DHSR LIMITED USE OF DEFICIENCIES A		PROVIDER IDENTIFICATION NUMBER:	MULTIPLE	CONSTRUCTION	DATE SU	
CORRECTION	WE TEAN OF		A. BUILDIN	G:		
		HAL060158	B. WING		09/22/2	022
NAME OF PROVID	ER	STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
The Charlotte A	ssisted Living	9120 Willov	Ridge Dri	dge Drive Charlotte, NC 28210		
PREFIX DEFICI	ENCY MUST B	ENT OF DEFICIENCIES (EACH SE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	CORRECTIVE ACTION SHOULD BE CROSS REPORTAGE SOFT AND THE CROSS REPORT OF THE CROSS REP	(EACH	COMPLETE
The Adu	omments It Care Licensure In September 20	Section conducted a follow-up -22, 2022.		RECEIVED FROM SURVEY 11/30/22 DU SYSTEM – DOOWN.	JE TO	
Examina (b) Each admissio results o of this Ru Medicaic MR-2, No Services, This Rule review a annual Fl	resident shall han to the facility af the complete eale are to be entill Program Long Torth Carolina Mewhich shall com	ve a medical examination prior to and annually thereafter. (c) The xamination required in Paragraph (b) ered on the FL-2, North Carolina Ferm Care Services, or dicaid Program Mental Retardation uply with the following: videnced by: D 235 Based on record ews, the facility failed to ensure and for		 D 235: 10A NCAC 13F .0703- It is of this facility that residents shall medical examination annually ent the FL 2, signed by the physician, placed in the resident chart. The Resident Care Director (RCD medical examinations recorded on completion for Resident #1, #4 an ensured signature of the physician the FL 2's in each appropriate resichart. The Vice President of Clini Development provided education of RCD related to the requirement of FL 2's for each resident on admiss annually. Education completed on 10/26/2022 The RCD and/or desigen sure annual FL 2 completion for Compliance. Any deficiencies shall be corrected immediately. 	have a tered on and) ensured a FL 2 d #6, and filed dent cal to the annual tion and the each	12/16/2022
07/19/21 gastroint forgetfuli Review o	of Resident #1' revealed d estinal bleeding ness.	s most recent FL2 dated iagnoses included history of with anemia (low blood count) and esident register revealed an 21.		RECEIV DEC 1 6 2 ADULT CARE LICENSU RALEIGH	ED 022 RE SECTIO	И

TITLE

DATE

STATE FORM – DHSR LIMITED USE STATEMENT OF DEFICIENCIES

Reviewed and Acknowledged on 01/17/2023.

Sharon Dunton RN

Page 1 of 45

OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER The Charlotte Assisted Living ID SUMMARY STATEM PREFIX DEFICIENCY MUST E	9120 Willov ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL	A. BUILDING B. WING RESS, CITY, ST Ridge Driv ID PREFIX TAG	DATE SUI COMPLE 09/22/2	TED:
updated FL2 completed provider (PCP) after 07/ Refer to the interview w Director (RCD) on 09/22 Refer to the interview w Clinical Development or Attempted telephone in PCP on 09/21/22 at 11:4 2. Review of Resident #-06/08/21 revealed diag hypertension, hyperlipid disease, and atrial fibrill Review of Resident #4's admission on 07/19/21. Review of Resident #4's updated FL2 completed provider (PCP) after 06/ Refer to the interview w	HALO60158 E OF PROVIDER Charlotte Assisted Living SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			

TITLE

1	MITED USE STATEMENT CIENCIES AND PLAN OF	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE	CONSTRUCTION	DATE SU	
CORRECT			A. BUILDIN	G:	COMPLE	IED:
		HAL060158	B. WING		09/22/2	022
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	arlotte Assisted Living	9120 Willov	v Ridge Dri	ve Charlotte, NC 28210		
ID	SUMMARY STATEM	ENT OF DEFICIENCIES (EACH	ID PREFIX	PROVETE LE CONSTITUTION DE LE COME LE	(EACH	COT FIPLETE
PREFIX	DEFICIENCY MUST B	BE PRECEDED BY FULL	TAG	REFERENCED TO THE APPROPRIATE	`	
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)				
			3	DEFICIENCY)		ļ.
	Continued from Page 2		7			
D235						
	Attempted telephone in PCP on 09/22/22 at 1:45	terview with Resident #4's pm was unsuccessful.				
	3. Review of Resident #5	's most recent EL2 dated				
	05/11/21 revealed diagn	oses included hypertension,				
	diabetes, coronary arten impairment.	y disease and mild cognitive				
	Review of Resident #5's admission on 05/18/21.	resident register revealed an				
		record revealed there was not an or signed by the primary care 1/21.				
	Refer to the interview wi	ith the RCD on 09/22/22 at 4:02pm.				
	Refer to the interview wi Clinical Development on					
	Attempted telephone int PCP on 09/22/22 at 1:45	erview with Resident #5's om was unsuccessful.				
	-She was responsible for residents had up to date -She started working at the					
PROVI	DER LICENSEE OR LICENSEE	E DESIGNEE'S SIGNATURE	TITLE	DATE		

		PROVIDER IDENTIFICATION	MULTIPLE C	ONSTRUCTION	DATE SURVEY COMPLETED:
OF DEFICI	ENCIES AND PLAN OF	NUMBER:	A. BUILDING	à:	
CORRECT	ION	HAL060158	B. WING		109/22/2022
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE	
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210	
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S TIME SPROPRIATE REFERENCED TO THE APPROPRIATE	N (EACH POTTIPLET
				DEFICIENCY)	Į,
D235	Continued from page 3				
	but it was inaccurate.	tracking system for FL2 due dates, alized an audit system to ompleted on time.			
	FL2s completed on a year. The electronic database provided an alert when electronic the RCD was trained of after being hired. Since July 2022, she has at the facility to improve	/22 at 4:13pm revealed: ble for ensuring that residents had arly basis.			
D276	in the resident's record (3) written procedures, a physician or other lice and (4) implementation of p specified in Subparagra	ure documentation of the following: treatments or orders fromensed health professional; procedures, treatments or orders ph (c)(3) of this Rule.	D276	 D276 NCAC 13F .0902- All no will be transcribed to the Medic Administration Record and sen pharmacy. Updated FL2's will be sent to t upon receipt and transcribed to Medication Administration Rec The RCD/RCC/Designee will all orders, and FL2's are accurate transcribed on the eMAR. And Medication Techs education or Transcribing orders. Any deficiencies shall be correinmediately. 	cation t to the the pharmacy the cord. ensure that ately audit weekly
	This Rule is not met as Based on observations, reviews, the facility fail	interviews and record			

TITLE

		E				
	ITED USE STATEMENT ENCIES AND PLAN OF	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE	CONSTRUCTION	DATE SUI	
CORRECT			A. BUILDING	3:	COMPLE	IED.
		HAL060158	B. WING		09/22/2	022
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willov	Ridge Driv	ve Charlotte, NC 28210		
ID PREFIX		ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLANS BY LEGISM REFERENCED TO THE APPROPRIATE	(EACH	€⊙ MPLETE
TAG		C IDENTIFYING INFORMATION)	100			
				DEFICIENCY)		
D276	Continued from page 4					
		of 7 sampled residents (#3 and #5 ving medication (#3), a steroid and				
	The findings are:					
	1.Review of Resident #3's current FL2 dated 07/22/22 revealed: -Diagnoses included leg swelling and elevated blood pressureAn order for acetaminophen 650mg extended release (ER) (a medication used for pain relief) three times daily.					
	-An entry for acetaminop for 1:00am, 8:00am and	on record (eMAR) revealed: ohen 650mg ER scheduled 7:00pm. ER was documented as administered				
	1:00am, 8:00am and 7:00	then 650mg ER scheduled for Opm. ER was documented as administered				

TITLE

		Land the second second second	LAU TIDI E C	ONICTRICTION	DATE CLIDS	/EV
		PROVIDER IDENTIFICATION NUMBER:	L		DATE SURVEY COMPLETED:	
CORRECT	LINCILS AND I LAIN OF		A. BUILDING	i:	09/22/20:	22
		HAL060158	B. WING		03/22/20	~~
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210		
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH SE PRECEDED BY FULL C IDENTIFYING INFORMATION)	TAG	PROMINER'S 中国NSUP (地名PRECTION REFERENCED TO THE APPROPRIATE DEFICIENCY)	(EACH	?∲ ¶PLETE
D276	1:00am, 8:00am and 7:0 -Acetaminophen 650mg at 1:00am, 8:00am and 09/01/22 to 09/19/22. -Acetaminophen 650mg administered at 1:00am Review of Resident #3's 09/21/22 at 4:28pm rev	phen 650mg ER scheduled for 00pm. ER was documented as administered 7:00pm from ER was documented as , 8:00am on 09/20/22. medication on hand on realed:				
	There was not any acet three times per day on the received with Resident 10:40am revealed: The medication aides (acetaminophen twice a She was prescribed acetaminophen but son required use of non-sch	taminophen 650mg ER scheduled the medication cart. Then 650mg ER scheduled two times on cart. #3 on 09/22/22 at MA) gave her scheduled				

TITLE

	MITED USE STATEMENT	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE (the second secon	DATE SU	
CORRECT			A. BUILDIN	G:	COMPLE	IED;
		HAL060158	B. WING		09/22/2	022
NAME O	F PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	arlotte Assisted Living	9120 Willow	Ridge Driv	ve Charlotte, NC 28210		
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLANSUPUD RECOGN REFERENCED TO THE APPROPRIATE	(EACH	ۯ MPLETE
IAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)		DEFICIENCY)		
D276	Continued from page 6					
	contracted pharmacy on 4:48pm revealed: -The pharmacy had an or 650mg ER twice a day th 03/25/22The pharmacy did not h #3's FL2 that was dated (-The facility typically semby an electronic escript, faxing a new FL2The facility added medic pharmacy was not able to Interview with the Reside (RCC) on 09/22/22 at 11: -She faxed signed physici but did not fax annual FL-She did not remember if FL2s to the pharmacy. Interview with the Reside 09/22/22 at 9:30am reverwhen a resident came be should have been given to on her deskShe did not always receive-When a resident had a nesident	rder for acetaminophen at was signed on ave a copy of Resident 07/22/22. It medication orders to the pharmacy faxing printed medication orders or cations to their eMARs and the o view them. ent Care Coordinator 05am revealed: It is an orders to the pharmacy 2s to the pharmacy. It is she was trained to fax ent Care Director (RCD) on aled: It is ack from the hospital, the paperwork of her or put the edications could be filled.				

