AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	003) DATE SURVE COMPLETED
		FCL080019	B. WING		R 04/23/20:
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E. ZIF CODE	04/20/20/
BHADY H	ARBOUR ADULT LIVIN		A HUNTER ROAD	- ton over	
		CHARL	OTTE, NC 28213		
(X4) ID PREFIX	SUMMARY S	STATEMENT OF DEFICIENCIES IGY MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF CO	RECTON
TAG	REGULATORY OF	RESCRIPTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I QUALITA DE
C 000	Initial Comments			DEFICIENCY)	
0 000	Inibal Comments		C 000		
	The Adult Care Licer annual survey on Ap	neure Section conducted an ril 23, 2024.			
C 203	10A NCAC 13G .070 Medical Examination	72 (b) Tuberculosis Test And	C 203	1cm. w. 11 m	<i>2:</i>
die die	10A NCAC 13G _070	2 Tubercluosis Test And		- // /na	THE STIRE 5/19
	Medical Examination		9	III Musiches hi	GVE A
	(b) Each resident sh	all have a medical	1 6	amost un dede	d TER
1	examination prior to a annually thereafter.	admission to the home and		7	1 13
			S	Idm. will ma ill Mesidents he amost up dedection	diam. And
	This Dula is not	an antidan and but		62.	
1	This Rule is not met a Based on record revis	as evidenced by: Pws and interviews, the			
- 11	facility failed to ensure	e a resident's FL2 was			Α Δ
	updated annually for	1 of 3 sampled residents.	a	dderdam to ta	9 C 203 pm
-	The findings		1	Ironone conv	xusation w
	The findings are:			o Oshome, adm	inistrator, o
F	Review of Resident #	2's current FL2 deted	1	dependent to to elephone come s. Osborne, adm u/21/24 at 12	:06 pm :
6	XI/18/23 revealed dia	gnoses included	0	The FLZ Was	com No Lode
	osteoarthritis, diabete: lisorder	diabetes, and schizoaffective		The FLA was	completed
	West and the second sec		1 6	10 04/30/34	
	Review of Resident #2	's Resident Register	-	a chlendar Diace to en are updated	was put a
	evealed an admission	date of 08/08/19.		Diace to en	SURE FLZ
	lessions of Desident 40	's record on 04/23/24		are updated	annually
	teview of resident #2 evealed there was no			the adminis	strator W
	ompleted since 04/18			monitor the	calenda
In	sterview with the med	ication aide (MA) on		monthly.	//
Q.	4/23/24 at 1:54pm an	d 5:05pm revealed:		the date of	orrection
-8	She was not aware Re	esident #2's FL2 had not		Jas 05/1992	L
be	een undated annually	,	6	URS 00/14/20	Λ./
	he Administrator info	med her when a		she	eon Dunton A
Of Health	Service Regulation	PELER REPRESENTATIVE'S SIGNATURE		06/2	41/24
1		E Admin	1 .	TITLE C/	(AG) DATE

The Plan of Correction with addendum was reviewed and acknowledged on 06/21/24. Refer to addendums on pages 1, 2, 3, 4 and 5 of this Statement of Deficiencies.

