	OF DEFICIENCIES	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
			A. BOILDING.			
HAL060060		HAL060060	B. WING		09	/08/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
BROOKDA	ALE CHARLOTTE EAST		LORA LAKE ROAD DTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	The Adult Care Licen Mecklenburg County Survey on Septembe	DSS conducted an Annual				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	10A NCAC 13F .0902 Health Care(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.					
	facility failed to assur professional for 1 out resulting in Resident	as evidenced by: and record reviews, the e contact with a medical of 5 sampled residents (#4) #4 not being administered lium for hypothyroidism.				
	The findings are:					
	revealed: -She had not been ge in the morning for abo	ent #4 on 09/07/22 at 9:20am etting her thyroid medication out 3 months. it to the third shift medication				
	06/29/22 revealed: -Diagnoses included essential hypertensio disease and hypothyr -There was a physicial sodium (a medication	roidism. an's order for levothyroxine				
	Review of Resident # September 2022 elect Administration Record	tronic Medication				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI ND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
	HAL060060		B. WING		09	9/08/2022
IAME OF PRO	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
BROOKDAI	LE CHARLOTTE EAST		LORA LAKE ROAD DTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	91	D 273			
	levothyroxine sodium scheduled to be admi -In July 2022 the levo was not documented from 07/01/22 to 07/3 -In August 2022 the levo was not documented from 08/01/22 to 08/3 -In September 2022 t 75mcg was not docur times from 09/01/22 t Interview with Reside 10:45am revealed: -She did not know that receiving her levothyr -She had just spoken did not mention to her levothyroxine. -She would have expra about not receiving the -Resident #4's last TS thyroid levels) was do 3.82 (therapeutic range -She had seen the re- within the past few most the resident did not so symptoms of not receives medications. -Some of the sympton are increased depres excessively tired or fa issues constipation / of weight gain if she did ordered.	Athyroxine sodium 75mcg as administered 19 times (1/22). Evothyroxine sodium 75mcg as administered 18 times (1/22). The levothyroxine sodium mented as administered 5 o 09/07/22. The #4's PCP on 09/07/22 at at Resident #4 had not been foxine. With Resident #4 and she r about not receiving her ected the facility to notify her the levothyroxine. SH (a lab that measures one on 06/06/22 and was ge 0.46 to 4.68). sident on several occasions onths including today and eem to be having any				

STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 09/08/2022	
		HAL060060				
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
	ALE CHARLOTTE EAST	6053 WI	LORA LAKE ROAD			
SKOUKD	ALE CHARLOTTE EAST	CHARLO	OTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 273	Continued From page	e 2	D 273			
	(RCC) on 09/08/22 at -She was responsible working the medicatio -She normally ran an she done the chart au -She had completed floor last month. -It had been several r completed a chart au therefore, she was no her levothyroxine and notified. Interview with the Hea (HWD) on 09/07/22 a -It was the Resident O responsibility to do m -All the missed medic responsibility of one s third shift. -The medication aide Nurse and had misum -The medication aide medication right befor instead left them for f -The medication had m -She had not notified did not know Residen medications. Interview with the Adr 12:45am revealed: -It was the responsibili sure that all medication	t 1:01am revealed: a for the medication aides on carts. nissed medication list when udits. a missed medication list the chart audit on the lower months since she had dit for the upper floor; ot aware Resident #4 missed a the provider was not alth and Wellness Director t 2:48pm revealed: Care Coordinator's (RCC) hissed medication audits. cations were the specific medication aide on had spoken with our district derstood her instructions. was supposed to give the re she left on third shift, but irst shift to administer. had not told first shift that				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:	DNSTRUCTION		SURVEY PLETED
	HAL060060		B. WING		09	/08/2022
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	ZIP CODE		
BROOKD	ALE CHARLOTTE EAST		LORA LAKE ROAD DTTE, NC 28212			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
D 309	Continued From page	23	D 309			
D 309	10A NCAC 13F .0904 Service	l(e)(3) Nutrition and Food	D 309			
	(e) Therapeutic Diets(3) The facility shall rcurrent listing of resid	Nutrition and Food Service s in Adult Care Homes: maintain an accurate and lents with physician-ordered guidance of food service				
	review, the facility fail and current list of resi physician ordered the	ns, interviews and record ed to maintain an accurate				
	The findings are:					
	Review of Resident # 06/29/22 revealed: -Diagnoses included gastroesophageal dis -An order for a low ch	essential hypertension and ease.				