TITLE

OF DEFICIENCIES AND PLAN OF		OVIDER IDENTIFICATION JMBER:			DATE SUR COMPLET	
CORRECTION		1000450	A. BUILDING		 09/22/20	122
	HA	AL060158	B. WING			
NAME OF PROVIDER		STREET ADD	RESS, CITY, S	FATE, ZIP CODE		
The Charlotte Assisted L	iving	9120 Willov	w Ridge Driv	e Charlotte, NC 28210		
PREFIX DEFICIENCY MU	JST BE I	T OF DEFICIENCIES (EACH PRECEDED BY FULL DENTIFYING INFORMATION	ID PREFIX TAG	PRENGIDER'S 中国MADP 化色 RRECTION REFERENCED TO THE APPROPRIATE	(EACH	€⊙ TMPLETE
1,2002.110111				DEFICIENCY)		
D276 Continued from pa	age 7					
07/22/22 and that	is why it	was never sent to the pharmacy.				
	0mg ER	sident #3's order for changed from twice daily to '22.				
		the Vice President of 1/22/22 at 4:13pm.				
		view with Resident #3's m was unsuccessful.				
	d diagnos	current FL2 dated es included diabetes, ery disease and mild cognitive				
	d an orde ng/ 3ml (a ortness of	r for ipratropium- a medication used to treat breath caused by breathing				
	cord (eM. Ibuterol	gust 2022 electronic medication AR) revealed there was not an ent four times daily.	ry			
Review of Resider there was not an 2.5mg/3ml inhala	entry for	ptember 2022 eMAR revealed ipratropium- albuterol 0.5- r times daily.				

TITLE

DUGD LINA	ITED LIGE STATES SEASO	l	T			
		PROVIDER IDENTIFICATION NUMBER:	MULTIPLE		DATE SUI	
CORRECTI			A. BUILDING	G:		
		HAL060158	B. WING		09/22/2	022
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
	rlotte Assisted Living		Ridge Driv	ve Charlotte, NC 28210		
ID PREFIX		ENT OF DEFICIENCIES (EACH	ID PREFIX	PROVIDER'S PLANSOP LED RECOSON REFERENCED TO THE APPROPRIATE	(EACH	EDIN PLETE
TAG		E PRECEDED BY FULL C IDENTIFYING INFORMATION)	TAG	The rest of the fact that the		
	THE SOLITION ON ES	CIDENTIL TINO IN OMINATION,		DEFICIENCY)		
				,		
D276	Continued from page 8					
	Observation of Resident cart on 09/21/22 at 5:40	#5's medications on the medication pm revealed:				
	-A box labeled ipratropiu					
	with six silver packages in One of the packages wa	nside. s open and had three vials remaining				
	in the package.					
	Interview with Resident					
		nly breathing treatment that he twice a day inhaler that he had				
	used for many years.					
	Refer to the interview wi 11:00am.	th a MA on 09/22/22 at				
	Interview with the Reside	ent Care Coordinator				
	(RCC) on 09/22/22 at 12:	59pm revealed: tropium-albuterol to the eMAR on				
	the day she received the	paperwork since the medication				
	was not in the buildingShe did not add medic	cation to the eMAR until the facilit				
	received the medication	in case there was a delay in deliver	1			
	from the pharmacyShe expected the MA to	notify her when the ipratropium-				
	albuterol was delivered, a	and she would have entered the				
	medication on the eMAR -She could not remember	r if an MA contacted her to put				
	ipratropium-albuterol on	Resident #5's eMAR.				
	Interview with the Reside 09/22/22 at 1:30pm reve	ent Care Director (RCD) on aled:				
	-,, or alloopin forc					

TITLE

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

OF DEFICIENCIES AND PLAN OF N		PROVIDER IDENTIFICATION NUMBER: HAL060158	MULTIPLE C A. BUILDING B. WING		DATE SUR COMPLET 09/22/20	ED:
NIA NAE OE	PROVIDER	STREET ADDI		TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210		
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PRRVが可性を含句はNSOPは色格底を含むN REFERENCED TO THE APPROPRIATE DEFICIENCY)	(EACH	ĕðī MPLETE
D276	electronic Medication A She had the capability t from home at any time.	put new orders the resident's dministration Record (eMAR). to put new orders on the eMARs was responsible to put new				
	contracted pharmacy or 1:13pm revealed: -The pharmacy received ipratropium-albuterol 0 on 08/03/22. -A box with 180 mL of ip 0.5mg- 2.5mg, 60 doses 08/03/22. -If Resident #5 did not re as ordered, he could see	l a signed physician's order for .5mg-2.5mg/ 3ml four times per day oratropium-albuterol				
	b. Review of Resident # dated 09/08/22 reveale -Discharge diagnosis wa in which foods, stomacl	5's hospital discharge summary ed: as aspiration syndrome (condition h contents, or fluids are breathed the windpipe). ednisolone 4mg (a medication that				

TITLE

1		PROVIDER IDENTIFICATION NUMBER:	MULTIPLE (CONSTRUCTION	DATE SU	
CORRECT	ION		A. BUILDIN	G:	COMPLE	
		HAL060158	B. WING		09/22/2	022
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willov	Ridge Driv	ve Charlotte, NC 28210		
ID		ENT OF DEFICIENCIES (EACH	ID PREFIX	PROVIDER'S FLANGUALD RECTION	(EACH	EOTAPLETE
PREFIX TAG		E PRECEDED BY FULL C IDENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE		
1.7.0	REGOLATORT OR EST	CIDENTIFFING INFORMATION		DEFICIENCY)		
D276	Continued from page 10					
		s that affect the lungs), five-day				
	taper dose pack take as o	directed on package instructions.				
		September 2022 electronic on record (eMAR) revealed				
	there was not an entry for	r methylprednisolone 4mg,				
	five-day taper dose pack.					
	Observation of Resident	#5's medications on the medication				
	cart on 09/21/22 at 5:40p					
	seventeen tablets in the	package and a dispense date of				
	09/08/22None of the tablets had	been removed from the bubble				
	pack medication card.					
	Refer to the interview wit	th a MA on 09/22/22 at				
	11:00am.					
	Interview with the RCC or	n 09/22/22 at 12:59pm revealed:				1
		#5's hospital discharge summary				
	-She did not add the meth	nylprednisolone 4mg taper pack to				
	the eMAR on the day she medication was not in the	received the paperwork since the				ı
	-She did not add medica	ation to the eMAR until the facility				
	received the medication i	n case there was a delay in delivery.				

TITLE

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

					1		
OF DEFIC	ENCIES AND PLAN OF ION	NUMBER: HAL060158	A. BUILDING: B. WING			OATE SURVEY COMPLETED: 09/22/2022	
NAME OF	PROVIDER	STREET ADDR	RESS, CITY, S	TATE, ZIP CODE			
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	re Charlotte, NC 28210			
ID PREFIX TAG	DEFICIENCY MUST	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROF何性で含年に外の世界性の存在をで REFERENCED TO THE APPROPRIATE DEFICIENCY)	ቸውN (EACH	©©T FIPLET	
D276	entered the medication -She could not rememb methylprednisolone on Interview with the RCD -She was responsible to electronic Medication A -She had the capability from home at any timeIf she was sick, the RCC orders on the eMAR. Telephone interview wi contracted pharmacy o 1:13pm revealed: -The pharmacy received methylprednisolone 4m package instructions on facility on 09/08/22 at 9:23pmThe medication had in -The first day Resident two tablets in the morr at supper and two tables	o notify her when the s delivered, and she would have on the eMAR remotely. er if an MA contacted her to put Resident #5's eMAR. on 09/22/22 at 1:30pm revealed: put new orders the resident's administration Record (eMAR). to put new orders on the eMARs. was responsible to put new th a Pharmacist at the facility's n 09/22/22 at d a physician's order for neg taper pack to take as directed on 109/08/22 and it was delivered to the estructions for a five-day taper. #5 should have received: sing, one tablet at lunch, one tablet					

