Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLI	
			A. BOILDING.			
		HAL060019	B. WING		06/2	7/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF CHARL	OTTE	SOUTH DRIV TE, NC 28210	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	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 273	D 273 10A NCAC 13F .0902(b) Health Care		D 273			
		P. Health Care assure referral and follow-up and acute health care needs				
	This Rule is not met TYPE A1 VIOLATION					
	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).					
	The findings are:					
	procedure for treatmer residents with hypogl	the survey, no policy or ent/management of diabetic ycemia (FSBS < 70) or S > 140) was provided.				
	06/06/24 revealed dia hyperosmolar hyperg high blood sugar leve	8's current FL2 dated agnoses included lycemia (a condition when els are very high for a long tes mellitus and end stage				
	Review of Resident # revealed resident was 06/06/24.	8 Resident Register s admitted to the facility on				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMEN	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE COMP	
			A. BUILDING: _			
		HAL060019	B. WING	B. WING		27/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		6000 PAR	K SOUTH DRIV	E		
BRIGHTO	N GARDENS OF CHARL	CHARLO	TTE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 1	D 273			
D 213	Review of Resident # summary dated 06/07-A discharge diagnos ([DKA] a condition who causes acids called k body), type 2 diabete heart failure and endrequired hemodialysis and Friday. Resident #8 had mudiabetic ketoacidosis. There was an order before meals and at k-There was an order rapid-acting insulin to check FSBS before eand inject per sliding 201-250= 1 unit, 251-units, 351-400= 4 units.	8's hospital discharge 7/24 revealed: is of diabetic ketoacidosis hen a severe lack of insulin, etones to build up in the s mellitus, chronic diastolic estage renal disease that s every Monday, Wednesday Itiple hospitalizations due to to check FSBS readings bedtime. for insulin aspart U-100 (a treat high blood sugars), ach meal and at bedtime scale insulin: FSBS: 300= 2 units, 301-350= 3 ts and FSBS > 401= 5 units.	D 213			
	Medication Administra 06/07/24 - 06/12/24 r - There was an entry for check FSBS before eand inject per sliding 201-250= 1 unit, 251-units, 351-400= 4 uniwith a start date of 06-On 06/08/24 at 11:30 documentation the FS-There was documen was administered but number of SSI units a -There was no docum Care Provider (PCP) -On 06/09/24 at 8:000 the FSBS was 551There was documentation and cound the FSBS was 551.	for insulin aspart U-100, ach meal and at bedtime scale insulin (SSI): FSBS: .300= 2 units, 301-350= 3 ts and FSBS > 401= 5 units .5/07/24. Dam there was .5BS was 450. tation insulin aspart U-100 to documentation of the administered.				