	kitchen on 09/07/22 a -The list was dated 07					
	binder located in the l	eutic diet list in the diet kitchen dated 09/02/22 was on a regular diet and set tea.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
			A. BUILDING:			
		HAL060060	B. WING		09	0/08/2022
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
ROOKD	ALE CHARLOTTE EAST		ORA LAKE ROAD TTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 309	Continued From page	e 4	D 309			
	revealed she did not therapeutic diet list b (FSD) delivered the u Interview with a seco at 1:15pm revealed: -She referenced the accurately serve mea -According to the the was on a regular diet Interview with the Re (RCC) on 09/08/22 a -She brought a paper orders to the kitchen was admitted or a die -She verbally update diet order and expect the diet binder locate -The new diet order w "Physician Diet Orde documents with signe communicate a new -She was not sure wil list and she did not a once it was posted.	ut the Food Service Director updated lists. and dietary aide on 09/07/22 therapeutic diet list to als to the residents. rapeutic diet list, Resident #4 sident Care Coordinator t 12:24pm revealed: r copy of residents' diet whenever a new resident et was changed. d kitchen staff on the new ted them to put the order in ad in the kitchen. was typically on the r" sheet but sometimes other ed orders were used to diet order. ho made the therapeutic diet udit the list for accuracy				
	were responsible for -She gave the FSD a	t was admitted or if a changed, she or the RCC giving the order to the FSD. paper copy of the diet order				
		a FL2 or in a provider's copy of that document e FSD.				

STATE FORM

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EACH DEFICIENCY REGULATORY OR LS red From page 1 et orders were a nic database. d not audit the t and was not av ct. w with the FSD d: as responsible f CC or HWD only of the "Physicia as a new diet o d not have acce acility's electron odated the thera	6053 Wil CHARLO TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 5 also updated in the facility's therapeutic diet list in the vare Resident #4's diet was on 09/08/22 at 12:35pm for updating the therapeutic y provided her with paper n's Diet Order" sheet when rder. ess to the resident's orders ic database of diet orders.	B. WING DDRESS, CITY, STATE DORA LAKE ROAD DTTE, NC 28212 PREFIX TAG D 309		BE COMPLET
RLOTTE EAST SUMMARY STAT EACH DEFICIENCY REGULATORY OR LS Hed From page and and tot audit the t and was not avant and was not avant the the FSD d: as responsible f CC or HWD only of the "Physicia as a new diet o d not have access acility's electron bodated the thera	STREET A 6053 WII CHARLO TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 5 also updated in the facility's therapeutic diet list in the vare Resident #4's diet was on 09/08/22 at 12:35pm for updating the therapeutic y provided her with paper n's Diet Order" sheet when rder. ess to the resident's orders tic database of diet orders.	DORA LAKE ROAD DTTE, NC 28212	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	(X5) 3E COMPLET
SUMMARY STAT EACH DEFICIENCY REGULATORY OR LS Hed From page and torders were a nic database. d not audit the t and was not av ct. w with the FSD d: as responsible f CC or HWD only of the "Physicia as a new diet o d not have acce acility's electron odated the thera	CHARLO TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 5 also updated in the facility's therapeutic diet list in the vare Resident #4's diet was on 09/08/22 at 12:35pm for updating the therapeutic y provided her with paper n's Diet Order" sheet when rder. ess to the resident's orders tic database of diet orders.	DTTE, NC 28212	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	BE COMPLET
SUMMARY STAT EACH DEFICIENCY REGULATORY OR LS Hed From page and torders were a nic database. d not audit the t and was not av ct. w with the FSD d: as responsible f CC or HWD only of the "Physicia as a new diet o d not have acce acility's electron odated the thera	rement of DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION) 5 also updated in the facility's therapeutic diet list in the vare Resident #4's diet was on 09/08/22 at 12:35pm for updating the therapeutic y provided her with paper n's Diet Order" sheet when rder. ess to the resident's orders tic database of diet orders.	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	BE COMPLET
EACH DEFICIENCY REGULATORY OR LS red From page 1 et orders were a nic database. d not audit the t and was not av ct. w with the FSD d: as responsible f CC or HWD only of the "Physicia as a new diet o d not have acce acility's electron odated the thera	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 5 also updated in the facility's therapeutic diet list in the vare Resident #4's diet was on 09/08/22 at 12:35pm for updating the therapeutic y provided her with paper n's Diet Order" sheet when rder. ess to the resident's orders ic database of diet orders.	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	BE COMPLET
et orders were a nic database. d not audit the t and was not av ct. w with the FSD d: as responsible f CC or HWD only of the "Physicia as a new diet o d not have acce acility's electron odated the thera	also updated in the facility's therapeutic diet list in the vare Resident #4's diet was on 09/08/22 at 12:35pm for updating the therapeutic y provided her with paper n's Diet Order" sheet when rder. ess to the resident's orders nic database of diet orders.	D 309		
nic database. d not audit the t and was not av ct. w with the FSD d: as responsible f CC or HWD only of the "Physicia as a new diet o d not have acce acility's electron odated the thera	herapeutic diet list in the vare Resident #4's diet was on 09/08/22 at 12:35pm for updating the therapeutic y provided her with paper n's Diet Order" sheet when rder. ess to the resident's orders nic database of diet orders.			