TITLE

		PROVIDER IDENTIFICATION	MULTIPLE	CONSTRUCTION	DATE SU	
CORRECT	IENCIES AND PLAN OF	NUMBER:	A. BUILDIN	G:	COMPLE	TED:
		HAL060158	B. WING			
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willov	v Ridge Dri	ve Charlotte, NC 28210		
ID	SUMMARY STATEM	ENT OF DEFICIENCIES (EACH	ID PREFIX	PROVIDER'S TLANS UP LED RECTION	(EACH	€© MPLETE
PREFIX		SE PRECEDED BY FULL	TAG	REFERENCED TO THE APPROPRIATE	\	
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)				
				DEFICIENCY)		1
D276	Continued from page 12		r-			
	one tablet in the morning supper and two tablets b	g, one tablet at lunch, one tablet at pefore bed.				
	-The third day Resident #	\$5 should have received:				
	one tablet three times per The fourth day Resident	er day. : #5 should have received:				
	one tablet twice a day.					
	-The fifth day Resident #5 should have received: one tablet once a day.					
	-Since Resident #5 did no	ot receive the methylprednisolone				
	4mg taper pack it could h	nave caused a longer recovery time,				
	have on the medication.	ave lasted longer than they would				
	Refer to the interview wi Clinical Development on					
		erview with Resident #5's				
	PCP on 09/22/22 at 1:45p	om was unsuccessful.				
	-When the pharmacy deli the resident's name to ma on the correct medication	19/22/22 at 11:00am revealed: ivered medication, she looked at ake sure the medication was put in cart. it medication carts once every one				
	to two months.					
		ked at medications on the esure they were on the eMAR.				
	-If there was a medication	on the cart that was not on the				
	eMAR she alerted the RCI	D.				
PROVID	DER LICENSEE OR LICENSEE	DESIGNEE'S SIGNATURE	TITLE	DATE		

	ITED USE STATEMENT	PROVIDER IDENTIFICATION NUMBER:		CONSTRUCTION	DATE SUR	
CORRECT			A. BUILDING	à:	00/22/20	
COMINECT		HAL060158	B. WING)22
NAME OF	PROVIDER	STREET ADDI	RESS, CITY, S	TATE, ZIP CODE		
	rlotte Assisted Living	9120 Willow	Ridge Driv	ve Charlotte, NC 28210		
				PROVIDER'S TLANS HOUSE RECOGN	I (EACH	€© I∳IPLETE
ID	1	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL	ID PREFIX	REFERENCED TO THE APPROPRIATE	I (EACH	COMPLLIL
PREFIX TAG		SE PRECEDED BY POLL IC IDENTIFYING INFORMATION)				
IAG	REGULATORY OR LS	C DENTIFTING INFORMATION)		DEFICIENCY)		
D276	Continued from page 13	}				
	-The FL2 had active order pharmacy every time a seminary every time a seminary every time a seminary every time action should have or RCD when the order the RCC and RCD were physician's orders matched medication dispensed by	'22 at 4:13pm revealed: ers and it should have been sent to the resident had a new one signed. e been added to the eMAR by the RCC came in the building. responsible for auditing to ensure hed the orders on the eMAR and the				12/16/2022
D344	resident's physician or por clarification of order (1) if orders for admissing the dated and signed we readmission to the facil (2) if orders are not clearly if multiple admission or readmission and ord The facility shall ensure	shall ensure contact with the prescribing practitioner for verification s for medications and treatments: on or readmission of the resident are within 24 hours of admission or lity;	D344	 1. 10A NCAC 13F .1002-Medical RCD/RCC/Designee shall contart for clarification/verification of for medications and treatments that all orders are dated and signification physician within 24 hours of admission/readmission to facility. 2. Medication Techs education Completion 12/9/22. 3. RCD/RCC/Designee to perform a udits. Audits will continue for longer until substantiating compreached. 4. Any deficiencies shall be corresimmediately. 	act physician any orders to ensure ned by the ty. m weekly 3 months or pliance is	



TITLE

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER The Charlotte Assisted Living SUMMARY STATEMENT OF DEFICIENCIES (EACH PREFIX DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		REFERENCED TO THE APPROPRIATE DEFICIENCY)	(EACH	©® IFIPLETE
facility failed to clarify orde sampled residents, related an order for a medication to treat an enlarged prostat #7). The findings are: Review of Resident #7's cur 07/28/22 revealed diagnosurinary incontinence. a. Review of Resident #7's 07/28/22 revealed there w ER (a medication used to treatly. Review of Resident #7's 06/28/22 revealed there w ER 250mg, three tablets dawn Review of Resident #7's Jul September 2022 electronic Records (eMAR) revealed: -There was an entry for div 250mg, three tablets daily.	rviews and record reviews, the rs with the provider for 1 of 7 to to be treat epilepsy and a medication te (Resident rent FL2 dated es included epilepsy and current FL2 dated as an order for divalproex sodium eat epilepsy) 250 mg, one tablet signed physician orders dated as an order for divalproex sodium ily. y 2022, August 2022, and Medication Administration ralproex sodium ER 250mg, three tablets daily entry			

TITLE

1		PROVIDER IDENTIFICATION NUMBER:	MULTIPLE C		DATE SUI	
CORRECTI	ON		A. BUILDING	G:		
		HAL060158	B. WING			
NAME OF	PROVIDER	STREET ADDI	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210		
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH E PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S TIONS HOUSE RECOID N REFERENCED TO THE APPROPRIATE DEFICIENCY)	(EACH	© O M PLETE
D344	was ordered on 06/28/2: -The order was for Reside ER 250mg, three tablets -They did not have the FI Interview with Resident at 10:40am revealed he coumedications. Observation of medication #7 on 09/22/22 at 11:49 containing divalproex sociavailable for administration Refer to the interview with Coordinator (RCC) on 09/22/2 Refer to the interview with Director (RCD) on 09/22/2 Refer to the interview with Clinical Development on 10 cordinator on	esident #7's divalproex sodium ER 2. ent #7 to receive divalproex sodium daily, at 8:30am2 dated 07/28/22 on file. #7 on 09/22/22 at uld not remember all his ons on hand for Resident am revealed a multidose pack dium ER 250mg, 3 tablets was ion. th the Resident Care /22/22 at 11:05am. th the Resident Care /22 at 9:36am. th the Vice President of 09/22/22 at 4:13pm. erview with Resident #7's CP) on 09/21/22 at ul.				
	07/28/22 revealed there	was an order for				

TITLE

		PROVIDER IDENTIFICATION	MULTIPLE C	ONSTRUCTION	DATE SUI	
OF DEFICI CORRECT	ENCIES AND PLAN OF	NUMBER:	A. BUILDING	i:		
JONNECT		HAL060158	B. WING			
NAME OF	PROVIDER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210		
ID PREFIX TAG	DEFICIENCY MUST E	IENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	TAG	PROWIDER'S 中国NO THE APPROPRIATE DEFICIENCY)	(EACH	€ ÐĪÑPLETE
D344	Continued from page 16	5				
		on used to treat an enlarged				
	Review of Resident #7's signed physician orders dated 06/28/22 revealed there was an order for tamsulosin 0.4mg, two capsules daily.					
	September 2022 electron Records (eMAR) reveals -There was an entry for daily.	tamsulosin 0.4mg two capsules two capsules daily entry was				
	contracted pharmacy o 1:15pm revealed: -The current order for F was ordered on 06/28/ -The order was for Resi 0.4mg, two capsules da	Resident #7's tamsulosin 22. dent #7 to receive tamsulosin				
	Interview with Resident 10:40am revealed he co medications.	t #7 on 09/22/22 at ould not remember all his				
	#7 on 09/22/22 at 11:4	tions on hand for Resident 19am revealed a multidose pack 0.4mg, 2 tablets was available for				
1						

TITLE

	TITED USE STATEMENT IENCIES AND PLAN OF	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE (CONSTRUCTION	DATE SU	
CORRECT			A. BUILDING:		COMPLETED:	
		HAL060158	B. WING		109/22/2	022
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	ırlotte Assisted Living	9120 Willow	Ridge Driv	ve Charlotte, NC 28210		
ID		ENT OF DEFICIENCIES (EACH	ID PREFIX	PROVIDER'S TLANS UP LE RECORD	(EACH	€® TFIPLETE
PREFIX		BE PRECEDED BY FULL	TAG	REFERENCED TO THE APPROPRIATE		
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)		DESICIENCY		
			.1.	DEFICIENCY)		3.
D344	Continued from page 17					
	Refer to the interview w 11:05am.	ith the RCC on 09/22/22 at				
	Refer to the interview with the RCD on 09/22/22 at 9:36am. Refer to the interview with the Vice President of Clinical Development on 09/22/22 at 4:13pm. Attempted telephone interview with Resident #7' Primary Care Provider (PCP) on 09/21/22 at 11:47am was unsuccessful.					
	-She was unsure who wro Resident #7's FL2 dated (-She thought the number omitted from the divalpr -She thought the number omitted from the tamsul	or/28/22. r "3", for 3 tablets was mistakenly oex sodium entry on the FL2. r "2", for 2 tablets was mistakenly osin entry on the FL2. an orders to the pharmacy 2s to the pharmacy.				
		n 09/22/22 at 9:36am revealed: e faxed to the pharmacy.				
PROVII	DER LICENSEE OR LICENSEE	E DESIGNEE'S SIGNATURE	TITLE	DATE		