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 2 of 30

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6000 PARK SOUTH DRIVE CHARLOTTE, NC. 28210 COMPANY SOUTH DRIVE CHARLOTTE, NC. 28210 CASH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG TAG TAG TAG TAG TAG CONTINUED FOR THE PROPERTY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIANE CASH DEFICIENCY OR LSC LIBENTIFYING INFORMATION	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X: A. BUILDING:			X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8000 PARK SOUTH DRIVE CHARLOTTE (NA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG COntinued From page 2 number of SSI units administeredThere was no documentation that the PCP was notifiedOn 06/09/24 at 11:30 am there was documentation the FSBS was 569There was no documentation that the PCP was notifiedThere was documentation that the PCP was notifiedOn 06/10/24 at 1:30pm there was documentation the FSBS was 492There was notomentation that the PCP was notifiedOn 06/10/24 at 8:00pm there was documentation the FSBS was 571There was notomentation insulin aspart U-100 was administered but no documentation of the number of SSI units administeredThere was notomentation that the PCP was notifiedOn 06/10/24 at 8:00pm there was documentation of the number of SSI units administeredThere was notomentation that the PCP was notifiedOn 06/10/24 at 8:00pm there was documentation of the number of SSI units administeredThere was documentation that the PCP was				5 14/110			
SUMMARY STATEMENT OF DEFICIENCES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES TAG PREFIX Capture Capt			HAL060019	B. WING		06	5/27/2024
CARLOTTE, NC 28210 CARLOTTE CHARLOTTE, NC 28210 CARLOTE CARLOTTE CARLOTTE, NC 28210 CARLOTE CARLOTE	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
CHARLOTTE, NC 28210 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES. (REACH DEFICIENCY MUST BE PRECEDED BY FULL TAG.) PREFIX TAG. D 273 Continued From page 2 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 no documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered. -There was no documentation in the PCP was notified. -On 06/10/24 at 8:00am there was documentation of the number of SSI units administered. -There was no documentation in the PCP was notified. -Prefix was no documentation that the PCP was notified. -Resident RB/s sapart 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 no documentation in the number of SSI units administered. -There was no documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered. -There was no 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 no 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 no documentation that the PCP was notified. -There was no documentation that the PCP was notified. -There was no documentation that the PCP was notified. -There was no documentation that the PCP was notified. -There was no documentation that the PCP was notified. -There was no documentation that the PCP was notified. -There was no documentation that the PCP was notified.	RDIGHTO	N CADDENS OF CHADI	OTTE 6000 PAR	K SOUTH DRIVE			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 2 number of SSI units administeredThere was no documentation that the PCP was notifiedOn 06/09/24 at 11:30am there was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administeredThere was no documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administeredThere was no documentation insulin aspart U-100 was administered but no documentation the FSBS was 569There was no documentation of the number of SSI units administeredThere was no documentation of the number of SSI units administeredThere was no documentation that the PCP was notifiedResident #8's aspart U-100 was documented as not administered with the exception code "03" indicating "leave of absence" on 06/10/24 at 12:30pmOn 06/10/24 at 4:30pm there was documentation the FSBS was 492There was no documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administeredThere was no documentation that the PCP was notifiedOn 06/10/24 at 8:00pm there was documentation the FSBS was 491There was no documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administeredThere was no documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administeredThere was no documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administeredThere was no documentation insulin aspart U-100 was a	БКІВПІО	N GARDENS OF CHARL	CHARLO	TTE, NC 28210			
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. -There was no documentation that the PCP was notified. -On 08/10/24 at 8:00pm there was documentation the number of SSI units administered. -There was no documentation that the PCP was notified. -On 08/10/24 at 8:00pm there was documentation the FSBS was 571. -There was documentation insulin aspart U-100 was administered but no documentation the number of SSI units administered. -There was no documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered. -There was no documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered. -There was no documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administered.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	COMPLETE
-There was no documentation that the PCP was notifiedOn 06/09/24 at 11:30am there was documentation the FSBS was 541There was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administeredThere was no documentation that the PCP was notifiedOn 06/10/24 at 8:00am there was documentation the FSBS was 569There was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administeredThere was no documentation that the PCP was notifiedResident #8's aspart U-100 was documented as not administered with the exception code "03" indicating "leave of absence" on 06/10/24 at 12:30pmOn 06/10/24 at 4:30pm there was documentation the FSBS was 492There was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administeredThere was no documentation insulin aspart U-100 was administered but no documentation the FSBS was 571There was documentation insulin aspart U-100 was administered but no documentation the FSBS was 571There was documentation insulin aspart U-100 was administered but no documentation of the number of SSI units administeredThere was no documentation that the PCP was	D 273	Continued From page 2		D 273			
notifiedOn 06/11/24 at 8:00am and at 12:30pm there was documentation the FSBS was 600There was documentation insulin aspart U-100	D 2/3	number of SSI units a -There was no docum notifiedOn 06/09/24 at 11:30 documentation the FS -There was documen was administered but number of SSI units a -There was no docum notifiedOn 06/10/24 at 8:00a the FSBS was 569There was documen was administered but number of SSI units a -There was no docum notifiedResident #8's aspart not administered with indicating "leave of al 12:30pmOn 06/10/24 at 4:30p the FSBS was 492There was documen was administered but number of SSI units a -There was no docum notifiedOn 06/10/24 at 8:00p the FSBS was 571There was documen was administered but number of SSI units a -There was no docum notifiedOn 06/11/24 at 8:00p the FSBS was 571There was no docum notifiedOn 06/11/24 at 8:00a was documentation the	administered. The nentation that the PCP was a seem there was a seem there was seem there was seem there was a seem there was documentation of the administered. The nentation that the PCP was a seem there was documentation of the administered. The nentation that the PCP was a seem the exception code "03" to be sence on 06/10/24 at the exception code "03" to be sence on 06/10/24 at the exception of the administered. The nentation that the PCP was a seem there was documentation of the administered. The nentation that the PCP was a seem there was documentation that the PCP was a seem there was documentation at a seem there was documentation at a seem there was documentation at a seem there was documentation of the administered. The nentation that the PCP was a seem and at 12:30pm there are FSBS was 600.	D 2/3			

