STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060159	A. BUILDING: _____ B. WING _____	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADENCE SENIOR LIVING AT MINT HILL	5601 MARGARET WALLACE ROAD MATTHEWS, NC 28105

(X4) 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)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County DSS conducted an Annual survey and a Complaint Investigation on February 27 - 29, 2024.	D 000		
D 014	10A NCAC 13F .0206 Capacity 10A NCAC 13F .0206 Capacity (a) The licensed capacity of adult care homes licensed pursuant to this Subchapter is seven or more residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A facility shall be licensed for no more beds than the number for which the required physical space and other required facilities in the building are available. (d) The bed capacity and services shall be in compliance with G.S. 131E, Article 9, regarding the certificate of need. This Rule is not met as evidenced by: Based on observation, and interviews, the facility failed to maintain their bed capacity and services for rooms that were previously licensed for Special Care Unit (SCU) beds. Review of the facility's license effective 01/01/24 revealed the facility was licensed for a bed capacity of 84 beds with 48 beds assigned as SCU beds, and 36 beds assigned as Assisted Living (AL) beds. Observation of the facility during the tour on 02/27/24 from 8:15am to 9:30am revealed: -The census was 36 residents in the facility. -There were 4 hallways in the facility.	D 014		

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D 014	Continued From page 1	D 014		

-Hallway A contained 14 beds assigned to AL residents.
-Hallway B contained 8 beds assigned to AL residents.
-Hallway C contained 13 beds assigned to SCU residents.
-Hallway D contained 8 beds assigned to AL residents.

Interview with a medication aide on 02/27/24 at 8:34am revealed:
-Hallways B and C were dedicated as the SCUs.
-Hallway B was remodeled in July 2023 and converted into private AL rooms.
-There were 8 residents residing on hallway B now.
-All 8 of the residents on hallway B were not cognitively impaired and did not qualify for SCU beds.

Interview with a personal care aide (PCA) on 02/27/24 at 9:00am revealed hallways A, B and D contained AL residents.

Interview with the Resident Service Director (RSD) on 02/27/24 at 3:42pm revealed:
-Hallway B used to be the SCU but was remodeled back in July 2023 and began admitting AL residents.
-Hallway B contains private rooms for 12 AL residents.
-All of the residents on hallway B required no assistance to minimal assistance with ADLs.

Interview with the Administrator on 02/28/24 at 1:05pm revealed:
-The SCU used to comprise of two hallways, B and C for the 48 licensed beds.
-Each of the SCU hallways could hold 24 of the 48 licensed beds.

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D 014	Continued From page 2 -She and the Regional Chief of Operations (COO) decided to take the 24 SCU beds on Hallway B and convert then into 12 private AL beds. -Around the middle of July was when Hallway B was opened to allow residents to move in. -It was her understanding that the Regional COO spoke with construction and handled all of the licensure information. -She did not speak to construction about the plan for the renovation. -She did not speak to the licensure section about the change in licensure. -She did not receive a letter from Raleigh about a new license. Attempted telephone interview with the COO on 02/29/24 at 11:20am and 1:31pm were unsuccessful.	D 014		
D 262	10A NCAC 13F .0802 (d) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan (d) The assessor shall sign the care plan upon its completion. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure 4 of 5 sampled residents had an accurate care plans that were signed by the assessor upon completion (#2, #3, #4 and #5). 1. Review of Resident #2's current FL2 dated 12/20/23 revealed: -Diagnoses included asthma, depression, heart murmur, hypertension, and a pacemaker. -Resident #2 was admitted to the Assisted Living (AL) on 12/10/20.	D 262		

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D 262	Continued From page 3 Review of Resident #2's Care Plan dated 01/25/24 revealed: -Resident #2 was independent with eating, toileting, dressing and grooming. -Resident #2 required limited assistance with ambulation, bathing, and transfers. -The care plan was not signed by the assessor. Refer to the interview with the Resident Service Director (RSD) on 02/29/24 at 9:30am. Refer to the interview with the Administrator on 02/29/24 at 10:06am. 2. Review of Resident #3's current FL2 dated 05/23/23 revealed: -Diagnoses included atrial fibrillation, sleep apnea, and heart failure (condition in which the heart cannot pump blood as well as it should). -Resident #3 was admitted to the facility on 08/31/21. Review of Resident #3's Care Plan dated 05/04/23 revealed: -Resident #3 was independent with eating, toileting, dressing, grooming and transfers. -Resident #3 required supervision with ambulation. -The care plan was not signed by the assessor. Refer to the interview with the RSD on 02/29/24 at 9:30am. Refer to the interview with the Administrator on 02/29/24 at 10:06am. 3. Review of Resident #4's current FL2 dated 04/18/23 revealed: -Diagnoses included anxiety, diabetes mellitus,	D 262		

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D 262	Continued From page 4	D 262		

hypertension, and dementia.
-Resident #4 was admitted to the Special Care Unit (SCU) on 12/21/20.

Review of Resident #4's Care Plan dated 09/21/23 revealed:
-Resident #4 was independent with eating.
-Resident #4 required supervision with ambulation and transfers.
-Resident #4 required limited assistance toileting, dressing and grooming.
-Resident #4 required extensive assistance with bathing.
-The care plan was not signed by the assessor.

Refer to the interview with the RSD on 02/29/24 at 9:30am.

Refer to the interview with the Administrator on 02/29/24 at 10:06am.

4. Review of Resident #5's current FL2 dated 05/23/23 revealed:
-Diagnoses included dementia, depression, congestive heart failure (condition in which the heart cannot pump blood as well as it should) and hypertension.
-Resident #5 was admitted to the facility on 1028/22.

Review of Resident #5's Care Plan dated 02/12/24 revealed:
-Resident #5 was independent with eating, and transfers.
-Resident #5 required limited assistance with ambulation.
-Resident #5 required extensive assistance with toileting, bathing, dressing and grooming.
-The care plan was not signed by the assessor.

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D 262	Continued From page 5 Refer to the interview with the RSD on 02/29/24 at 9:30am. Refer to the interview with the Administrator on 02/29/24 at 10:06am. _____ Interview with the RSD on 02/29/24 at 9:30am revealed: -She was responsible for completing and signing the care plans. -She did not sign the care plans because she completed the care plans in the computer and thought that was enough. Interview with the Administrator on 02/29/24 at 10:06am revealed: -The assessor was to sign the care plans. -The RSD was responsible for completing the care plan assessments and signing them. -Care plans were supposed to be completed during the initial assessment for new residents and then annually or with significant changes in condition. -She was not aware the care plans were not signed by the assessor.	D 262		