					-	
		PROVIDER IDENTIFICATION	MULTIPLE CONSTRUCTION DATE SU			
of Defici Correcti	ENCIES AND PLAN OF	NUMBER:	A. BUILDING	i:	100	
CONNECT	I I	HAL060158	B. WING			
NAME OF	PROVIDER	STREET ADDI	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		TAG REFERENCED TO THE APPROPRIATE		I (EACH	26√T MPLETE
D344	Continued from page 18			DETICIENCY)		
	-If a medication order of than the resident's curreshould be clarified with Provider (PCP)It was the responsibilit to clarify resident order Interview with the Vice Development on 09/22The RCC and the RCD with the RCD wi	on a resident's FL2 was different ent medication order, the order the resident's Primary Care by of the RCD and the RCC by with the PCP. President of Clinical 1/22 at 4:13pm revealed:				
D358	care home shall assure administration of medi prescription, and treati (1) orders by a licensed maintained in the resid	ledication Administration (a) An adult that the preparation and cations, prescription and nonments by staff are in accordance with: I prescribing practitioner which are lent's record; and (2) rules in this 's policies and procedures.	D358	 1. 10A NCAC 13F .1004- Medications/Treatments will be administered as ordered by phys 2. Medication Techs education Completion 12/9/22. 3. RCD/RCC/Designee to perform audits. Audits will continue for longer until substantiating comp reached 4. Any deficiencies shall be correct immediately. 	sician. n weekly 3 months or bliance is	12/30/2022
	for 3 of 7 sampled resi related to a medication	ws and interviews, the ister medications as ordered				

TITLE

		PROVIDER IDENTIFICATION NUMBER:	MULTIPLE (CONSTRUCTION	DATE SUI	
CORRECTI			A. BUILDING		COMPLE	
		HAL060158	B. WING			
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	ve Charlotte, NC 28210		ľ
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH E PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLANSOP CORRECTION REFERENCED TO THE APPROPRIATE	(EACH	COT MPLETE
			1	DEFICIENCY)		
D358	Continued from page 19					
	a medication used to treat treat wheezing and short used to treat inflammation	at pain (#3), a medication used to tness of breath and a medication on (#5).				
	The findings are:					
	-There was an order for t	epsy and urinary				
	September 2022 electron Records (eMAR) revealed -There was an entry for d 250mg, three tablets dail	ivalproex sodium ER y. R 250mg, three tablets daily entry				
	Interview with Resident # 10:40am revealed he cou all his medications.	F7 on 09/22/22 at Id not remember the names of				
	Observation of medicatio #7 on 09/22/22 at 11:49a containing divalproex sod	m revealed a multidose pack				

TITLE

The Charlotte Assisted Living 9120 Willow SUMMARY STATEMENT OF DEFICIENCIES (EACH PREFIX DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG REFERENCED TO THE APPROPRIATE		ED:		
D358	Attempted telephone in Primary Care Provider (I 11:47am was unsuccess b. Review of Resident # September 2022 eMAR -There was an entry for dailyThe tamsulosin 0.4mg, documented as adminis Interview with Resident 10:40am revealed he coall his medications. Observation of medicat #7 on 09/22/22 at 1	or administration. with the Resident Care 1/22/22 at 11:05am. with the Vice President of 109/22/22 at 4:13pm. Atterview with Resident #7's 1PCP) on 09/21/22 at 1ful. T's July 2022, August 2022, and 1revealed: 1tamsulosin 0.4mg two capsules 1two capsules daily entry was 1tered daily at 8:00pm.				
	11:05am.	with the RCC on 09/22/22 at with the Vice President of n 09/22/22 at 4:13pm.				

TITLE

		T				
	ITED USE STATEMENT ENCIES AND PLAN OF	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE (CONSTRUCTION	DATE SU	
CORRECTI		INDIVIDER.	A. BUILDIN	G:	COMPLE	IED:
		HAL060158	B. WING			
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	ve Charlotte, NC 28210		1
ID PREFIX		ENT OF DEFICIENCIES (EACH	ID PREFIX TAG	PROVIDER'S PLANS OF U.O. REFERENCED TO THE APPROPRIATE	(EACH	COTAPLETE
TAG		C IDENTIFYING INFORMATION)	1			
		,	Į	DEFICIENCY)		
D358	Continued from page 21					
	Attempted telephone int PCP on 09/21/22 at 11:4	terview with Resident #7's 7am was unsuccessful.				
	swelling. -An order for acetamin	's current FL2 dated rated blood pressure and leg ophen 650mg extended release for pain relief) three times daily.				
	administration record (el -An entry for acetaminop	then 650mg ER one tablet three 1:00am, 8:00am and 7:00pm. ER was documented as				
		then 650mg ER one tablet three 1:00am, 8:00am and 7:00pm. ER was documented as				
		eptember eMAR hen 650mg ER one tablet three 1:00am, 8:00am and 7:00pm.				

TITLE

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

		PROVIDER IDENTIFICATION NUMBER:			DATE SUR COMPLET	
CORRECTIO	NCIESTATO I B III O		A. BUILDING		00/22/20	\ 7 2
		HAL060158	B. WING			
NAME OF P	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Charl	otte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210		
		ENT OF DEFICIENCIES (EACH	ID PREFIX TAG	PROVIDER'S PLANS OF LEGISTRE RECEIVED IN REFERENCED TO THE APPROPRIATE	(EACH	€Ø I€IPLETE
		C IDENTIFYING INFORMATION)		DEFICIENCY)		
				DETICIENCE 17		
D358	Continued from page 22					
		ER was documented as es daily from 09/01/22 to				
	cart on 09/21/22 at 4:28	#3's medications on the medication Bpm revealed a multidose package of d acetaminophen 650mg ER with				
	her legs.	d acetaminophen for pain in both of				
	contracted pharmacy of 4:48pm revealed: -The pharmacy did not with the order for aceta 650mg ER one tablet the The pharmacy did have 650mg ER one tablet two Resident #3's primary cron 09/14/22, acetamin with a seven-day supply	have Resident #3's FL2 dated 07/22/2 aminophen aree times daily. e an order for acetaminophen vice daily that was ordered by are provider (PCP) on 03/25/22. nophen 650mg ER was dispensed y (14 tablets). r own eMARs and the pharmacy	2			

TITLE

~1						
	CIES AND PLAN OF	PROVIDER IDENTIFICATION NUMBER: HAL060158	MULTIPLE C	CONSTRUCTION G:	DATE SURVEY COMPLETED:	
		TIALUUU138	B. WING			
NAME OF PR	OVIDER	STREET ADDI	RESS, CITY, S	TATE, ZIP CODE		
The Charlot	tte Assisted Living	9120 Willow	Ridge Driv	ve Charlotte, NC 28210		
PREFIX DI	EFICIENCY MUST B	ENT OF DEFICIENCIES (EACH E PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S TLANS UP LO RECTION REFERENCED TO THE APPROPRIATE DEFICIENCY)	(EACH	€© IÑPLETE
Int -Re tw -Re the mo eve -Sh tha da da Int 09, -Sh 07, -Sh -Sii ace ser -Sh cha	esident #3 received schice daily. esident #3 received me e pharmacy and she ha brining dose pack as we ening dose pack. he thought there was a est showed acetaminople y since the pharmacy of ily for Resident #3. Herview with the Reside 1/22/22 at 9:30am reveal 1/22/22. He sent the FL2s to the pharmacy here she was not averaminophen 650mg El 1 to the pharmacy. He was not aware that F anged from twice daily	nt Care Director (RCD) on aled: ent #3 had an FL2 dated pharmacy. ware of that FL2, the order for R tablet three times daily was never Resident #3's acetaminophen was to three times daily on 07/22/22.				

TITLE

		A. BUILDING B. WING RESS, CITY, ST Ridge Driv ID PREFIX		DATE SUR COMPLET 09/22/20	ED:	
		BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		
D358	Continued from page 24 Refer to the interview w	with the RCD on 09/22/22 at 9:30am.				
	Refer to the interview w Clinical Development or	with the Vice President of n 09/22/22 at 4:13pm.				
		nterview with Resident #3's 47am was unsuccessful.				
	3. Review of Resident # 05/11/21 revealed diag artery disease, history impairment.	5's current FL2 dated gnoses included diabetes, coronary of a pacemaker and mild cognitive				
	08/03/22 revealed an o 2.5mg/ 3ml (a medication	5's signed physician orders dated order for ipratropium- albuterol 0.5- on used to treat wheezing and used by breathing problems) inhalation				
	dated 09/08/22 revealed. He had a discharge diacondition in which food breathed into the lungs	gnosis of aspiration syndrome (a ds, stomach contents, or fluids are s through the windpipe). um-albuterol 0.5- 2.5mcg/3				
			У			

