| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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<br><br>The Adult Care Licensure Section and Mecklenburg County Department of Social Services conducted an Annual survey on June 25, 2024 through June 27, 2024. | D 000 | | |
| D 273 | 10A NCAC 13F .0902(b) Health Care<br><br>10A NCAC 13F .0902 Health Care<br>(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.<br><br>This Rule is not met as evidenced by:<br>TYPE A1 VIOLATION<br><br>Based on interviews and record reviews, the facility failed to ensure referral and follow-up with a physician for 1 of 1 sampled residents, who had finger stick blood sugars (FSBS) greater than 401 on 9 of 17 occasions (Resident #8).<br><br>The findings are:<br><br>Upon request during the survey, no policy or procedure for treatment/management of diabetic residents with hypoglycemia (FSBS < 70) or hyperglycemia (FSBS > 140) was provided.<br><br>Review of Resident #8's current FL2 dated 06/06/24 revealed diagnoses included hyperosmolar hyperglycemia (a condition when high blood sugar levels are very high for a long period of time), diabetes mellitus and end stage renal disease.<br><br>Review of Resident #8 Resident Register revealed resident was admitted to the facility on 06/06/24. | D 273 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 273 | Continued From page 1 | D 273 | | |

Review of Resident #8's hospital discharge summary dated 06/07/24 revealed:
-A discharge diagnosis of diabetic ketoacidosis ([DKA] a condition when a severe lack of insulin, causes acids called ketones to build up in the body), type 2 diabetes mellitus, chronic diastolic heart failure and end-stage renal disease that required hemodialysis every Monday, Wednesday and Friday.
-Resident #8 had multiple hospitalizations due to diabetic ketoacidosis.
-There was an order to check FSBS readings before meals and at bedtime.
-There was an order for insulin aspart U-100 (a rapid-acting insulin to treat high blood sugars), check FSBS before each meal and at bedtime and inject per sliding scale insulin: FSBS: 201-250= 1 unit, 251-300= 2 units, 301-350= 3 units, 351-400= 4 units and FSBS > 401= 5 units.

Review of Resident #8's June 2024 electronic Medication Administration Record (eMAR) for 06/07/24 - 06/12/24 revealed:
-There was an entry for insulin aspart U-100, check FSBS before each meal and at bedtime and inject per sliding scale insulin (SSI): FSBS: 201-250= 1 unit, 251-300= 2 units, 301-350= 3 units, 351-400= 4 units and FSBS > 401= 5 units with a start date of 06/07/24.
-On 06/08/24 at 11:30am there was documentation the FSBS was 450.
-There was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered.
-There was no documentation that the Primary Care Provider (PCP) was notified.
-On 06/09/24 at 8:00am there was documentation the FSBS was 551.
-There was documentation insulin aspart U-100 was administered but no documentation of the

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 273 | Continued From page 2 | D 273 | | |

number of SSI units administered.
-There was no documentation that the PCP was notified.
-On 06/09/24 at 11:30am there was documentation the FSBS was 541.
-There was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered.
-There was no documentation that the PCP was notified.
-On 06/10/24 at 8:00am there was documentation the FSBS was 569.
-There was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered.
-There was no documentation that the PCP was notified.
-Resident #8's aspart U-100 was documented as not administered with the exception code "03" indicating "leave of absence" on 06/10/24 at 12:30pm.
-On 06/10/24 at 4:30pm there was documentation the FSBS was 492.
-There was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered.
-There was no documentation that the PCP was notified.
-On 06/10/24 at 8:00pm there was documentation the FSBS was 571.
-There was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered.
-There was no documentation that the PCP was notified.
-On 06/11/24 at 8:00am and at 12:30pm there was documentation the FSBS was 600.
-There was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 273 | Continued From page 3 | D 273 | | |

-There was no documentation that the PCP was notified.
-On 06/12/24 at 8:00am there was documentation the FSBS was 600.
-There was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered.
-There was no documentation that the PCP was notified.
-Resident #8's aspart U-100 was documented as not administered with the exception code "03" indicating "leave of absence" on 06/12/24 at 12:30pm.

Review of Resident #8's record revealed there was no documentation that the PCP was notified of Resident #8 high blood sugars.