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 3 of 30

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
74101 2741			A. BUILDING:		001111 2	
		HAL060019	B. WING		06/2	7/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF CHARL	OTTE	K SOUTH DRIV	E		
		CHARLOT	TE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From page	÷ 3	D 273			
D 273	-There was no documnotifiedOn 06/12/24 at 8:00athe FSBS was 600There was documen was administered but number of SSI units at -There was no documnotifiedResident #8's aspart not administered with indicating "leave of all 12:30pm. Review of Resident # was no documentation of Resident #8 high but the series of Resident # from a local hospital of the company of the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital on 06/12/24 the severe metabolic acid too much acid accumnospital the severe metabolic acid the severe m	am there was documentation tation insulin aspart U-100 to no documentation of the administered. The nentation that the PCP was U-100 was documented as the exception code "03" Tosence" on 06/12/24 at 8's record revealed there to that the PCP was notified lood sugars. 8's History and Physical dated 06/12/24 revealed: tation of life-threatening tion at the initial presentation course related to diabetic ketoacidosis and dosis (a condition in which	D 273			
	100)The resident had a F admission to the loca -The resident receive started on an insulin of	SBS in the 900's upon				
		with a Registered Nurse 8's hemodialysis clinic on				

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 4 of 30

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			B. WING			
		HAL060019	B. WING		06/27/2024	
NAME OF P	ROVIDER OR SUPPLIER		ORESS, CITY, STA			
BRIGHTO	N GARDENS OF CHARL	OTTE	K SOUTH DRIV TE, NC 28210	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODE	LD BE COMPLET	E
D 273	of 600 the morning of resident coming to the Right after the reside hemodialysis clinic, R she did not feel good. She checked Reside was too high for the g-EMS was called and transported to the loc admitted. Telephone interview was member on 06/27/24 -Resident #8 was adr 06/07/24The resident was sel hospital from the dialy. The resident had be since October 2023 devels. Telephone interview was (RN) at Resident #8's 3:18pm revealed: -The PCP was not av -According to the resion office had not receive the facility regarding I unaware that Resider the facility. Interview with a first a aide (MA) on 06/27/26. She was aware Resi instructions if her FSE. She notified the Resident #8's 1980 - 19	evealed: otified of Resident #8's FSBS o6/12/24 prior to the e clinic to dialyze. ent was brought to the lesident #8 complained that out #8's FSBS and found it flucose meter to read. Resident #8 was al hospital where she was with Resident #8's family at 10:36am revealed: mitted to the facility on out to the local acute care lysis clinic on 06/12/24. en in and out of the hospital lue to high blood sugar with the Registered Nurse is PCP Office on 06/27/24 at ailable for interview. dent's record, the PCP's d any communication from Resident #8 and was out #8 had been admitted to and second shift medication 4 at 11:28am revealed: dent #8 did not have any as were too low or too high. dent Care Director (RCD)	D 273			