TITLE

DUCDUNA	ITED LICE CTATES ACAIN	DDOV/DED IDENTIFICATION				
1	ITED USE STATEMENT ENCIES AND PLAN OF	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE	CONSTRUCTION	DATE SUI	
CORRECT			A. BUILDING		12.0	
		HAL060158	B. WING	09/22/2	022	
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	ve Charlotte, NC 28210		
ID		ENT OF DEFICIENCIES (EACH	ID PREFIX	PROVIDER'S TLANS LOCAL RECTION	(EACH	€© TNPLETE
PREFIX		SE PRECEDED BY FULL	TAG	REFERENCED TO THE APPROPRIATE		
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)		DEFICIENCY		
			1	DEFICIENCY)	_	1
D358	Continued from page 25					
	Review of Resident #5's	September 2022 eMAR revealed				
	there was not an entry for	or ipratropium- albuterol 0.5-				
	2.5mg/ 3ml inhalation fo	ur times daily.				
	Observation of Resident	#5's medications on the medication				
	cart on 09/21/22 at 5:40	pm revealed:				
	 A box labeled ipratropiu silver packages inside. 	m-albuterol 0.5-2.5mg with six				
	One of the silver packag	es was open and had				
	three vials of medication	remaining.				
	Interview with Resident #	#5 on 09/22/22 at				
		lly breathing treatment that he twice a day inhaler that he had				
	used for many years.	twice a day illinater that he had				
	Interview with a MA on 0	09/22/22 at 11:00am revealed:				
	-She had not given Resid	lent #5 an ipratropium- albuterol				
	treatment recently since when he was hospitalized	e it was an old medication from				
		the ipratropium-albuterol was still on				
	the medication cart.					
	Interview with the Reside					
	(RCC) on 09/22/22 at 12:	#5's hospital discharge summary				
	dated 09/08/22.	J				
		ropium-albuterol to the eMAR on				
	was not in the building.	paperwork since the medication				

TITLE

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

NICD ! ! !	ITED LICE CTATES ACAIT	DROVIDED IDENTIFICATION	MILITIDIE	ONSTRUCTION	DATE SUF	RVEY
		PROVIDER IDENTIFICATION NUMBER:			COMPLET	
CORRECT	ON	HALOGO1E9	A. BUILDING: 09/22/20			022
		HAL060158	B. WING			
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210		
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PRRMITION SUPPLIES OF THE APPROPRIATE DEFICIENCY)	(EACH	& MMPLETE
D358	received the medication -She expected the MA to ipratropium-albuterol w enter the medication on	ication to the eMAR until the facility in case there was a delay in delivery. To notify her when the vas delivered, and she would in the eMAR remotely. The er if an MA contacted her to put in Resident #5's eMAR.				
	contracted pharmacy of 1:13pm revealed: -The pharmacy received for ipratropium-albuter on 08/03/22A box with 180 mL of in 0.5mg- 2.5mg, 60 doses 08/03/22If Resident #5 did not reas ordered, he could see improving and could be shortness of breath. Refer to the interview of 11:00am.	d a signed physician's order ol 0.5mg-2.5mg/ 3ml four times daily pratropium-albuterol				

TITLE

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		PROVIDER IDENTIFICATION NUMBER:	MULTIPLE O	CONSTRUCTION G:	DATE SURVEY COMPLETED:	
CORRECT	ION	HAL060158	B. WING		09/22/2022	
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willov	Ridge Driv	ve Charlotte, NC 28210		
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROF 団性に含むLANGUPは色 RREC可含い REFERENCED TO THE APPROPRIATE DEFICIENCY)	(EACH	© ضØPLETE
D358	dated 09/08/22 revealed -He was admitted for asp	09/22/22 at 4:13pm. i's hospital discharge summary d:				
	to treat inflammation), f					
	there was not an entry for day taper dose pack.	September 2022 eMAR revealed or methylprednisolone 4mg, five-				
	cart on 09/21/22 at 5:40	#5's medications on the medication open revealed an opened package of g with seventeen tablets in the date of 09/08/22.				
	-She was not aware the medication cart for Reside of that medicationShe was assigned to do once every one to two medications on the cart will be medication was on the care of the care	nonths and made sure that all the were also on the eMAR. the medication cart and upposed to notify the RCD.				

TITLE

		PROVIDER IDENTIFICATION	MULTIPLE C	ONSTRUCTION	DATE SUF	
OF DEFICIENCIES AND PLAN OF CORRECTION		NUMBER:	A. BUILDING	5:	COMPLET	
JOKKECII	ON	HAL060158	B. WING		09/22/20	022
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willov	v Ridge Driv	ve Charlotte, NC 28210		
ID		ENT OF DEFICIENCIES (EACH	ID PREFIX	PROVEDEN SOLLANDE PROPERSONS	(EACH	€® IMPLETE
PREFIX		BE PRECEDED BY FULL	TAG	REFERENCED TO THE APPROPRIATE	,	
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION				
			N.	DEFICIENCY)		1
D358	Continued from page 28	}				
	at 9:20nm and sha ank	checked the resident's name				
	before putting the medi	cation on the medication cart.				
	-She did not compare the before putting it on the	ne medication to the eMAR				
	before putting it on the	medication care.				
	Interview with the RCC on 09/22/22 at 12:59pm revealed: -She processed Resident #5's hospital discharge summary					
	dated 09/08/22.	athedres de technique de Abo and AD				
		ethylprednisolone 4mg to the eMAR I the paperwork since the medication		1		
	was not in the building.	lineting to the cases until the facili				
		lication to the eMAR until the faciling in case there was a delay in delivery.				
	-She expected the MA to	o notify her when the				
	enter the medication or	ng was delivered and she would n the eMAR remotely.				
	-She could not rememb	er if an MA contacted her to put				
	methylprednisolone on	Resident #5 S elviAK.				
		with the RCD on 09/22/22 at 9:36am				
	and 1:30pm.					
	Telenhone interview wi	ith a Pharmacist at the facility's				
	contracted pharmacy o					
	1:13pm revealed:	d a who minimula and an for				
		d a physician's order for ng taper pack on 09/08/22 and it was				
	delivered on 09/08/22					
	I					

TITLE

				-		
	ITED USE STATEMENT	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE	CONSTRUCTION	DATE SU	
CORRECT		NOMBER:	A. BUILDIN	G:	COMPLE	IED.
		HAL060158	B. WING			2022
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	arlotte Assisted Living	9120 Willow	Ridge Dri	ve Charlotte, NC 28210		
ID	SUMMARY STATEM	ENT OF DEFICIENCIES (EACH	ID PREFIX	PRENTITE'S TLANS LIPUTO RECEION	(EACH	€⊙ MPLETE
PREFIX	DEFICIENCY MUST B	BE PRECEDED BY FULL	TAG	REFERENCED TO THE APPROPRIATE	•	
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)				
				DEFICIENCY)		1
D358	Continued from page 29					
	The medication was to	be given over a five-day taper.				
	-The first day Resident #					
	two tablets in the morni	ng, one tablet at lunch, one tablet				
	at supper and two tablet	s before bed. nt #5 should have received: one table				
		let at lunch, one tablet at supper an				
	two tablets before bed.					
	one tablet three times pe	#5 should have received:				
		: #5 should have received:				
	one tablet twice a day.					
	-The fifth day Resident #. one tablet once a day.	5 should have received:				
		ot receive the methylprednisolone				
		have caused a longer recovery time,				
	have on the medication.	ave lasted longer than they would				
	Refer to the interview wi 11:00am.	ith a MA on 09/22/22 at				
	Refer to the interview wi 11:05am.	ith the RCC on 09/22/22 at				
	Refer to the interview wi Clinical Development on					
	Attempted telephone int PCP on 09/22/22 at 1:45	erview with Resident #5's pm was unsuccessful.				
	Interview with a MA on 0	09/22/22 at 11:00am				
PROVI	DER LICENSEE OR LICENSEE	E DESIGNEE'S SIGNATURE	TITLE	DATE		

	* *		MULTIPLE C	ONSTRUCTION	DATE SUF	
	NCIES AND PLAN OF	NUMBER:	A. BUILDING	:	COMPLET	
ORRECTIO	ZIN .	HAL060158	B. WING			
NAME OF I	PROVIDER	STREET ADDI	RESS, CITY, ST	TATE, ZIP CODE		
The Char	lotte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210		
ID PREFIX TAG	DEFICIENCY MUST E	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	<mark>PROVIDER'3 ጥ LANS OF LED RECOFE N</mark> REFERENCED TO THE APPROPRIATE	(EACH	€ ðÍ∳IPLETE
			1.	DEFICIENCY)		
D358	medications on the cart- If a medication was on not the eMAR she was so. The contracted pharma and she only checked the medication on the medication of the	medication cart audits months and made sure that all the were also on the eMAR. the medication cart and supposed to notify the RCD. acy delivered medications at 8:30pm ne resident's name before putting the dication cart. The medication to the eMAR medication cart. on 09/22/22 at 11:05am revealed: cian orders to the pharmacy EL2s to the pharmacy. If she was trained to fax rrote the medications on 107/28/22. er "3", for 3 tablets was mistakenly proex sodium entry on the FL2. er "2", for 2 tablets was mistakenly				
	Interview with the RCD 1:30pm revealed:	on 09/22/22 at 9:36am and				