Review of Resident #8's History and Physical from a local hospital dated 06/12/24 revealed:
-There was documentation of life-threatening deterioration in condition at the initial presentation or during the hospital course related to hyperglycemic state/diabetic ketoacidosis and severe metabolic acidosis (a condition in which too much acid accumulates in the body).
-Resident #8 was admitted to the local acute care hospital on 06/12/24 from her dialysis clinic.
-Emergency Medical Services (EMS) obtained a FSBS that was greater than 500 prior to her arrival at the hospital (FSBS normal range = 70 to 100).
-The resident had a FSBS in the 900's upon admission to the local hospital.
-The resident received intravenous fluids and was started on an insulin drip (insulin administered intravenously to treat hyperglycemic state).

Telephone interview with a Registered Nurse (RN) from Resident #8's hemodialysis clinic on

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 273 | Continued From page 4 | D 273 | | |

06/26/24 at 1:42pm revealed:
-She had not been notified of Resident #8's FSBS of 600 the morning of 06/12/24 prior to the resident coming to the clinic to dialyze.
-Right after the resident was brought to the hemodialysis clinic, Resident #8 complained that she did not feel good.
-She checked Resident #8's FSBS and found it was too high for the glucose meter to read.
-EMS was called and Resident #8 was transported to the local hospital where she was admitted.

Telephone interview with Resident #8's family member on 06/27/24 at 10:36am revealed:
-Resident #8 was admitted to the facility on 06/07/24.
-The resident was sent to the local acute care hospital from the dialysis clinic on 06/12/24.
-The resident had been in and out of the hospital since October 2023 due to high blood sugar levels.

Telephone interview with the Registered Nurse (RN) at Resident #8's PCP Office on 06/27/24 at 3:18pm revealed:
-The PCP was not available for interview.
-According to the resident's record, the PCP's office had not received any communication from the facility regarding Resident #8 and was unaware that Resident #8 had been admitted to the facility.

Interview with a first and second shift medication aide (MA) on 06/27/24 at 11:28am revealed:
-She was aware Resident #8 did not have any instructions if her FSBS were too low or too high.
-She notified the Resident Care Director (RCD) twice that Resident #8 did not have any parameters of when to notify the PCP of low or

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 273 | Continued From page 5 | D 273 | | |

high FSBS's that were < 200 or > 401.
-The RCD told her she would check into it and get back with her, but she never did.
-When Resident #8's glucometer read "hi," the FSBS was over 600.
-If the glucometer read "hi" she would enter 600 on the eMAR because the eMAR had to have a number.
-She rechecked Resident #8's FSBS at least once, the residents' FSBS was lower, but she did not document the rechecked FSBS.
-She did not receive any instruction related to what to do if Resident #8's FSBS were low or high.
-She did not call Resident #8's PCP when residents FSBS's were high.
-She remembered receiving diabetic training upon hire a little over a year ago but does not remember what all was reviewed.
-She was not aware of any facility policy related to diabetic residents and/or resident on insulin or SSI.
-She recalled there were other residents on SSI in the past, and they had orders and/or parameters for when to notify the PCP.

Interview with a second MA on 06/27/24 at 12:55pm revealed:
-She knew Resident #8 did not have an order to notify the PCP of low or high FSBS's.
-She did not recall ever being instructed by anyone on what to do if the resident's FSBS were low or high.
-Other residents who had SSI, had orders and parameters for when to notify the PCP of low or high FSBS.
-She did not notify anyone that Resident #8 did not have an order or parameters because she never had an issue with her FSBS and Resident #8 was not at the facility long.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 273 | Continued From page 6<br><br>Telephone interview with a RN for the facility's on-line Medication Administration training course on 06/26/24 at 4:32pm revealed:<br>-Staff who took the on-line Medication Administration course, and the on-line Diabetes Management course were instructed to abide by the facility's policies and procedures as to what steps to take for low or elevated FSBS readings.<br>-Signs and symptoms of hyperglycemia and hypoglycemia were covered in the training.<br><br>Interview with the Resident Care Coordinator (RCC) on 06/27/24 at 1:43pm revealed:<br>-She did not know Resident #8 had high FSBS readings and did not have an order to notify the PCP of low or high FSBSs.<br>-She expected the MAs to notify her, the RCD or the Health and Wellness Director (HWD) of high FSBSs or to call 911.<br>-No one notified her of Resident #8 having high FSBS readings.<br><br>Interview with the RCD on 06/26/24 at 12:50pm and at 5:00pm revealed:<br>-She did not know Resident #8 had high FSBS readings and did not have an order to notify the PCP of low or high FSBSs.<br>-When Resident #8 had high FSBS readings, the MA should have notified her or the RCC who would have notified the PCP.<br><br>Interview with the Regional Director of Resident Care on 06/27/24 at 11:06am revealed:<br>-She did not know Resident #8 had multiple high FSBS readings and that the resident's PCP had not been notified.<br>-She did not know Resident #8 did not have an order for parameters to follow if the resident's FSBS's were too low or too high. | D 273 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 273 | Continued From page 7 | D 273 | | |

-She expected the MAs to report low or high FSBSs to Resident #8's PCP.