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 5 of 30

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
ANDIEAN			A. BUILDING:		OOWII E	
		HAL060019	B. WING		06/2	7/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		6000 PAR	SOUTH DRIV	E		
BRIGHTO	N GARDENS OF CHARL	OTTE CHARLOT	TE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 273	Continued From page 5		D 273			
D 273	high FSBS's that were -The RCD told her sh back with her, but she -When Resident #8's FSBS was over 600If the glucometer rea on the eMAR because numberShe rechecked Residence, the residents' F not document the rec -She did not receive a what to do if Resident highShe did not call Resi residents FSBS's wer -She remembered rec upon hire a little over remember what all wa -She was not aware of diabetic residents and SSIShe recalled there w in the past, and they I parameters for when Interview with a secon 12:55pm revealed: -She knew Resident a notify the PCP of low -She did not recall ev anyone on what to do low or highOther residents who parameters for when high FSBS.	e < 200 or > 401. e would check into it and get e never did. glucometer read "hi," the d "hi" she would enter 600 e the eMAR had to have a dent #8's FSBS at least rSBS was lower, but she did hecked FSBS. any instruction related to t #8's FSBS were low or dent #8's PCP when re high. ceiving diabetic training a year ago but does not as reviewed. of any facility policy related to d/or resident on insulin or ere other residents on SSI had orders and/or to notify the PCP. and MA on 06/27/24 at #8 did not have an order to	D 273			
	not have an order or	parameters because she ith her FSBS and Resident				

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 6 of 30

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SU	
ANDIEAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:		OOW!! LL	.120
		HAL060019	B. WING		06/27/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
BRIGHTO	N GARDENS OF CHARL	OTTE	K SOUTH DRIV ITE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From page 6		D 273			
	on-line Medication Acon 06/26/24 at 4:32pt -Staff who took the or Administration course Management course the facility's policies a steps to take for low 6-Signs and symptoms hypoglycemia were counterview with the Re (RCC) on 06/27/24 at -She did not know Re readings and did not PCP of low or high F3-She expected the Mathe Health and Welln FSBSs or to call 911.	n-line Medication e, and the on-line Diabetes were instructed to abide by and procedures as to what or elevated FSBS readings. s of hyperglycemia and overed in the training. sident Care Coordinator t 1:43pm revealed: esident #8 had high FSBS have an order to notify the SBSs. As to notify her, the RCD or ess Director (HWD) of high				
	and at 5:00pm reveal -She did not know Re readings and did not PCP of low or high F3 -When Resident #8 h	esident #8 had high FSBS have an order to notify the SBSs. ad high FSBS readings, the ied her or the RCC who				
	Care on 06/27/24 at a She did not know Re FSBS readings and the not been notified. -She did not know Re	esident #8 had multiple high hat the resident's PCP had esident #8 did not have an to follow if the resident's				

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 7 of 30

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	, ,	SURVEY PLETED
		HAI 060040	B. WING		0.0	
		HAL060019			06	/27/2024
NAME OF PI	ROVIDER OR SUPPLIER		ODRESS, CITY, STA			
BRIGHTO	N GARDENS OF CHARL	OTTE	RK SOUTH DRIV TTE, NC 28210	Ē		
040.15	SLIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	E CORRECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	73 Continued From page 7		D 273			
	-She expected the MAs to report low or high FSBSs to Resident #8's PCP.					
	12:50pm and on 06/2 -He did not know Res FSBS readings and the not been notifiedHe did not know Resorder for parameters FSBS readings were resident's PCP was nearly and the reatment of diabetic for the parameter of diabetic for the pharmacy was rephysician orders on resource orders were accorded.	lity policy related to Diabetes dressed the care and/or residents. with the Pharmacist at the harmacy on 06/27/24 at esponsible for adding				
	facility for the facility to -The pharmacy did no parameters to follow if sugars were too low of -The resident was at blood sugar levels we such as diabetic come that causes unconscit severe lack of glucose dizziness, weakness/	to verify and approve. In the receive orders for the series of the seri				
	PCP on 06/27/24 at 3	interview with Resident #3's ::18pm was unsuccessful. OA NCAC 13F .1004(a)				

