			
		onsible for taking care of any			
	expendings from the	detailed report with the staff.			
	-She did not run a d	etail report or correct			
	exceptions from the	detail report or correct			
		s for the MAs to administer			
	the medications nor	the physician's order, and in			
	the time frame that	was entered on the eMAR.			
	-If a resident was an	t of the building during the			
	medication adminish	ration pass, the MAs should			
	document on the eM	IAR "LOA" (leave of absence)			
	and administer the d	ally medication when the			
	resident returned.	2 and the	1		
	-The MA should door	ument in the progress notes			
	when the medication	was actually administered.			
	-If the missed medical	ation was given more than			
	once a day, the MAs	should call and notify her,			
1	and she would instru	ct the MA on what to do next			
- 5	or send a message t	o the resident's PCP for			
	direction.				
- 9	-She did not know Ri	esident #1 had missed the			
13	clopidogrel, losartan,	memantine, offoxacin,			
- 13	vitamin D3, melatoni	n, and quetispine and the			
9	staff had not adminis	tered the missed morning			
1	medications when sh	e returned to the facility.			
or of Mank	h Service Regulation	The second of			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/SUIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(XI) DATE SURVEY COMPLETED	
			A BULDING: _		COMPL	EIEU
		HAL060158	8. WING		10/2	6/2021
ME OF P	ROYIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZP CODE		200000
HE CHA	RLOTTE ASSISTED LI	VINE	ILLOW RIDGE DRA OTTE, NC 28210	Æ		
(X4) ID PREFIX TAG	(IIACH DEFICIE	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LISC IDENTIFYING INFORMATION)	PREPIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	COMPLET DATE
D 358	Continued From pa	ge 21	D 358			
	She was informed the MA was administering Resident #1's morning medications in the dining room before she left on the bus for the Day program.  -When she was made aware the time entered for Resident #1's medication administration was not compatible with her Day program schedule, she changed the administration time from 8:00am to 6:30am on 09/07/21.  Interview with the Administrator on 10/25/21 at 2:55pm revealed:  -The regional Health and Wellness Director					
	clinical team with cli eMAR system. -An order would be Special Care Unit (S Coordinator (RCC),	d nurse (RN), assisted the nical guidance and use of the given to the RCD or the GCU) Resident Care depending if the order was g (AL) resident or a SCU				
	mail folders in the or -The RCD, the RCC orders onto the eMA	or the lead MA could enter				
	reviewed the orders -The RCC was resp reviewing the detail program which inclu medications not adm medications as need	once on the eMAR. consible for printing and reports from the software ded missed medications, ninistered on time and led (prn's), and the times				
		ow often the AL RCC ran should be at least weekly.				
	10A NCAC 13F .100 Administration	4(j) Medication	D 367			

Division of Health Service R STATEMENT OF DEFICIENCIES				FORM APPROVED
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIERCLIA IDENTIFICATION NUMBER:	A BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060158	B. WNG		C 10/26/2021
WINE OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	. ZIP CODE	Turanaya I
THE CHARLOTTE ASSISTED L		ILLOW RIDGE DRIV	All the second s	
THE STITLE ADDISTED D	**************************************	OTTE, NC 28210	<del></del>	
PREFIX (EACH DEFICIE	STATEMENT OF DEPICIENCIES INCY MUST BE PRECEDED BY FULL OR LISC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REPERENCED TO THE APPRO DEFICIENCY)	ED BE COMP CON
D 367 Continued From p	age 22	D 367		
(j) The resident's record (MAR) shall following: (1) resident's name (2) name of the me (3) strength and do administered; (4) instructions for or treatment; (5) reason or justific medications or treatmenting the redocumenting the redocumentation medications or treatment (6) date and time of (7) documentation or treatment (8) name or initials the medication or treatment (8) name or initials the medication reconsistent interviews, the facility accuracy of the election administration reconsiderts related to losartan, memanting documentation at a and documentation eye drops when the (Resident #1).  The findings are:  Review of Resident 08/09/21 revealed:	dication or treatment order; sage or quantity of medication administering the medication cation for the administration of trents as needed (PRN) and sulting effect on the resident; if administration; of any omission of trents and the reason for the refusals; and, of the person administering eatment. If initials are used, a t to those initials is to be aintained with the medication of (MAR).	Adde	2. Clinical team to provide re- Medication Administrators rey medication administration and In-service to include but not li medications timely; medication immediately after administerir documentation of residents were turned the same day; proper entries. 3. Clinical team will run the mapture report weekly and follower members on any outliers note in-service to be completed by  Adum per tele sation with to sation with to Lip with performance of the medical him capture re with the medical	garding proper d documentation. imited to: administerir on documentation ng meds; proper tho are on LOA, but or documentation of later do