TITLE

DHSR LIMITED USE STATEMENT	PROVIDER IDENTIFICATION	MULTIPLE C	CONSTRUCTION	DATE SUI	
OF DEFICIENCIES AND PLAN OF CORRECTION	NUMBER:	A. BUILDING	G:	COMPLE	IED:
	HAL060158	B. WING		09/22/2	022
NAME OF PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Charlotte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210		
PREFIX DEFICIENCY MUST E TAG REGULATORY OR LS	IENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S中IANSUPUD RRECTION REFERENCED TO THE APPROPRIATE DEFICIENCY)	(EACH	COT MPLETE
eMARShe had the capability to eMARs from home at an	put new orders the resident's to put new orders on the ty time. The to put new orders on the eMAR the faxed to the pharmacy. President of Clinical 22 at 4:13pm revealed: en sent to the pharmacy to cation orders. Sion to be entered on the eMAR der came in the building. medication delivered by the pharmacy IAR before it is put on the medication en medication cart and not ation should be removed from the RCD if a medication is on the on the eMAR. responsible for to auditing ication cart and compare them to the III as the				

TITLE

		PROVIDER IDENTIFICATION	MULTIPLE C	ONSTRUCTION	DATE SUR	
	2110120711127211101	NUMBER:	A. BUILDING	G:	COMPLET	ED:
CORRECT	ON	HAL060158	B. WING		09/22/20)22
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willov	v Ridge Driv	ve Charlotte, NC 28210		
			ID PREFIX	PROVIDER'S TLANS DAVE OF RECORD	(FACH	₽ ₩PLETE
ID PREFIX	190	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL	TAG	REFERENCED TO THE APPROPRIATE	LACIT	COWII ELTE
TAG		C IDENTIFYING INFORMATION)				
		,		DEFICIENCY)		
D375	Continued from page 32		D375	1. 10A NCAC 13F .1005 Self		
J373	Continued from page 32	•		Administration Room Sweeps of Explanation provided to resident	ompleted	12/16/2022
	10A NCAC 13F .1005 Sel	f -Administration Of		2. Orders will be obtained from provi		12/10/2022
	Medications (a) An adult care home shall permit residents who are			self- administration of medication. Self- administration		
	competent and physical	lly able to self- administer their		Assessment will be completed as well.		
		wing requirements are met: on is ordered by a physician or		3. Education provided to staff by RC regarding room sweeps and self-administra		
	other person legally aut	horized to prescribe medications		orders.		
	in North Carolina and do record; and	ocumented in the resident's		4. Room sweeps audits will be compweekly for 4 weeks and then monthly for 3		
		ions for administration of		longer until sustaining compliance is met.	111011111111111111111111111111111111111	
	i i	s are printed on the medication				
	label.					
	This Rule is not met as e	evidenced by: record reviews, and interviews, the				
	facility failed to ensure	3 of 7 sampled residents (#2, #5, and				
	1 '	der to self-administer an antifungal				
		ny (#5), an antifungal shampoo, an In antibacterial ointment (#7).				
	The findings are:					
	1. Review of Resident #	7's current FL2 dated				
	07/28/22 revealed diag					
	encephalopathy (a brain	n disease), stroke with left spastic				
	hemiparesis (weakness memory loss.	of the left side of the body), and				
	Themery loss.					
	a. Review of Resident #	7's current FL2 dated				
	07/28/22 revealed:					

TITLE

		1				
		PROVIDER IDENTIFICATION NUMBER:	MULTIPLE (CONSTRUCTION	DATE SU	
CORRECT		INOIVIDEN.	A. BUILDIN	G:	COMPLE	IED:
		HAL060158	B. WING			
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	ve Charlotte, NC 28210		1
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH SE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S TLANSOP CORRECTION REFERENCED TO THE APPROPRIATE DEFICIENCY)	(EACH	€ ØIØIPLETE
D275	10 11 10 00			DEFICIENCY		
D375	(an antifungal shampoo) -There was no order for s Observation of Resident	ketoconazole 2% shampoo twice weekly. self-administration of medications. #7's bathroom on 09/22/22 at was a bottle of ketoconazole				
	Observation of Resident of 09/22/22 at 11:45am rev of ketoconazole shampor					
	September 2022 electron	uly 2022, August 2022, and nic Medication Administration I no entries for ketoconazole				
	September 2022 electron Record (eTAR) revealed: -There was an entry for ke applied twice weekly.	uly 2022, August 2022, and lic Treatment Administration etoconazole 2% shampoo to be ted as administered twice weekly.				
	-He used the shampoo ea	all of his medications anymore.				

TITLE

		PROVIDER IDENTIFICATION	MULTIPLE C	ONSTRUCTION	DATE SUR	
OF DEFICI CORRECT	211012071110 1 2 111 0 1	NUMBER:	A. BUILDING	i:		
JUNNECT	ION	HAL060158	B. WING		09/22/20	022
NAME OF	PROVIDER	STREET ADDI	RESS, CITY, S	FATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210		
ID	SUMMARY STATEM	ENT OF DEFICIENCIES (EACH	ID PREFIX	PROVIDER'S TLANS LIPUTED RECOGN	(EACH	EQI MPLETE
PREFIX	DEFICIENCY MUST E	BE PRECEDED BY FULL	TAG	REFERENCED TO THE APPROPRIATE		
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)		DEFICIENCY)		
			0	DEFICIENCY)		
D375	Continued from page 34	1				
	Interview with a MA on	09/22/22 at 11:45am revealed:				
	-Resident #7's ketocona	zole shampoo was not				
	kept in the medication of					
-The shampoo was kept in Resident #7's bathroom, so the personal care aides (PCA) had access to it when they showered the resident.						
	Refer to the interview w	with the Besident Core				
	Director (RCD) on 09/22					
	(,,					
	To the second se	vith the Vice President of				
	Clinical Development or	n 09/22/22 at 4:15pm.				
	Attempted telephone in	nterview with Resident #7's				
		on 09/21/22 at 11:47am was				
	unsuccessful.					
	b. Review of Resident #	7's current FL2 dated				
	07/28/22 revealed:	. L. t				
	1% antifungal cream.	r butenafine hydrochloride				
	There was no order for medications.	r self-administration of				
	medications.					
	2.	and the				
	Observation of Residen	nt #7's bathroom on evealed there was a tube of				
	butenafine hydrochlori	de 1% antifungal cream on the				
	counter near the sink.					
		- Luli 2022 August 2022 and				
		s July 2022, August 2022, and onic Medication				
	Records (eMAR) reveale					

TITLE

	IENCIES AND PLAN OF	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE (CONSTRUCTION G:	DATE SURVEY COMPLETED:		
CORRECT	ION	HAL060158	B. WING		09/22/2	/2022	
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
The Cha	rlotte Assisted Living	9120 Willoy	N Ridge Driv	ve Charlotte, NC 28210			
ID		ENT OF DEFICIENCIES (EACH	D PREFIX	PROVETEN STEENS OF LOWER PROPERTY OF LOWER PROPE	(EACH	€® MPLETE	
PREFIX	DEFICIENCY MUST B	E PRECEDED BY FULL	TAG	REFERENCED TO THE APPROPRIATE			
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)				
				DEFICIENCY)		Į.	
D375	Continued from page 35						
	was no entry for butenaf antifungal cream.	fine hydrochloride					
	September 2022 electron	July 2022, August 2022, and nic Treatment Administration there was no entry for butenafine cream.					
		09/22/22 at 11:45am revealed lent #7 had antifungal cream in					
	Refer to the interview wi 12:00pm.	th the RCD on 09/22/22 at					
	Refer to the interview wi Clinical Development on						
		erview with Resident #7's 09/21/22 at 11:47am was					
	c. Review of Resident #7': 07/28/22 revealed: -There was no order for N	s current FL2 dated Neosporin antibacterial ointment.					
	-There was no order for s	elf-administration of					
	medications.						
	Observation of Resident #						
	Neosporin antibacterial o	ealed there was a tube of					
		manent on the counter					