Interview with the Administrator on 06/26/24 at 12:50pm and on 06/27/24 at 1:57pm revealed:
-He did not know Resident #8 had multiple high FSBS readings and that the resident's PCP had not been notified.
-He did not know Resident #8 did not have an order for parameters to follow if the resident's FSBS readings were too low or too high and that resident's PCP was not notified.
-There was not a facility policy related to Diabetes Management that addressed the care and/or treatment of diabetic residents.

Telephone interview with the Pharmacist at the facility's contracted Pharmacy on 06/27/24 at 12:38pm revealed:
-The pharmacy was responsible for adding physician orders on resident eMARs.
-Once orders were added on the residents eMAR, the pharmacy would send the orders back to the facility for the facility to verify and approve.
-The pharmacy did not receive orders for parameters to follow if Resident #8's blood sugars were too low or too high.
-The resident was at risk of complications if her blood sugar levels were not properly managed such as diabetic coma (a life-threatening disorder that causes unconsciousness), diabetic shock (a severe lack of glucose which can lead to dizziness, weakness/falls and if left untreated long enough, death could occur) and kidney damage.

Attempted telephone interview with Resident #3's PCP on 06/27/24 at 3:18pm was unsuccessful.

[Refer to tag 0358, 10A NCAC 13F .1004(a)

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 273 | Continued From page 8<br>Medication Administration (Type A1 Violation)]<br>_____<br>The facility failed to notify the Primary Care Provider (PCP) of multiple high blood sugar levels for a resident (Resident #8) with a diagnosis of end stage renal disease, on hemodialysis, which resulted in the resident being admitted to the local acute care hospital due to hyperglycemic state, metabolic acidosis, and diabetic ketoacidosis with a blood sugar over 900 where she was placed on an insulin drip. This failure resulted in serious physical harm and constitutes a Type A1 Violation.<br>_____<br>The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/26/24 for this violation.<br><br>THE CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JULY 27, 2024. TYPE A1 VIOLATION | D 273 | | |
| D 310 | 10A NCAC 13F .0904(e)(4) Nutrition and Food Service<br><br>10A NCAC 13F .0904 Nutrition and Food Service<br>(e) Therapeutic Diets in Adult Care Homes:<br>(4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to provide a therapeutic diet as ordered for 1 of 1 sampled Resident (#2) who had orders for a nutritional supplement two times per day.<br><br>The findings are: | D 310 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 310 | Continued From page 9<br><br>Review of Resident #2's current FL-2 dated 02/22/24 revealed diagnoses included dementia, focal traumatic brain injury, dysphagia, restlessness, agitation, and insomnia.<br><br>Review of Resident #2's Primary Care Provider (PCP) order dated 03/21/24 revealed an order for one name brand nutritional supplement to be served with lunch and dinner meals for nutritional support.<br><br>Review of the diet list posted in the pantry in the special care unit (SCU) revealed Resident #2 was to be served name brand nutritional supplement with lunch and dinner meals.<br><br>Review of Resident #2's current signed care plan dated 06/30/23 revealed there was no documentation of a nutritional supplement to be served twice daily times daily.<br><br>Review of Resident #2's April, May, and June 2024 electronic medication records (eMAR) revealed there was no entry for nutritional supplements twice daily.<br><br>Observation of Resident #2 during the lunch meal on 06/25/24 from 11:50am until 12:45pm revealed:<br>-Resident #2 received her lunch meal in her bedroom.<br>-A personal care aide (PCA) fed Resident #2 her lunch meal.<br>-There was no nutritional supplement on Resident's #2 tray.<br>-Resident #2 was served mechanical soft chicken with gravy and nectar thick water, she ate 50% of her meal.<br>-At 12:40pm the PCA cleaned Resident #2's face | D 310 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 310 | Continued From page 10 | D 310 | | |

and left Resident #2's room and proceeded to assist additional residents.
-Resident #2 was not served a nutritional supplement.

Observation of the refrigerator in the medication room in the SCU on 06/25/24 at 4:04pm revealed there were four vanilla brand name nutritional supplements available.