d: as responsible f CC or HWD only of the "Physicia as a new diet o d not have acce acility's electron odated the thera	for updating the therapeutic y provided her with paper n's Diet Order" sheet when rder. ess to the resident's orders nic database of diet orders.			
acility's electron odated the thera	ic database of diet orders.			
as not aware tha d from regular t	apeutic diet list whenever a or if a diet order changed. at Resident #4's diet to low cholesterol, low fat			
anagers attend ey discuss weig brought to her a	ght loss and diet orders but attention that Resident #4's			
er (PCP) on 09/0 ent #4's diet was erol, low fat due rides and her hi	07/22 at 4:06pm revealed: s changed to low e to slightly elevated story of a stroke.			
revealed: WD was respon It a "Physician I t was admitted d.	usible for ensuring the PCP Diet Order" sheet when a or a diet order was			
	9/22. anagers attend ey discuss weig brought to her a er had changed w with Residen r (PCP) on 09/0 nt #4's diet was erol, low fat due ides and her hi ote the order o 2. w with the Adm revealed: VD was respon t a "Physician I t was admitted d.	9/22. anagers attend a meeting twice a month ey discuss weight loss and diet orders but brought to her attention that Resident #4's er had changed. w with Resident #4's Primary Care r (PCP) on 09/07/22 at 4:06pm revealed: nt #4's diet was changed to low erol, low fat due to slightly elevated ides and her history of a stroke. ote the order on Resident #4's FL2 dated 2. w with the Administrator on 09/08/22 at revealed: VD was responsible for ensuring the PCP t a "Physician Diet Order" sheet when a s was admitted or a diet order was d. hysician Diet Order" sheet was given to	9/22. anagers attend a meeting twice a month ey discuss weight loss and diet orders but brought to her attention that Resident #4's er had changed. w with Resident #4's Primary Care r (PCP) on 09/07/22 at 4:06pm revealed: nt #4's diet was changed to low erol, low fat due to slightly elevated ides and her history of a stroke. ote the order on Resident #4's FL2 dated 2. w with the Administrator on 09/08/22 at revealed: VD was responsible for ensuring the PCP t a "Physician Diet Order" sheet when a s was admitted or a diet order was d. hysician Diet Order" sheet was given to	9/22. anagers attend a meeting twice a month ey discuss weight loss and diet orders but brought to her attention that Resident #4's er had changed. w with Resident #4's Primary Care r (PCP) on 09/07/22 at 4:06pm revealed: nt #4's diet was changed to low erol, low fat due to slightly elevated ides and her history of a stroke. ote the order on Resident #4's FL2 dated 2. w with the Administrator on 09/08/22 at revealed: VD was responsible for ensuring the PCP t a "Physician Diet Order" sheet when a t was admitted or a diet order was d. hysician Diet Order" sheet was given to

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CC A. BUILDING:			SURVEY PLETED		
	HAL060060		B. WING		09	09/08/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
BROOKD	ALE CHARLOTTE EAST		LORA LAKE ROAD OTTE, NC 28212				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE	
D 309	Continued From page	9 6	D 309				
	list. -The HWD, RCC, Adr twice a month to disc diet changes.	update the therapeutic diet ministrator and FSD met uss resident weight loss and responsible for auditing the					
D 358	10A NCAC 13F .1004 Administration	(a) Medication	D 358				
	 (a) An adult care horn preparation and admi prescription and non- by staff are in accordation (1) orders by a licensist which are maintained 	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies					
	reviews, the facility fa medications as order residents related to a	ns, interviews, and record iled to administer					
	The findings are:						
	revealed: -She had not been ge in the morning for abo -She had received all time. -She had not been fee	nt #4 on 09/07/22 at 9:20am etting her thyroid medication out 3 months. her other medications on eling any different, she just issing her morning thyroid					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
	HAL060060					
			B. WING		09	9/08/2022
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
BROOKD	ALE CHARLOTTE EAST		LORA LAKE ROAD OTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From page	e 7	D 358			
	-She had mentioned it to the third shift medication aid, but no one else. Review of Resident #4's current FL2 dated 06/29/22 revealed: -Diagnoses included chronic kidney disease, essential hypertension, gastroesophageal disease and hypothyroidism.					