TITLE

	PROVIDER IDENTIFICATION	MULTIPLE C	ONSTRUCTION	1000		
	NUMBER:	A. BUILDING:				
ON	HAL060158	B. WING	diameter distribution of the state of the st	09/22/20	022	
PROVIDER	STREET ADDI	RESS, CITY, ST	TATE, ZIP CODE			
rlotte Assisted Living	9120 Willow	Ridge Driv	e Charlotte, NC 28210			
DEFICIENCY MUST E	BE PRECEDED BY FULL	TAG	PROWIDER'S ΦΙΔΙΝΡΟΦΙΟ RRECOSON REFERENCED TO THE APPROPRIATE	(EACH	eoï MPLETE	
			DEFICIENCY)			
Continued from page 36						
near the sink.						
September 2022 electro	onic Medication Administration					
Review of Resident #7's July 2022, August 2022, and September 2022 electronic Treatment Administration Record (eTAR) revealed there was no entry for the Neosporin antibacterial ointment.						
she was not aware	Resident #7 had Neosporin					
Refer to the interview w 12:00pm.	vith the RCD on 09/22/22 at					
Attempted telephone interview with Resident #7's PCP on 09/21/22 at 11:47am was unsuccessful.						
04/08/22 revealed: -Diagnoses included mu hypertension, neuroger traumatic seizure. -There was an order for	ultiple sclerosis, diabetes, osteoporosis nic bowel and bladder and post r miconazole nitrate 2%	5,				
	SUMMARY STATEM DEFICIENCY MUST EREGULATORY OR LS Continued from page 36 near the sink. Review of Resident #7's September 2022 electror Records (eMAR) revealed antibacterial ointment. Review of Resident #7's September 2022 electror (eTAR) revealed there wantibacterial ointment. Interview with a MA of she was not aware antibacterial ointment in Refer to the interview with 12:00pm. Refer to the interview with 12:00pm. Refer to the interview with 12:00pm. Attempted telephone in PCP on 09/21/22 at 11: 2. Review of Resident #04/08/22 revealed: Diagnoses included much pypertension, neurogent traumatic seizure. There was an order for	PROVIDER STREET ADDI PROVIDER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 36 near the sink. Review of Resident #7's July 2022, August 2022 and September 2022 electronic Medication Administration Records (eMAR) revealed no entry for Neosporin antibacterial ointment. Review of Resident #7's July 2022, August 2022, and September 2022 electronic Treatment Administration Record (eTAR) revealed there was no entry for the Neosporin antibacterial ointment. Interview with a MA on 09/22/22 at 11:45am revealed she was not aware Resident #7 had Neosporin antibacterial ointment in his room. Refer to the interview with the RCD on 09/22/22 at 12:00pm. Refer to the interview with the Noop President of Clinical Development on 09/22/22 at 4:13pm. Attempted telephone interview with Resident #7's PCP on 09/21/22 at 11:47am was unsuccessful. 2. Review of Resident #2's current FL2 dated 04/08/22 revealed: Diagnoses included multiple sclerosis, diabetes, osteoporosis hypertension, neurogenic bowel and bladder and post	ENCIES AND PLAN OF ION HALO60158 NUMBER: HALO60158 STREET ADDRESS, CITY, ST Protte Assisted Living 9120 Willow Ridge Driv SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 36 near the sink. Review of Resident #7's July 2022, August 2022 and September 2022 electronic Medication Administration Records (eMAR) revealed no entry for Neosporin antibacterial ointment. Review of Resident #7's July 2022, August 2022, and September 2022 electronic Treatment Administration Record (eTAR) revealed there was no entry for the Neosporin antibacterial ointment. Interview with a MA on 09/22/22 at 11:45am revealed she was not aware Resident #7 had Neosporin antibacterial ointment in his room. Refer to the interview with the RCD on 09/22/22 at 12:00pm. Refer to the interview with the Vice President of Clinical Development on 09/22/22 at 4:13pm. Attempted telephone interview with Resident #7's PCP on 09/21/22 at 11:47am was unsuccessful. 2. Review of Resident #2's current FL2 dated 04/08/22 revealed: Diagnoses included multiple sclerosis, diabetes, osteoporosis, hypertension, neurogenic bowel and bladder and post traumatic selzure. There was an order for miconazole nitrate 2%	ENCIES AND PLAN OF ION HALO60158 REPROVIDER STREET ADDRESS, CITY, STATE, ZIP CODE PROVIDER STREET ADDRESS, CITY, STATE, ZIP CODE PROVIDER STREET ADDRESS, CITY, STATE, ZIP CODE PROVIDER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 36 near the sink. Review of Resident #7's July 2022, August 2022 and September 2022 electronic Medication Administration Records (eMAR) revealed no entry for Neosporin antibacterial ointment. Review of Resident #7's July 2022, August 2022, and September 2022 electronic Treatment Administration Record (eTAR) revealed there was no entry for the Neosporin antibacterial ointment. Interview with a MA on 09/22/22 at 11:45am revealed she was not aware Resident #7 had Neosporin antibacterial ointment in his room. Refer to the Interview with the RCD on 09/22/22 at 12:00pm. Refer to the Interview with the Vice President of Clinical Development on 09/22/22 at 4:13pm. Attempted telephone interview with Resident #7's PCP on 09/21/22 at 11:47am was unsuccessful. 2. Review of Resident #2's current FL2 dated 04/09/22 revealed: 1. Development on 09/21/22 at 11:47am was unsuccessful. 2. Review of Resident #2's current FL2 dated 04/09/22 revealed: 1. Development on order for miconazole nitrate 2%	NUMBER: NUMBER	

TITLE

		No.					
	MITED USE STATEMENT HENCIES AND PLAN OF	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE (CONSTRUCTION	DATE SU		
CORRECT	TION	HAL060158	B. WING	G.	09/22/2	022	
NAME OF	FPROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
The Cha	arlotte Assisted Living	9120 Willov	Ridge Driv	ve Charlotte, NC 28210		1	
ID PREFIX		ENT OF DEFICIENCIES (EACH SE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S TO THE APPROPRIATE	(EACH	€€™ PLETE	
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)		DEFICIENCY)			
D375	Continued from page 37	=-		1		1	
03/3	Continued from page 37						
	-There was no order for medications.	self-administration of					
	Observation of Resident 09/22/22 at 6:00pm reve	ealed:					
	-There was a bottle of mi powder on a shelf in Resi	iconazole nitrate 2% topical spray ident #2's bathroom.					
	September 2022 electror	luly 2022, August 2022 and nic Treatment Administration Records es for miconazole nitrate 2% topical					
		int on 09/21/22 at If put the medication on him if he used it in quite some time.					
	09/21/22 at 6:05pm reve -She was not aware the n bathroom.	personal care assistant) on aled: nedication could not be kept in the ne medication when he had a rash					
	Attempted interview with 09/22/22 at 12:21pm was						
	Refer to the interview wit Clinical Development on 0						

TITLE

HSR LIMI	TED USE STATEMENT	PROVIDER IDENTIFICATION	MULTIPLE C	ONSTRUCTION	DATE SUR	
	ENCIES AND PLAN OF	NUMBER:	A. BUILDING	;;	COMPLET	בט:
ORRECTI	ON	HAL060158	B. WING	à	09/22/20	022
JAME OF	PROVIDER	STREET ADDI		TATE, ZIP CODE		
		-				
The Chai	lotte Assisted Living	9120 Willow		e Charlotte, NC 28210		DATE
ID		ENT OF DEFICIENCIES (EACH		PROVIDER'S TELEVISION REFERENCED TO THE APPROPRIATE	(EACH	€⊙ TMPLETE
PREFIX		BE PRECEDED BY FULL	TAG	REFERENCES TO THE ATTROPHICAL		
ΓAG	REGULATORY OR LS	SC IDENTIFYING INFORMATION)		DEFICIENCY)		
				DEFICIENCE		
0375	Continued from page 38	3				
	a p	El t El 2 deted				
	3. Review of Resident #5	noses included diabetes, mild				
	cognitive impairment, a					
		signed Physician's Order				
	Sheet dated 07/19/22 r There was an order for					
		r used to relieve allergic and non-				
	per day for allergy symptoms	s) 1 spray each nostril as needed otoms.				
	There was no order to	self-administer fluticasone				
	propionate.					
	Interview with Resident	t #5 on 09/20/22 at 3:13pm revealed:				
	He was not allowed to	keep medication in his room and had				
	to request all medication. He did not realize that	ons from the medication aide (MA).				
	fluticasone propionate					
	Review of Resident #5's					
		ion record (eMAR) revealed: e was scheduled as needed once per				
	day.					
	-There was no entry on fluticasone propionate	the eMAR indicating the				
	naticasone propionate	removed to be the second to be				
	Design to the same	Accessed 2022 - Instance in				
		s August 2022 electronic tion record (eMAR) revealed:				
		e was scheduled as needed				

TITLE

1		PROVIDER IDENTIFICATION NUMBER:	MULTIPLE (CONSTRUCTION	DATE SU	
CORRECT	IENCIES AND PLAN OF	INDIVIDER.	A. BUILDIN	G:	COMPLE	IED:
		HAL060158	B. WING		109/22/2	022
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willov	Ridge Driv	ve Charlotte, NC 28210		
ID	SUMMARY STATEM	ENT OF DEFICIENCIES (EACH	ID PREFIX	PROVIDER'S PLANS UP YED RE ER SEPTION	(EACH	COT MPLETE
PREFIX	DEFICIENCY MUST B	BE PRECEDED BY FULL	TAG	REFERENCED TO THE APPROPRIATE	•	
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)				
				DEFICIENCY)		I
D375	Continued from page 39					
	once per day.					
	-There was no entry on t fluticasone propionate w					
	Pavious of Pacidont #5's	September 2022 electronic				
		on record (eMAR) revealed:				
	-Fluticasone propionate day.	was scheduled as needed once per				
	There was no entry on t	he eMAR indicating the				
	fluticasone propionate w					
	-Resident #5 had not req	09/21/22 at 5:55pm revealed: uested fluticasone				
	propionate recently and	had some on the medication				
	cartShe was not aware he ba	ad the medication in his room.				
	Interview with the RCD o	n 09/20/22 at 3:45 pm revealed:				
	fluticasone propionate o	n his bedside table.				
	-His family member must	t have brought it in for him.				
	Refer to the interview wi					
	Clinical Development on	09/22/22 at 4:13pm.				
	Attempted telephone into	erview with Resident #5's				
	PCP was unsuccessful.					