Interview with a PCA on 06/26/24 at 10:44am revealed:
-She assisted Resident #2 with her lunch meal on 06/25/24.
-Resident #2 was not served the nutritional supplement during lunch on 06/25/24.
-She did not know that Resident #2 was ordered a nutritional supplement.
-She reviewed the individual service plan or care plan to determine if residents were served a nutritional supplement or the medication aide (MA) to inform her.
-She did not review Resident #2's service plan because she forgot.
-She was not familiar with Resident #2 as she did not work in the SCU regularly.

Interview with the lead PCA on 06/25/24 at 2:56pm revealed:
-She was responsible for preparing each resident's plate before it was served.
-The Resident Care Coordinator (RCC) verbally told her each resident's diet.
-She did not know of any resident that was to be served a nutritional supplement in the SCU.
-She did not look at the diet list posted in pantry; she memorized what each resident was to be served.
-Resident #2 ate in her room and she gave the PCA the plate to be served and she did not know

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 310 | Continued From page 11 | D 310 | | |

the resident was supposed to receive a nutritional supplement.

Interview with the Dietary Manager on 06/27/24 at 11:28am revealed:
- He received the order from the facility nurse and added it to the facility diet list.
- The SCU had a posted list in the pantry that could be used to determine which residents were to receive nutritional supplements.
-He purchased the name brand dietary supplements for the facility.
-The dietary supplement was kept in the freezer in the facility kitchen.
-Staff from the SCU would come to the kitchen and obtain the name brand nutritional supplement whenever needed for Resident #2.

Interview with the RCC on 06/26/24 at 9:28am revealed:
-The PCAs were to serve nutritional supplements as ordered.
-Resident #2 was the only resident ordered nutritional supplements in the the SCU.
-The nutritional supplements in the refrigerator belonged to Resident #2.
-The order for nutritional supplements were supposed to be on the eMAR and the MAs were to notify the PCAs that they were to be served.
-Resident #2's order was on the eMAR and she just noticed that the order fell off the eMAR.

Telephone interview with Resident #2's PCP on 06/26/24 at 11:04am revealed:
-She ordered nutritional supplements for Resident #2 for nutritional support.
-Resident #2 had a change in her weight and was previously on hospice services.
-She thought Resident #2 could benefit from receiving additional calories from nutritional

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 310 | Continued From page 12<br>supplements.<br>-The nutritional supplements would help Resident #2 maintain her weight.<br>-She expected staff to offer and serve the nutritional supplements as ordered.<br><br>Interview with Resident Care Director (RCD) on 06/26/24 at 1:05pm revealed:<br>-PCAs were responsible for serving resident nutritional supplements as ordered.<br>-PCAs were supposed to refer to the individualized service plan on their tablets.<br>-She did not know the nutritional supplements were not listed on the service plan.<br>-She did not know Resident #2 had an order for nutritional supplements.<br>-After looking at Resident #2's orders she saw that the order was in Resident #2's record, however she did not see it populated on the individualized service plan.<br><br>Interview with the Administrator on 06/26/24 at 12:30pm revealed:<br>-He expected residents to receive nutritional supplements as ordered.<br>-He expected the facility nurse to fax the orders to the pharmacy and add them to the eMAR.<br>-He expected the MA to notify the PCAs to serve the nutritional supplements and document that they were given.<br>-Resident #2 should have received the nutritional supplement as ordered.<br><br>Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable. | D 310 | | |
| D 358 | 10A NCAC 13F .1004(a) Medication Administration | D 358 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 358 | Continued From page 13<br><br>10A NCAC 13F .1004 Medication Administration<br>(a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:<br>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and<br>(2) rules in this Section and the facility's policies and procedures.<br><br>This Rule is not met as evidenced by:<br>TYPE A1 VIOLATION<br><br>Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 1 sampled residents (Resident #8) who was prescribed a short-acting insulin to treat high blood sugars with no documentation indicating the number of sliding scale insulin (SSI) units administered on 17 of 17 occasions.<br><br>The finding are:<br><br>Review of Resident #8's current FL2 dated 06/06/24 revealed diagnoses included hyperosmolar hyperglycemic state (a condition when high blood sugar levels are very high for a long period of time), diabetes mellitus and end stage renal disease.<br><br>Review of Resident #8 Resident Register revealed resident was admitted to the facility on 06/06/24.<br><br>Review of Resident #8's hospital discharge summary dated 06/07/24 revealed:<br>-A discharge diagnosis of diabetic ketoacidosis ([DKA] a condition when a severe lack of insulin, | D 358 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 358 | Continued From page 14 | D 358 | | |