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 8 of 30

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060019	B. WING		06	/27/2024
	ROVIDER OR SUPPLIER N GARDENS OF CHARL	OTTE 6000 PAR	DRESS, CITY, STA K SOUTH DRIV ITE, NC 28210			
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Medication Administra The facility failed to n Provider (PCP) of mu for a resident (Reside end stage renal disea resulted in the reside acute care hospital di metabolic acidosis, ai a blood sugar over 90 an insulin drip. This fa physical harm and co Violation. The facility provided a accordance with G.S. this violation. THE CORRECTION I VIOLATION SHALL N 2024. TYPE A1 VIOL 10A NCAC 13F .0904 Service 10A NCAC 13F .0904 (e) Therapeutic Diets (4) All therapeutic die	ation (Type A1 Violation)] otify the Primary Care litiple high blood sugar levels ent #8) with a diagnosis of use, on hemodialysis, which int being admitted to the local use to hyperglycemic state, ind diabetic ketoacidosis with 00 where she was placed on ailure resulted in serious institutes a Type A1 a plan of protection in 131D-34 on 06/26/24 for DATE FOR THE TYPE A1 HOT EXCEED JULY 27,	D 273			
	This Rule is not met Based on observation reviews, the facility fa diet as ordered for 1 of	the resident's physician. as evidenced by: ns, interviews, and record illed to provide a therapeutic of 1 sampled Resident (#2) nutritional supplement two				

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 9 of 30

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE S COMPL	
		HAL060019	B. WING		06/2	27/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
PRICUTO	N GARDENS OF CHARL	6000 PAI	RK SOUTH DRIVE	Ē		
БКІВНІО	N GARDENS OF CHARL	CHARLO	TTE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 310	Continued From page	9	D 310			
	(PCP) order dated 03 one name brand nutri	2's Primary Care Provider /21/24 revealed an order for tional supplement to be I dinner meals for nutritional				
	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.					
	dated 06/30/23 revea	utritional supplement to be				
		•				
	on 06/25/24 from 11:5 revealed: -Resident #2 received	ent #2 during the lunch meal 50am until 12:45pm I her lunch meal in her				
	lunch mealThere was no nutritic Resident's #2 tray.					
	with gravy and nectar her meal.	ved mechanical soft chicken thick water, she ate 50% of cleaned Resident #2's face				

Division of Health Service Regulation

STATE FORM VED811 If continuation sheet 10 of 30

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION		SURVEY PLETED
			A. BUILDING: _			
		HAL060019	B. WING		06/27/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
PDICUTO	N GARDENS OF CHARL	OTTE 6000 PAR	K SOUTH DRIV	E		
БКЮПТО	N GARDENS OF CHARL	CHARLO.	TTE, NC 28210			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 310	10 Continued From page 10		D 310			
		s room and proceeded to lents.				
	room in the SCU on 0	frigerator in the medication 06/25/24 at 4:04pm revealed a brand name nutritional e.				
	revealed: -She assisted Reside 06/25/24Resident #2 was not supplement during lui -She did not know tha a nutritional supplement -She reviewed the inciplan to determine if re nutritional supplement (MA) to inform herShe did not review R because she forgot.	at Resident #2 was ordered ent. dividual service plan or care esidents were served a at or the medication aide Resident #2's service plan with Resident #2 as she did				
	2:56pm revealed: -She was responsible resident's plate beforeThe Resident Care Could her each resident-She did not know of served a nutritional structureShe did not look at the she memorized what servedResident #2 ate in her	e it was served. Coordinator (RCC) verbally				

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 11 of 30

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
74101 2741	or dorate of the transfer of t	IDENTIFICATION NO.	A. BUILDING: _		OOIVII EETEB	
		HAL060019	B. WING		06/27/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF CHARL	OTTE 6000 PAR	K SOUTH DRIV	Æ		
		CHARLO	TE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE	Ε
D 310	Continued From page	e 11	D 310			
	the resident was supposed to receive a nutritional supplement.					
	11:28am revealed: - He received the order added it to the facility - The SCU had a possion could be used to deter to receive nutritional supplements for the facility kitchen The dietary supplement in the facility kitchen Staff from the SCU wand obtain the name whenever needed for	ted list in the pantry that ermine which residents were supplements. The properties of the pantry acility. The properties of the kitchen brand nutritional supplement				
	as orderedResident #2 was the nutritional supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supposed to be on the supplemental sup	ements in the refrigerator				
	06/26/24 at 11:04am -She ordered nutrition #2 for nutritional supp -Resident #2 had a ch previously on hospice -She thought Resider	nal supplements for Resident port. nange in her weight and was				