Division	of Health Service Regi	ulation			FORM APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL060019	B. WNG	TOTAL CONTRACT CONTRA	R 04/23/2024
	PROVIDER OR SUPPLIER	908 TON	ODRESS, CITY, ST	D	T UNIZOIZUZA
		CHARLO	OTTE, NC 2821	3	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
C 203	resident's FL2 neede the form for the Admi-The Administrator was FL2 signed by the resident (PCP). She was not aware a completed to ensure completed annually. Interview with the Administrator was not aware Fibeen updated since 0	d updated, and she filled out nistrator. as responsible for getting the sident's Primary Care of any chart audits resident FL2s were ministrator on 04/23/24 at evealed: Resident #2's FL2 had not 4/18/23.	C 203		
	10A NCAC 13G .0801 (b) The facility shall a each resident is comp following admission at thereafter using an as established by the Deapproved by the Depacontaining at least the required on the establiassessment to be confollowing admission at be a functional assess resident's level of functional physical functioning in Activities of daily living personal hygiene, amit transferring, toileting a assessment shall indice referral to the resident.	and at least annually sessment instrument partment or an instrument partment based on it same information as ished instrument. The apleted within 30 days and annually thereafter shall sment to determine a ctioning to include ag, cognitive status and activities of daily living, are bathing, dressing, bulation or locomotion, and eating. The cate if the resident requires	C 231	Admin. will ASS All care plans an Completed Annique Signed by Coctor. To will be conducted CAME plans addendum to ta Aur telephone co with Ms. Os borne, on 06/21/24 at 1 The Care Plan 1 Completedon	g C231. onversation Administrator 2:06 pm:

HPHQ11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER ADDITIONAL DIRECTION NUMBER: FCL000019 STREET ADDRESS, CITY, STATE, ZIP CODE 90 TOM HUNTER ROAD CHARLOTTE, NO 28213 (A) SUMMARY STATEMENT OF DEPICENCES PREFIX REGULATORY OR LIGH INFERENCE DISTRICTION NUMBER: PREFIX REGULATORY OR LIGH INFERENCE DISTRICTION NUMBER: TAG (C 231) Continued From page 2 mental health, developmental disabilities or substance abuse services or a community resource. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a care plan was completed annually for 1 of 3 sampled residents (#2). The findings are: Review of Resident #2's current FL2 dated O4/18/25 revealed diagnoses included osteoarthritis, diabetes, and schizoaffective disorder. Review of Resident #2's record on O4/23/24 revealed there was not an updated care plan completed annually was not an updated care plan completed annually was not an updated care plan completed annually was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not an updated care plan completed since 12'S expense of the revealed there was not	Division	of Health Service Re-	gulation .			FORM APPROVED
STREET ADDRESS, CITY, STATE, ZIP CODE SHADY HARBOUR ADULT LIVING SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) C 231 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a care plan was completed annually for 1 of 3 sampled residents (#2). The findings are: Review of Resident #2's current FL2 dated O4/18/23 revealed diagnoses included osteoarthilis, diabetes, and schizoaffective disorder. Review of Resident #2's Resident Register revealed an admission date of 08/08/19. Review of Resident #2's record on 04/23/24 revealed there was not an updated care plan completed since 12/06/22. Interview with the medication aide (MA) on	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
SHADY HARBOUR ADULT LIVING SUMMARY STATEMENT OF DEPICIENCIES CAUD PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION) C 231 C	NAME OF P	ROVIDER OR SUPPLIER	OTDE-T	ADDDECO OFFI OFF		1 04/23/2024
CHARLOTTE, NC 28213 CHARLOTTE, NC 28214 CHARLOTTE		TO THE COURT EILE	992000000000000000000000000000000000000		IE, ZIP CODE	
DAY ID PREFIX TATEMENT OF DEFCIENCIES BY FULL REGULATORY OR LOC IDENTIFYING INFORMATION) C 231 C 231 C Continued From page 2 mental health, developmental disabilities or substance shuse services or a community resource. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a care plan was completed annually for 1 of 3 sampled residents (#2). The findings are: Review of Resident #2's current FL2 dated 04/18/23 revealed diagnoses included osteoarthritis, diabetes, and schizoaffective disorder. Review of Resident #2's record on 04/23/24 revealed there was not an updated care plan completed since 12/06/22. Interview with the medication side (MA) on	SHADYH	ARBOUR ADULT LIVIN	G			
revealed an admission date of 08/08/19. Review of Resident #2's record on 04/23/24 revealed there was not an updated care plan completed since 12/06/22. Interview with the medication aide (MA) on	PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE DATE