causes acids called ketones to build up in the body), type 2 diabetes mellitus, chronic diastolic heart failure and end-stage renal disease that required hemodialysis every Monday, Wednesday and Friday.
-Resident #8 had multiple hospitalizations due to diabetic ketoacidosis.
-There was an order for insulin aspart U-100 (a rapid-acting insulin to treat high blood sugars), check FSBS before each meal and at bedtime and inject per sliding scale insulin: FSBS: 201-250= 1 unit, 251-300= 2 units, 301-350= 3 units, 351-400= 4 units and FSBS > 401= 5 units.

Review of Resident #8's June 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for insulin aspart U-100, check FSBS before each meal and at bedtime and inject per sliding scale insulin (SSI): FSBS: 201-250= 1 unit, 251-300= 2 units, 301-350= 3 units, 351-400= 4 units and FSBS > 401= 5 units with a start date of 06/07/24.
-There was no entry indicating how much insulin to administer if Resident #8's FSBS was greater than 401.
-On 06/07/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 125 (order indicated 0 units to be given).
-There was no documentation of the number of SSI units administered or the location of administration.
- On 06/08/24 at 7:00am, insulin aspart U-100 was documented as administered for a FSBS of 400 (order indicated 4 units to be given).
-There was no documentation of the number of SSI units administered or the location of administration.
- On 06/08/24 at 11:30am, insulin aspart U-100 was documented as administered for a FSBS of

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 358 | Continued From page 15<br>450 (order indicated 4 unit to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>-On 06/08/24 at 4:30pm, insulin aspart U-100 was documented as administered for a FSBS of 376 (order indicated 4 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>-On 06/08/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 306 (order indicated 3 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/09/24 at 8:00am, insulin aspart U-100 was documented as administered for a FSBS of 551 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/09/24 at 12:30pm, insulin aspart U-100 was documented as administered for a FSBS of 541 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>-On 06/09/24 at 5:30pm, insulin aspart U-100 was documented as administered for a FSBS of 346 (order indicated 3 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>-On 06/09/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 219 (order indicated 1 unit to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration. | D 358 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 358 | Continued From page 16<br>- On 06/10/24 at 8:00am, insulin aspart U-100 was documented as administered for a FSBS of 569 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/10/24 at 5:30pm, insulin aspart U-100 was documented as administered for a FSBS of 492 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/10/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 571 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/11/24 at 8:00am, insulin aspart U-100 was documented as administered for a FSBS of 600 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/11/24 at 11:30am, insulin aspart U-100 was documented as administered for a FSBS of 600 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>-On 06/11/24 at 5:30pm, insulin aspart U-100 was documented as administered for a FSBS of 400 (order indicated 4 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>-On 06/11/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 401 (order indicated 5 units to be given).<br>-There was no documentation of the number of | D 358 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 358 | Continued From page 17 | D 358 | | |

SSI units administered or the location of administration.
- On 06/12/24 at 8:00am, insulin aspart U-100 was documented as administered for a FSBS of 600 (order indicated 5 units to be given).
-There was no documentation of the number of SSI units administered or the location of administration.
-There were 17 instances out of 17 opportunities where Resident #8 did not have documentation of the number of SSI units administered or the location of administration.

Review of Resident #8's History and Physical from a local hospital dated 06/12/24 revealed:
-There was documentation of life-threatening deterioration in condition at the initial presentation or during the hospital course related to hyperglycemic state/diabetic ketoacidosis and severe metabolic acidosis (a condition in which too much acid accumulates in the body).
-Resident #8 was admitted to the local acute care hospital on 06/12/24 from her dialysis clinic due to hyperglycemic state, metabolic acidosis, brittle diabetic and diabetic ketoacidosis.
-Emergency Medical Services (EMS) obtained a FSBS that was greater than 500 prior to arrival at the hospital (FSBS normal range = 70 to 100).
-The resident had a FSBS in the 900's upon admission to the local hospital.
-The resident received intravenous fluids and was started on an insulin drip (insulin administered intravenously to treat hyperglycemic state).