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED
NAME OF P	NOVIDER OR SUPPLIER	100000000000000000000000000000000000000			10/26/2021
		****	DORESS, CITY, STATE		
THE CHA	RLOTTE ASSISTED LIVI		LLOW RIDGE DRIV OTTE, NC 28210	nE .	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEPICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ON SHOULD BE COMPLETE DATE
D 367	Continued From page	e 23	D 367		
D 367 Continued From page 23  dementia, history of falls, gait/mobility abnormalities, glaucoma, diabetes 2, and hypertension.  -An order for clopidogrel (a medication used to prevent heart attacks and strokes) 75mg every day.  -An order for losartan (a medication used to treat high blood pressure and to help protect the kidneys from damage due to diabetes) 25mg every day.  -An order for memantine (a medication used to decrease the amount of abnormal activity in the brain) 10mg every day.  -An order for Vitamin D3 (a medication used to treat and prevent bone disorders) 10mg, 2 tablets every day.  -An order for Nepafenac (lievro, a medication used to treat eye pain, irritation and pain after cataract surgery) 0.3% to eye every day.					
	Review of Resident # 08/12/21 revealed she on 08/16/21.	1's Resident Register dated s was admitted to the facility			
	Review of Resident # revealed she was adn 08/20/21 at 1:00pm.	1's Clinical Notes Report nitted to the facility on			
	Review of Resident #1 Resident #1 was giver Transfer/Discharge on	a Notice of			
	09/16/21 revealed: -Clopidogrel 75mg, 25 doses, memantine 10r D3 10mcg, 50 tablets   delivered to the facility	rops were never filled or			

Division of Health Service Regulation  STATEMENT OF DEFICIENCIES AND PLAN OF COMMECTION (X1) PROVIDER SUPPLIER GUA IDENTIFICATION NUMBER:  HALDSO158  NAME OF PROVIDER OR SUPPLIER		(X2) MULTIPLE CONSTRUCTION A BUILDING:		COM	(X3) DATE SURVEY COMPLETED	
					10	10/26/2021
		222000	CORESS, CITY, STATE			
THE CHAP	RLOTTE ASSISTED LIV	110	LLOW RIDGE DRIV	Æ		
(34) (0	SUMMARY S	TATEMENT OF DEFICIENCIES	D D	PROVINCIPIE BY AN OF	- CONTRACTOR ALL	
TAG	TAG REGULATORY OR LISC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS DECEMBER ACTION SHOULD BE CON		COMPLET DATE
D 367	Continued From pag	je 24	D 367			
i di	-There was an entry for clopidogrel 75mg 10mg, and vitamin D administered every d -A late entry for clopid 09/14/21 at 3:08pm s administered* on 08/2* "before Resident #1 if -A late entry for clopid 09/15/21 at 12:19pm administered* on 08/2* left the building*A late entry for losant at 3:23pm, as "medic on 08/26/21, 06/30/2* Resident #1 left the billion 08/26/21, 08/30/2* Resident #1 left the billion 08/26/21 at 12:22pm at 12:22pm, as "medic on 08/26/21 at 12:22pm at 12:22pm; at	n Record (eMAR) revealed: dated 08/21/21 to 08/30/21 , losartan 25mg, memantine 3 10mcg scheduled to be lay at 8:30am, dogrel documented on as "medications were 24/21, 08/26/21, 08/31/21 left the building". dogrel documented on as "medications were 24/21 "before Resident #1 tan documented on 09/14/21 ations were administered" 1 and 08/31/21 "before suilding". tan documented on 09/15/21 cations were administered" 1 and 08/31/21 "before suilding". tan documented on 09/15/21 cations were administered" 1 and 08/31/21 "before suilding". I and 08/31/21 "before suilding".				
	Medication Record (el There was an entry d or clopidograf 75mg (	ated 09/01/21 to 09/30/21				
- 1	e administered every	osartan 25mg scheduled to				
4	A late entry for clopid	ogrel documented on				
0	9/14/21 at 3:11pm, 3:	12pm, 3:28pm and 3:29pm			1	
8	s "medications were	administered" on 09/01/21				