-She was not aware Resident #2's care plan had not been updated annually. -The Administrator informed her when a resident's care plan needed updated, and she filled out the form for the Administrator. -The Administrator was responsible for getting the care plan signed by the resident's Primary Care Provider (PCP). -She was not aware of any chart audits completed to ensure resident care plans were completed annually. Interview with the Administrator on 04/23/24 at 1:45pm and 5:12pm revealed:		mental health, deve substance abuse seresource. This Rule is not me Based on interviews facility failed to ensure annually for 1 of 3 s. The findings are: Review of Resident: 04/18/23 revealed di osteoarthritis, diabet disorder. Review of Resident: revealed an admission revealed an admission revealed an admission revealed there was more completed since 12/0 linterview with the me 04/23/24 at 1:54pm a "She was not aware not been updated an "The Administrator in resident's care plan relilled out the form for "The Administrator was care plan signed by the Provider (PCP). "She was not aware completed to ensure completed annually. Interview with the Administrator was not aware of completed annually.	t as evidenced by: and record reviews, the are a care plan was completed ampled residents (#2). #2's current FL2 dated agnoses included res, and schizoaffective #2's Resident Register on date of 08/08/19. #2's record on 04/23/24 not an updated care plan 06/22. edication aide (MA) on and 5.05pm revealed: Resident #2's care plan had nually. formed her when a needed updated, and she the Administrator. as responsible for getting the he resident's Primary Care of any chart audits resident care plans were	C 231	- a calendar put in place insure care updates as wally. - The adminitional monitor calendar correction with the correction with the calendar of the date of the correction with the calendar of the correction with the care the correction with the calendar correction with the care the care that the care the care that the care the care that the c	was e to e plans d strator whenthy. of 05/19/24 w Danta RN 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:_	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060019	B WING		
NAME OF PROVIDER OR SUPPLIER				04/23/2024
THE OF PROVIDER OR SUPPLIER		ADDRESS, CITY, STA	CASE MATERIAL CONSTRUCTION	
SHADY HARBOUR ADULT LIVING		M HUNTER ROAD OTTE, NC 28213		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AID DEFICIENCY)	HOULD BE COMPLETE
C 231 Continued From page	3	C 231		
-She was not aware I	Resident #2's care plan had ce 12/06/22. for ensuring the residents'	0.201		
(a) The facility shall of licensed pharmacist, registered nurse for the pharmaceutical care a residents or more free the Department, base significant medication monitoring visits or of the safety of the resid Pharmaceutical care in prevention and resolute problems which include (1) an on-site medical which includes at least (A) the review of informaceutical care in prevention and resolute problems which includes at least (A) the review of informaceutic as diagnostic and the safety of the review of informaceutic as diagnostic as the safety of the review of informaceutic as the safety of the review of informaceutic as diagnostic as the safety of the review of informaceutic as the safety of the s	at least quarterly for quentity as determined by d on the documentation of problems identified during her investigations in which ents may be at risk. Involves the identification, tion of medication related les at least the following: ion review for each resident at the following; mation in the resident's less, history and physical, lital signs, physician's laboratory values and tion records, including ministration records, to dions are administered as a that any undesired side lactual medication reactions edication errors are I to the appropriate I'; and, dations for change, if lesired medication g that the appropriate		FACILITY WIS PRESCINE GUANTAL PHENNING RESIDE ON EACH RESIDE WILL FOLLOW UP RECOMMONICATION PRESCHEDWE PH VIS. TS. Addendown to the put telephone with MS OS BOOD NO 06/21/24 at DA PHARMACY WAS COMPLETE Jhe adminis Pre-Schedule quarterly VIS	ag C 375; conversation ne, administrato - 12:06 pm:

	of Health Service Reg	gulation		FORM APPROV
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
		EOI neanca	B. WING	R
		FGL060019		04/23/2024
IAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE	
HADY H	ARBOUR ADULT LIVIN		M HUNTER ROAD OTTE, NC 28213	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PROV PREFIX (EACH C	VIDER'S PLAN OF CORRECTION (XS) CORRECTIVE ACTION SHOULD BE COMPLET EFFERENCED TO THE APPROPRIATE DATE DEFICIENCY)
C 375	Continued From pag	ge 4	C 375	and the state of t
	review in the resider	nt's record;	- a co	alendar was in place to ure pharmacy iws are completed
			ens	are sharmacy
	This Rule is not me	t as evidenced by: and record reviews the	411)	ins are completed
		ire a licensed pharmacist,	Allah	tesly.
	provider or registere	d nurse completed a	grace	7 / /
	quarterly on-site med sampled residents (#	dication review for 3 of 3 #1, #2, and #3).	- The	administrator monitor the
	The findings are:		cale	date of correction 05/29/24.
		nt #1's current FL2 dated	- The	date of correction
	02/07/24 revealed: -Diagnoses included	bipolar 1 disorder and	was	1 05/29/24.