Telephone interview with Resident #8's family member on 06/27/24 at 10:36am revealed:
-Resident #8 was admitted to the facility on 06/07/24.
-The resident was sent to the local acute care hospital from the dialysis clinic on 06/12/24.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 358 | Continued From page 18<br>-The resident had been in and out of the hospital since October 2023 due to high blood sugar levels.<br><br>Telephone interview with the Registered Nurse (RN) at Resident #8's PCP Office on 06/27/24 at 3:18pm revealed:<br>-The PCP was not available for interview.<br>-According to the resident's record, the PCP's office had not received any communication from the facility regarding Resident #8 and was unaware that Resident #8 had been admitted to the facility.<br><br>Telephone interview with the Pharmacist from the facility's contracted Pharmacy on 06/27/24 at 12:38pm revealed:<br>-The pharmacy was responsible for adding physician orders on resident eMARs.<br>-Once orders were added on the residents eMAR, the pharmacy would send the orders to the facility for the facility to verify and approve.<br>-The facility was responsible for entering "SSI" in their eMAR system which enabled the eMAR system to document and record the amount of SSI unit administered.<br>-If the facility did not enter "SSI" in their eMAR system, the eMAR system would not record or save the number of SSI units administered.<br>-The facility did receive training on entering SSI resident orders.<br>-The resident was at risk of complications if her blood sugar levels were not properly managed such as diabetic coma (a life-threatening disorder that causes unconsciousness), diabetic shock (a severe lack of glucose which can lead to dizziness, weakness/falls and if left untreated long enough, death could occur) and kidney damage. | D 358 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 358 | Continued From page 19<br><br>Interview with a medication aide (MA) on 06/27/24 at 10:13am revealed:<br>-When documenting SSI in the facility's eMAR system she was prompted to enter the resident's FSBS.<br>-After entering the resident's FSBS, the eMAR system placed the number of SSI units to be administered in a field within the documentation and that was the amount of insulin she administered to Resident #8.<br>-She then completed the field indicating the site of the insulin injection.<br>-The last step in documenting the SSI was to finalize the documentation.<br>-She did not need to document the SSI units administered because the facility's eMAR system was supposed to indicate how many units to give and pre-populate the field.<br><br>Interview with a MA on 06/27/24 at 11:28am revealed:<br>-She had administered the insulin aspart to Resident #8 according to the orders and per the sliding scale instructions.<br>-After entering the resident's FSBS, the eMAR system placed the number of insulin units to be administered in a field within the documentation and that was the amount of insulin she administered to the resident.<br>-She then completed the field indicating the site of the insulin injection and finalized the documentation.<br>-There was not anywhere else for her to document the SSI units administered because it had already indicated how many units to give and pre-populated the field on the eMAR.<br>-She did not know the eMAR system did not record or save the number of SSI units administered to the resident.<br>-After 599 the glucometer reads "hi," meaning the | D 358 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 358 | Continued From page 20 | D 358 | | |

resident's blood sugar was over 600 which she would document because the eMAR had to have a number.

Interview with a second MA on 06/27/24 at 12:55pm revealed:
-She had administered the insulin aspart to Resident #8 according to the orders and per the sliding scale instructions.
- The facility's eMAR system was supposed to indicate how many SSI units to give and pre-populate the field after entering Resident#8's FSBS.
-She did not know the eMAR system did not record or save the number of SSI units administered to the resident.

Interview with the RCD on 06/26/24 at 12:50pm and at 5:00pm revealed:
-She did not know why there was no documentation of SSI units administered or the location of administration on Resident #8's eMAR.
-There should have been a place on the eMAR for the MA to document.
-She and the Health and Wellness Director (HWD) was responsible for faxing medication orders to the facility's contracted pharmacy and verifying orders entered by the pharmacy were correct.
-She did not send Resident #8's orders to the pharmacy.
-She completed monthly eMAR audits but did not audit Resident #8's eMAR to ensure orders were correct.

Interview with the Regional Director of Resident Care on 06/27/24 at 11:06am revealed:
-The facility had switched to a new eMAR system in November of 2023 and did not know the eMAR