		an's order for levothyroxine				
	Review of Resident #4's July 2022 electronic Medication Administration Record (eMAR) revealed:					
	-There was a comput levothyroxine sodium scheduled to be adm -The levothyroxine so	ter-generated entry for 75 mcg 1 tabled daily, and inistered at 5:30am. odium 75mcg was not mes from 07/01/22 through				
	Medication Administra	4's August 2022 electronic ation Record (eMAR)				
	-	er-generated entry for 175 mcg 1 tabled daily, and inistered at 5:30am.				
	-The levothyroxine so	odium 75mcg was not mes from 08/01/22 through				
	(eMAR) revealed:	Administration Record				
	levothyroxine sodium scheduled to be adm					
		odium 75mcg was not nes from 09/01/22 through				

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
HAL		HAL060060	HAL060060 B. WING		09	09/08/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
		6053 WI	LORA LAKE ROAD				
SRUUKD	ALE CHARLOTTE EAST	CHARLO	OTTE, NC 28212				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	8	D 358				
	#4 on 07/08/22 at 10: two pharmacy dispen -One of the bubble ca 07/20/22 and had 15 card. -A second bubble car 8/18/22 and had 27 re Interview with Reside Provider (PCP) on 09 -She did not know that receiving her levothyr -She had just spoken did not mention to her levothyroxine. -She would have expra about not receiving th -Resident #4's last TS thyroid levels) was do 3.82 (therapeutic rang -She had seen the rest within the past few mo the resident did not set symptoms of not receives medications. -Some of the symptor are increased depress excessively tired or fa issues constipation / of weight gain if she did ordered. Interview with the Rest (RCC) on 09/08/22 at -She was responsible working the medication	ards had a dispense date of remaining tablets on the d had a dispense date of emaining tablets on the card. nt #4's Primary Care /07/22 at 10:45am revealed: at Resident #4 had not been roxine. with Resident #4 and she r about not receiving her ected the facility to notify her re levothyroxine. BH (a lab that measures one on 06/06/22 and was ge 0.46 to 4.68). sident on several occasions onths including today and eem to be having any diving her thyroid ms Resident #4 could have sion, lethargy, and being itigued, gastrointestinal diarrhea, irritability, and n't get her levothyroxine as sident Care Coordinator 1:01am revealed: for the medication aides					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL060060		B. WING		09	/08/2022
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
ROOKD	ALE CHARLOTTE EAST		LORA LAKE ROAD OTTE, NC 28212			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PR (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH		PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	9	D 358			
	-She had completed a when she completed floor last month. -It had been several r completed a chart au therefore she was no her levothyroxine in J Interview with the Hea (HWD) on 09/07/22 a -It was the Resident (0 responsibility to do m -All the missed medic responsibility of one s third shift. -The medication aide Nurse and had misun -The medication aide medication right before instead left them for f -The medication had m Interview with the Adr 12:45am revealed: -It was the responsibility sure that all medication	a missed medication list the chart audit on the lower nonths since she had dit for the upper floor; t aware Resident #4 missed uly, August and September. alth and Wellness Director t 2:48pm revealed: Care Coordinator's (RCC) issed medication audits.				