

UNLIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER N1400010	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETED 12/29/22
NAME OF PROVIDER Shady Harbour Adult Living		STREET ADDRESS, CITY, STATE, ZIP CODE 908 Fern Hunter Road Charlotte, NC 28215	
TO: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY THIS REGULATORY OR LOC IDENTIFYING INFORMATION)	BY: FACILITY	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

C 000	E 600 Initial Comments E 500	C 000	
	The Adult Care Licensee Section conducted an annual survey on 12/29/22		
E 210	17A NCAC 110 .0802 Resident Care Plan (a) A family care home shall ensure a care plan is developed for each resident in consultation with the resident assessment to be completed within 30 days following admission according to Rule 10002 of this function. The care plan shall be an individualized written program of personal care for each resident. (b) The care plan shall be revised as needed based on further assessments of the resident according to Rule 10002 of this Subchapter. (c) The care plan shall include the following: (1) a statement of the care or service to be provided based on the assessment or reassessment; and (2) the agency of the service provision. (d) The licensee shall sign the care plan with its completion.  This Rule is not met as evidenced by: 12/29/22 interviews and record reviews. The facility failed to ensure care plans were completed annually for 2 of 3 sampled residents (R1, R3, and R7).	E 210	Administration will ensure all care plans are completed and signed by the date generally 12/29/22

PROVIDER NAME OR LICENSEE NUMBER SIGNATURE: *Paul Collins* TITLE: *Admin's representative* DATE: *12/29/22*  
 STATE FORM - UNLIMITED USE STATEMENT OF DEFICIENCIES

Reviewed and Acknowledged 12/29/22 *Sharon Duxton RN*

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETED:
	FCL-060-019	A. BUILDING: _____ B. WING _____	10/04/2022

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
<b>Shady Harbour Adult Living</b>	<b>908 Tom Hunter Road Charlotte, NC 28213</b>

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
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C 236	<p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 08/30/22 revealed diagnoses included hypertension, chronic obstructive pulmonary disease (lung disease), dementia, and schizoaffective disorder (a mental health disorder).</p> <p>Review of Resident #1's Resident Register revealed an admission date of 08/08/19.</p> <p>Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1's care plan was dated 05/11/21.</li> <li>-There was no care plan completed within the past year for Resident #1.</li> </ul> <p>Refer to the interview with the Administrator on 10/04/22 at 11:36am.</p> <p>2. Review of Resident #2's current FL2 dated 01/11/22 revealed diagnoses included schizoaffective disorder (a mental health disorder), chronic obstructive pulmonary disease (lung disease), and hypertension.</p> <p>Review of Resident #2's Resident Register revealed an admission date of 08/08/19.</p> <p>Review of Resident #2's record revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2's care plan was dated 05/11/21.</li> <li>-There was no care plan completed within the past year for Resident #2.</li> </ul>	C 236		
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PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

TITLE

DATE

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C 236	<p>Refer to the interview with the Administrator on 10/04/22 at 11:36am.</p> <p>3. Review of Resident #3's current FL2 dated 04/13/22 revealed diagnoses included alcoholism, dementia, depression, and hypertension.</p> <p>Review of Resident #3's Resident Register revealed an admission date of 08/18/19.</p> <p>Review of Resident #3's record revealed: -Resident #3's care plan was dated 06/15/21. -There was no care plan completed within the past year for Resident #2.</p> <p>Refer to the interview with the Administrator on 10/04/22 at 11:36am.</p> <p>Interview with the Administrator on 10/04/22 at 11:36am revealed: -A nurse came to the facility to audit resident records, but she was unsure when she was last in the facility. -She knew resident care plans were to be completed annually. -She was not aware the resident care plans had not been updated. -It was her responsibility to ensure resident care plans were completed annually.</p>	C 236		
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