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 358 | Continued From page 21<br>system had not documented the number of SSI units administered or the location of administration.<br>-Once the MA entered the FSBS, the eMAR system would indicate the number of SSI units to be administered.<br>-The RCD and HWD were responsible for faxing orders to the pharmacy and verifying orders entered by the pharmacy were correct.<br>-After speaking with the facility's contracted Pharmacy, the facility failed to indicate "SSI" on their eMAR system after the pharmacy had sent orders to be verified.<br>-Due to the facility not indicating "SSI" on their eMAR system, the system did not record the number of SSI units administered to Resident #8 or location of administration.<br>-The RCD completed monthly eMAR however Resident #8's eMAR audit had not been completed due to the resident only residing in the facility for five or so days.<br><br>Interview with the Administrator on 06/26/24 at 12:50pm and on 06/27/24 at 1:57pm revealed:<br>-The facility had switched to a new eMAR system in November of 2023 and found out today (06/26/24), the facility failed to indicate SSI in their eMAR system after the pharmacy had sent orders to be verified.<br>-He expected orders to be entered correctly by the RCD and/or HWD.<br>-There was not a facility policy that addressed the care and/or treatment of diabetic residents.<br><br>[Refer to tag 0273, 10A NCAC 13F .0902(b) Health Care (Type A1 Violation)]<br><br>The facility failed to administer SSI to Resident #8 who was hospitalized with DKA, hyperglycemic state, and metabolic acidosis where on 17 out of | D 358 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 358 | Continued From page 22<br><br>17 occasions there was no documentation of the amount of SSI that was administered. This failure resulted in serious physical harm and constitutes a Type A1 Violation.<br><br>_____<br>The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/26/24 for this violation.<br><br>THE CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JULY 27, 2024. | D 358 | | |
| D 367 | 10A NCAC 13F .1004(j) Medication Administration<br><br>10A NCAC 13F .1004 Medication Administration<br>(j) The resident's medication administration record (MAR) shall be accurate and include the following:<br>(1) resident's name;<br>(2) name of the medication or treatment order;<br>(3) strength and dosage or quantity of medication administered;<br>(4) instructions for administering the medication or treatment;<br>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;<br>(6) date and time of administration;<br>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,<br>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). | D 367 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 367 | Continued From page 23<br>This Rule is not met as evidenced by:<br>Based on observations, interview and record reviews, the facility failed to ensure the electronic medication administration records (eMAR) were accurate for 1 of 1 sampled residents (Resident #8) related to a medication used to treat diabetes when the amount of insulin was not documented.<br><br>The finding are:<br><br>Review of Resident #8's current FL2 dated 06/06/24 revealed diagnoses included hyperosmolar hyperglycemic state (a condition when high blood sugar levels are very high for a long period of time), diabetes mellitus and end stage renal disease.<br><br>Review of Resident #8 Resident Register revealed resident was admitted to the facility on 06/06/24.<br><br>Review of Resident #8's hospital discharge summary dated 06/07/24 revealed:<br>-There was an order to check FSBS readings before meals and at bedtime.<br>-There was an order for insulin aspart U-100 (a rapid-acting insulin to treat high blood sugars), check FSBS before each meal and at bedtime and inject per sliding scale insulin: FSBS: 201-250= 1 unit, 251-300= 2 units, 301-350= 3 units, 351-400= 4 units and FSBS > 401= 5 units.<br><br>Review of Resident #8's June 2024 electronic medication administration record (eMAR) revealed:<br>-There was an entry for insulin aspart U-100, check FSBS before each meal and at bedtime and inject per sliding scale insulin (SSI): FSBS: 201-250= 1 unit, 251-300= 2 units, 301-350= 3 units, 351-400= 4 units and FSBS > 401= 5 units | D 367 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 367 | Continued From page 24<br>with a start date of 06/07/24.<br>-On 06/07/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 125 (order indicated 0 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/08/24 at 7:00am, insulin aspart U-100 was documented as administered for a FSBS of 400 (order indicated 4 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/08/24 at 11:30am, insulin aspart U-100 was documented as administered for a FSBS of 450 (order indicated 4 unit to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>-On 06/08/24 at 4:30pm, insulin aspart U-100 was documented as administered for a FSBS of 376 (order indicated 4 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>-On 06/08/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 306 (order indicated 3 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/09/24 at 8:00am, insulin aspart U-100 was documented as administered for a FSBS of 551 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/09/24 at 12:30pm, insulin aspart U-100 was documented as administered for a FSBS of 541 (order indicated 5 units to be given). | D 367 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 367 | Continued From page 25<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>-On 06/09/24 at 5:30pm, insulin aspart U-100 was documented as administered for a FSBS of 346 (order indicated 3 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>-On 06/09/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 219 (order indicated 1 unit to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/10/24 at 8:00am, insulin aspart U-100 was documented as administered for a FSBS of 569 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/10/24 at 5:30pm, insulin aspart U-100 was documented as administered for a FSBS of 492 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/10/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 571 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/11/24 at 8:00am, insulin aspart U-100 was documented as administered for a FSBS of 600 (order indicated 5 units to be given).<br>-There was no documentation of the number of SSI units administered or the location of administration.<br>- On 06/11/24 at 11:30am, insulin aspart U-100 | D 367 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 367 | Continued From page 26 | D 367 | | |