TITLE

NCIES AND PLAN OF DN PROVIDER Iotte Assisted Living	STREET ADD	A. BUILDING B. WING	i:	OATE SURVEY COMPLETED: 09/22/2022
PROVIDER lotte Assisted Living	STREET ADD	B. WING		09/22/2022
lotte Assisted Living		RESS, CITY, S		
	9120 Willow		TATE, ZIP CODE	
SUMMARY STATEM		Ridge Driv	e Charlotte, NC 28210	
	SE PRECEDED BY FULL			EACH POMPLE
Continued from page 40	,		DEFICIENCY)	
-She was not aware Resi antifungal cream and an She thought Resident # homeA self-administration a required if a resident wher room. Interview with the Vice Development on 09/22/-If a resident had medicaresident to have an orde administration and an a determine competency -The Administrator state were checking resident -She was not sure how obeing checked for medication self-adminishad medication in their 10A NCAC 13F .1201Res (a) The following shall be	ident #7 had antifungal shampoo, tibacterial ointment in his room. 7 may have brought them from seessment and physician's order was anted to keep a medication in his or President of Clinical (22 at 4:13pm revealed: ation in their room she expected the er from the physician to allow self-seessment of the resident to for self-administration of medication. For the physician to allow self-seed PCAs, MAs, the RCC and the RCD is rooms for medications. Often resident's rooms were cation. It residents without a tration order and assessment rooms.			
DER LICENSEE OR LICENSI	EE DESIGNEE'S SIGNATURE	TITLE	DATE	
	Interview with the RCD of She was not aware Resident # home. A self-administration arequired if a resident wher room. Interview with the Vice Development on 09/22/-If a resident had medication and an adetermine competency -The Administration and an adetermine competency -The Administration and an adetermine sompetency -The Administration sure how to being checked for medication self-administration self-administration in their 10A NCAC 13F .1201Res (a) The following shall be an orderly manner in the care home and made	Interview with the RCD on 09/22/22 at 12:00pm revealed: She was not aware Resident #7 had antifungal shampoo, antifungal cream and antibacterial ointment in his room. She thought Resident #7 may have brought them from home. A self-administration assessment and physician's order was required if a resident wanted to keep a medication in his or her room. Interview with the Vice President of Clinical Development on 09/22/22 at 4:13pm revealed: If a resident had medication in their room she expected the resident to have an order from the physician to allow self-administration and an assessment of the resident to determine competency for self-administration of medication. The Administrator stated PCAs, MAs, the RCC and the RCD were checking resident's rooms for medications. She was not sure how often resident's rooms were being checked for medication. She was not aware that residents without a medication self-administration order and assessment had medication in their rooms. 10A NCAC 13F .1201Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult	Interview with the RCD on 09/22/22 at 12:00pm revealed: -She was not aware Resident #7 had antifungal shampoo, antifungal cream and antibacterial ointment in his roomShe thought Resident #7 may have brought them from homeA self-administration assessment and physician's order was required if a resident wanted to keep a medication in his or her room. Interview with the Vice President of Clinical Development on 09/22/22 at 4:13pm revealed: -If a resident had medication in their room she expected the resident to have an order from the physician to allow self-administration and an assessment of the resident to determine competency for self-administration of medicationThe Administrator stated PCAs, MAs, the RCC and the RCD were checking resident's rooms for medicationsShe was not sure how often resident's rooms were being checked for medicationShe was not aware that residents without a medication self-administration order and assessment had medication in their rooms. 10A NCAC 13F .1201Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made	DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Interview with the RCD on 09/22/22 at 12:00pm revealed: She was not aware Resident #7 had antifungal shampoo, antifungal cream and antibacterial ointment in his room. She thought Resident #7 may have brought them from home. A self-administration assessment and physician's order was required if a resident wanted to keep a medication in his or her room. Interview with the Vice President of Clinical Development on 09/22/22 at 4:13pm revealed: Hf a resident had medication in their room she expected the resident to have an order from the physician to allow self-administration and an assessment of the resident to determine competency for self-administration or medication. The Administration and an assessment of the resident to medication. She was not sure how often resident's rooms were being checked for medication. She was not sure how often resident's rooms were being checked for medication. She was not sure how often resident's rooms were being checked for medication. 10A NCAC 13F .1201Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made

li .	IENCIES AND PLAN OF	PROVIDER IDENTIFICATION NUMBER: HAL060158	A. BUILDING	G:	DATE SUF COMPLET 09/22/20	TED:
			B. WING			
NAME OF	PROVIDER	STREET ADDI	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willow	Ridge Driv	ve Charlotte, NC 28210		
ID PREFIX TAG D433	DEFICIENCY MUST B REGULATORY OR LSG Continued from page 41	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL C IDENTIFYING INFORMATION) epresentatives of the Division of	ID PREFIX TAG	PREVENCE 'S TLANSOP LO RECTION REFERENCED TO THE APPROPRIATE DEFICIENCY) 1. 10A NCAC 13F .1201 - Resident records/Charts including orders, protes were transferred to physical	provider	26/MPLETE
	Health Service Regulation services: (1) FL-2 or MR-2 forms an hospital discharge summ (2) Resident Register; (3) receipt for the following or this Subchapter: (A) contract for services, rates; (B) house rules as specific Subchapter; (C) Declaration of Residenthome's grievance proced (4) resident assessment at (5) contacts with the resistervice or other licensed required in Rule .0902 of (6) orders or written treaphysician or other license implementation; (7) documentation of immand pneumococcal disease reason the resident did non this law; and (8) the Adult Care Home (9)	and county departments of social and the patient transfer form or hary, when applicable; sing as required in Rule: accommodations and according to G.S. 131D-21); (D) the dures; and (E) civil rights statement; and care plan; ident's physician, physician health professional as f this Subchapter; atments or procedures from a according to G.S. 131D-9 or the not receive the immunizations based. Notice of Discharge and Adult Care form if the resident is being or has		 All providers/and third parties shavisit notes prior to their next visit RCD/RCC/Designee will perform audits to ensure up to date inform the physical chart. Any deficiencies shall be correcte immediately. Completion date 12/16/22 	all provide in facility. weekly ation is in	

TITLE

		PROVIDER IDENTIFICATION	MULTIPLE C	ONSTRUCTION	DATE SUF	
OF DEFICI CORRECTI	EITOIEBT III D J E III O	NUMBER:	A. BUILDING	i:	COMPLET	
JORRECII	ON	HAL060158	B. WING		09/22/20	022
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willov	Ridge Driv	e Charlotte, NC 28210		
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	TAG	PROVERDEVE'S COLONS OF UTE APPROPRIATE REFERENCED TO THE APPROPRIATE	(EACH	€€ TENPLETE
			Ų.	DEFICIENCY)		
D433	necessary for that medic	ity for a medical evaluation, records				
	maintain resident record	evidenced by: d record reviews the facility failed to ds in an orderly manner and readily 1 of 7 sampled residents (#5).				
		noses included coronary heart emaker placement, diabetes and				
	on 09/20/22 at 12:42pn -Documents related to a bronchoscopy.	at held Resident #5's information n revealed: a visit on 08/25/22 for a rere in Resident #5's section of				
	09/22/22 revealed: -On 08/25/22, Resident and documented recom await bronchoalveolar l visualize the airways an lungs), biopsy, culture, a	lavage (involves insertion of a tube to id wash the and cytology results. rults related to Resident				

TITLE

	ITED USE STATEMENT ENCIES AND PLAN OF	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE (DATE SUI	
CORRECT			A. BUILDING	G:		
		HAL060158	B. WING		09/22/2	022
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
The Cha	rlotte Assisted Living	9120 Willov	Ridge Driv	ve Charlotte, NC 28210		ř
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH E PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLANS OF U.O. REFERENCED TO THE APPROPRIATE	(EACH	€ ØTØIPLETE
			1	DEFICIENCY)		
D433	Continued from page 43					
	discharge summary that Nose and Throat (ENT) di -There was no ENT note i -On 09/08/22, it was doo discharge summary that Primary Care Provider (Po	in Resident #5's record. umented on Resident #5's hospital he had an appointment with his				
	were requested on 09/20	revealed: s notes from the last three months 0/22. Care Provider notes provider July-				
	on 09/22/22 at 11:49am Resident #5 did not use to and she took him to all hi If any medication change #5's appointment then sh	the facility contracted provider s medical appointments. es were made at Resident eprovided the paperwork to the or (RCC) or the Resident Care Director				
	Interview with the RCD or	n 09/21/22 at 12:16pm revealed:				

TITLE

STATE FORM – DHSR LIMITED USE STATEMENT OF DEFICIENCIES

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

OF DEFICI CORRECT NAME OF The Cha	ENCIES AND PLAN OF ON PROVIDER rlotte Assisted Living	NUMBER: HAL060158 STREET ADDR 9120 Willow	A. BUILDING B. WING RESS, CITY, ST	FATE, ZIP CODE e Charlotte, NC 28210	DATE SURI COMPLETI 09/22/20	ED:
ID PREFIX TAG	DEFICIENCY MUST E	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	TAG	PROVIDER'S 中国NOTE OF THE APPROPRIATE DEFICIENCY)	(EACH	SOMPLETE
D433	and his family member to she requested Resident a copy of his physiciant's always happen. Refer to the interview we Clinical Development on O9/22, The facility should have twenty four hours of the The paperwork can be or efaxed to the facility. The RCD was responsible all physiciant's visits were The RCD should upload database and keep a pa	President of Clinical /22 at 4:13pm revealed: e the physician's visit note with in e resident seeing the provider. provided by family, emailed . ole for ensuring the documents from re in the facility. If the documents to the facility's reper copy in a file. ments to be uploaded to the				
PROV	/IDER LICENSEE OR LICENS	EEE DESIGNEE'S SIGNATURE	TITLE	DATE		