	memory loss.	The state of the s		- Sharoukanton
	-Resident #1 was ad 11/01/23.	mitted to the facility on		06/21/21
	Review of Resident #	#1's record on 04/23/24		
	-Resident #1 was ad 11/01/23.	mitted to the facility on		
	-There were no medi review.	ication reviews available for		
	Refer to interview wit 04/23/24 at 5:05pm.	th the mediation aide (MA) on		
1	Refer to interview wit 04/23/24 at 1:45pm a	th the Administrator on and 5:12pm.		
(04/18/23 revealed:	nt #2's current FL2 dated		
- 1	schizoaffective disord			
	-Resident #2 was adr 08/18/19.	mitted to the facility on		
	Review of Resident #	2's record on 04/23/24		

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED
		FCL060019	B. WING		0	4/23/2024
IAME OF P	ROVIDER OR SUPPLIER	STREETA	DORESS, CITY, STATE	E, ZIP CODE		
HADY H	ARBOUR ADULT LIVING		HUNTER ROAD			
			OTTE, NC 28213			
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
C 375	Continued From pag	e 5	C 375			
	revealed there were dated 08/23/22 and review.	two medication reviews, 09/22/23, available for				
	Refer to interview with 04/23/24 at 5:05pm.	th the mediation aide (MA) on				
	Refer to interview with the Administrator on 04/23/24 at 1:45pm and 5:12pm.					
	Review of Resider 11/28/23 revealed: -Diagnoses included	nt #3's current FL2 dated				
	adjustment disorder, and type 2 diabetes.	major depression disorder				
	Review of Resident # revealed:	3's record on 04/23/24				
	07/24/23.	mitted to the facility on				
	review.	cation reviews available for				
	Refer to interview with 04/23/24 at 5:05pm.	n the mediation aide (MA) on				
	Refer to interview with 04/23/24 at 1:45pm a	n the Administrator on nd 5:12pm.				
- 1	revealed:	on 04/23/24 at 5:05pm				
	medication reviews w -She was not aware o					
	completed to ensure r completed quarterly.	nedication reviews were				
	Interview with the Adn	ninistrator on 04/23/24 at				

TAG REGULATORY OR LSC IDENTIFYING INFORMATIONS PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 988 TOM HUNTER ROAD CHARLOTTE, NC 28213 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) C 375 C Ontinued From page 6 1:45pm and 5:12pm revealed: -She scheduled resident pharmacy reviews with the contracted pharmacy that day (04/23/24) and was informed the pharmacist that did the facility's medication reviews was not working that dayShe was not aware the last pharmacy review was completed 09/22/23She was responsible for ensuring medication			FCL060019	B. WING		0.4	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUILATORY OR LSC IDENTIFYING INFORMATION) C 3/5 C 3/5 Continued From page 6 1:45pm and 5:12pm revealed: -She scheduled resident pharmacy reviews with the contracted pharmacy that day (04/23/24) and was informed the pharmacist that did the facility's medication reviews was not aware the last pharmacy review was completed 09/22/23She was responsible for ensuring medication	AME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE		THE POST
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 375 C 375 Continued From page 6 1:45pm and 5:12pm revealed: -She scheduled resident pharmacy reviews with the contracted pharmacy when they were dueShe called the pharmacy that day (04/23/24) and was informed the pharmacist that did the facility's medication reviews was not working that dayShe was not aware the last pharmacy review was completed 09/22/23She was responsible for ensuring medication	HADY H	ARROUR ADULT LINNA					
PREFIX REQUISTORY OR LSC IDENTIFYING INFORMATION) C 3/5 Continued From page 6 1:45pm and 5:12pm revealed: -She scheduled resident pharmacy reviews with the contracted pharmacy when they were dueShe called the pharmacy that day (04/23/24) and was informed the pharmacist that did the facility's medication reviews was not working that dayShe was not aware the last pharmacy review was completed 09/22/23She was responsible for ensuring medication			CHARLO	OTTE, NG 28213			
1:45pm and 5:12pm revealed: -She scheduled resident pharmacy reviews with the contracted pharmacy when they were dueShe called the pharmacy that day (04/23/24) and was informed the pharmacist that did the facility's medication reviews was not working that dayShe was not aware the last pharmacy review was completed 09/22/23She was responsible for ensuring medication	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X6) COMPLE DATE
		1:45pm and 5:12pm -She scheduled reside the contracted pharm -She called the pharm was informed the pharm was informed the pharm edication reviews was not aware to was completed 09/22 -She was responsible	revealed: dent pharmacy reviews with nacy when they were due, macy that day (04/23/24) and armacist that did the facility's vas not working that day, the last pharmacy review 2/23.	C 3/5			