was documented as administered for a FSBS of 600 (order indicated 5 units to be given).
-There was no documentation of the number of SSI units administered or the location of administration.
-On 06/11/24 at 5:30pm, insulin aspart U-100 was documented as administered for a FSBS of 400 (order indicated 4 units to be given).
-There was no documentation of the number of SSI units administered or the location of administration.
-On 06/11/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 401 (order indicated 5 units to be given).
-There was no documentation of the number of SSI units administered or the location of administration.
- On 06/12/24 at 8:00am, insulin aspart U-100 was documented as administered for a FSBS of 600 (order indicated 5 units to be given).
-There was no documentation of the number of SSI units administered or the location of administration.
-There were 17 out of 17 opportunities where Resident #8 did not have documentation of the number of SSI units administered or the location of administration.

Telephone interview with the Pharmacist from the facility's contracted Pharmacy on 06/27/24 at 12:38pm revealed:
-The pharmacy received Resident #8's hospital discharge summary on 06/07/24 with orders for insulin aspart U-100, check FSBS before each meal and at bedtime and inject per SSI: FSBS: 201-250= 1 unit, 251-300= 2 units, 301-350= 3 units, 351-400= 4 units and FSBS > 401= 5 units.
-The pharmacy was responsible for adding physician orders on resident eMARs.
-Once orders were added on the residents eMAR,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 367 | Continued From page 27 | D 367 | | |

the pharmacy would send the orders back to the facility for the facility to verify and approve.

Interview with a medication aide (MA) on 06/27/24 at 10:13am revealed:
-When documenting SSI in the facility's eMAR system she was prompted to enter the resident's FSBS readings.
-After entering the resident's FSBS, the eMAR system placed the number of SSI units to be administered in a field within the documentation and that was the amount of insulin she administered to Resident #8.
-She then completed the field indicating the site of the insulin injection.
-The last step in documenting the SSI was to finalize the documentation.
-She did not need to document the SSI units administered because the facility's eMAR system was supposed to indicate how many units to give and pre-populate the field.
-She did not know the eMAR system did not record the number of SSI units she had administered to Resident #8.

Interview with a second MA on 06/27/24 at 12:55pm revealed:
-The facility's eMAR system was supposed to indicate how many SSI units to give and pre-populate the field after entering Resident#8's FSBS.
-She did not know the eMAR system did not record or save the number of SSI units administered to Resident #8.

Interview with the RCD on 06/26/24 at 12:50pm and at 5:00pm revealed:
-She did not know why there was no documentation of SSI units administered or the location of administration on Resident #8's

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 367 | Continued From page 28 | D 367 | | |

eMAR.
-There should have been a place on the eMAR for the MA to document.
-She and the Health and Wellness Director (HWD) were responsible for faxing medication orders to the facility's contracted pharmacy and verifying orders entered by the pharmacy were correct.
-She completed monthly eMAR audits but did not audit Resident #8's eMAR to ensure orders were correct.

Interview with the Regional Director of Resident Care on 06/27/24 at 11:06am revealed:
-The facility had switched to a new eMAR system in November of 2023 and did not know the eMAR system had not documented the number of SSI units administered or the location of administration.
-Once the MA entered the FSBS, the eMAR system would indicate the number of SSI units to be administered.
-The RCD and HWD were responsible for faxing orders to the pharmacy and verifying orders entered by the pharmacy were correct.
-After speaking with the facility's contracted Pharmacy, the facility failed to indicate "SSI" on their eMAR system after the pharmacy had sent orders to be verified.
-Due to the facility not indicating "SSI" on their eMAR system, the system did not record the number of SSI units administered to Resident #8 or location of administration.
-The RCD completed monthly eMAR however Resident #8's eMAR audit had not been completed due to the resident only residing in the facility for five or so days.

Interview with the Administrator on 06/26/24 at 12:50pm and on 06/27/24 at 1:57pm revealed:

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL060019 | A. BUILDING: _____ B. WING _____ | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIGHTON GARDENS OF CHARLOTTE | 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210 |

| (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 367 | Continued From page 29<br>-The facility had switched to a new eMAR system in November of 2023 and now knew the facility failed to indicate SSI in their eMAR system after the pharmacy had sent orders to be verified.<br>-He expected orders to be entered correctly by the RCD and/or HWD. | D 367 | | |