		(X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER: HALOSO158	(X2) MULTIPLE CONSTRUCTION A. HULDING:  B. WING		COMPLETED	
NAME OF SPONANCE OF CURRIED			ADDRESS, CITY, STATE, 2IP CYDE		10/26/2021	
THE CHA	RLOTTE ASSISTED LI		LLOW RIDGE DRIV			
THE CHA	ALUTTE ASSISTED LI	Times.	OTTE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEPICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	D PROVIDER'S PLAN OF CORRECTION (XS) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)			
D 367	Continued From pa	ige 25	D 367			
	and 09/02/21 "before building".	re Resident #1 left the				
	revealed:	ent #1's August 2021 eMAR	1			
	-There was an entry for llevro 0.3% to ey administered at 8:3	y dated 08/21/21 to 08/31/21 ye every day, scheduled to be				
		to documented on 09/14/21 at				
	3:13pm and 3:17pm	n, as "signing error medication on 08/26/21 and 08/31/21.				
	Telephone interview	with the facility's contracted 1/21 at 12:38pm revealed:				
	-llevro eye drops we to being denied by it	ere not sent to the facility due				
	-The order for llevro 09/03/21.	was discentinued on				
	Interview with the Re Director (HWD) Reg 10/22/21 at 8:35am	egional Health and Wellness istered nurse (RN) on				
		documenting administration				
33	medication administr	Director (RCD) entered the ration time as 8:30am when ved and was not attending				
	the adult day program -When Resident #1 :	m. Started to attend the day				
- 13	administration was c	t, the time of medication hanged to 6:30am. It documented the medication				
	was not administered absence (LOA).	d at 8:30am due to a leave of				
1	Then the MA should medication when she the eMAR progress r	have administered the e returned and put a note in lotes documenting the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:  HAL060158			(X2) MULTIPLE CONSTRUCTION A BUILDING:		(XX) DATE SURVEY COMPLETED  C
NAME OF PRODUCTO OF A SEC-			TADDRESS, CITY, STATH, ZIP CODE		
THE CHA	RLOTTE ASSISTED LI		LLOW RIDGE DRIV	Maria Caran	
	AND THE PERSON NAMED IN	CHARL	OTTE, NC 28210	<b>55</b> 6	
(X4) ID PREFIX TAG	(BACH DEFICIE)	STATEMENT OF DISPICIENCIES NOY MUST BE PRECEDED BY FULL R LBC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (RS) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DISFICIENCY)		
D 367	Continued From pa	ge 26	D 367		
	Interview with the Administrator on 10/25/21 at 2:55pm  The regional HWD assisted the clinical team with guidance and the use of the eMAR system.  If a resident was out of the facility and did not receive their medications in the time entered on the eMAR, the medication should be documented as not given and a note entered stating the resident was "LOA".  If the medication was administered once daily, the MA could administer the medication when the resident returned and document in the e-progress note the time the medication was administered.  She expected the MAs to follow the policy and document a resident was out of the building (LOA), and administer the medications when the resident returned, documenting that time in the e-Progress notes.				
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			1		
ion of Mark					4

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