Division of Health Service Regulation

STATE FORM VED811 If continuation sheet 12 of 30

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SI		
741012741	or contraction	IDENTIFICATION NOMBER.	A. BUILDING: _		001111 22	
		HAL060019	B. WING		06/2	7/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF CHARL	OTTE 6000 PARI	SOUTH DRIV	E		
Braiding	N OARDENO OF OTARE	CHARLOT	TE, NC 28210			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 310	Continued From page 12		D 310			
	#2 maintain her weight-She expected staff to nutritional supplement Interview with Reside 06/26/24 at 1:05pm re-PCAs were responsinutritional supplement	o offer and serve the ats as ordered. ant Care Director (RCD) on evealed: ble for serving resident ats as ordered.				
	-PCAs were supposed to refer to the individualized service plan on their tabletsShe did not know the nutritional supplements were not listed on the service planShe did not know Resident #2 had an order for nutritional supplementsAfter looking at Resident #2's orders she saw					
	that the order was in however she did not s individualized service	see it populated on the				
	Interview with the Administrator on 06/26/24 at 12:30pm revealed: -He expected residents to receive nutritional supplements as orderedHe expected the facility nurse to fax the orders to the pharmacy and add them to the eMARHe expected the MA to notify the PCAs to serve the nutritional supplements and document that they were givenResident #2 should have received the nutritional supplement as ordered. Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.					
D 358	10A NCAC 13F .1004 Administration	4(a) Medication	D 358			

Division of Health Service Regulation

STATE FORM VED811 If continuation sheet 13 of 30

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. BOILDING.		
		HAL060019	B. WING		06/27/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
BRIGHTO	N GARDENS OF CHARL	OTTE	SOUTH DRIV	E	
040.15	CLIMMADV CT		TE, NC 28210	DROVIDERIS DI AN OF CORRECTIO	N 0/5
(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
D 358	Continued From page	e 13	D 358		
	(a) An adult care hor preparation and admi prescription and non-by staff are in accorda (1) orders by a licens which are maintained (2) rules in this Section and procedures. This Rule is not met TYPE A1 VIOLATION Based on observation reviews, the facility farmedications as order residents (Resident # short-acting insulin to no documentation independent of the preparation of the short-action and the preparation in the preparation in the preparation and the preparation in the preparation and the prepar	sed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by: Ins, interviews, and record iled to administer			
	The finding are:				
	when high blood suga				
	Review of Resident # revealed resident was 06/06/24.	8 Resident Register s admitted to the facility on			
	summary dated 06/07 -A discharge diagnosi	8's hospital discharge 7/24 revealed: is of diabetic ketoacidosis nen a severe lack of insulin,			

Division of Health Service Regulation

STATE FORM VED811 If continuation sheet 14 of 30

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPL	EIED
		HAL060019	B. WING		06/2	7/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE	•	
			K SOUTH DRIV			
BRIGHTO	N GARDENS OF CHARL	OTTE	TE, NC 28210	_		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECT	ON	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
D 358	Continued From page 14		D 358			
D 358	causes acids called k body), type 2 diabetes heart failure and endrequired hemodialysis and Friday. -Resident #8 had muldiabetic ketoacidosisThere was an order frapid-acting insulin to check FSBS before e and inject per sliding 201-250= 1 unit, 251-units, 351-400= 4 units. Review of Resident # medication administrative revealed: -There was an entry from the check FSBS before e and inject per sliding 201-250= 1 unit, 251-units, 351-400= 4 units, 351-400= 4 units, 351-400= 4 units at the start date of 06-There was no entry it to administer if Reside than 401. -On 06/07/24 at 8:00 produced documented as adminitated of units. There was no documented as administration. - On 06/08/24 at 7:00 was documented as a 400 (order indicated as 400 (order	detones to build up in the semellitus, chronic diastolic estage renal disease that severy Monday, Wednesday and tiple hospitalizations due to for insulin aspart U-100 (and treat high blood sugars), each meal and at bedtime scale insulin: FSBS: 1300= 2 units, 301-350= 3 and FSBS > 401= 5 units. TSS and FSBS of 407/24. TSS and FSBS and FSBS of 401= 5 units. TSS and FSBS of 401=	D 358			
		0am, insulin aspart U-100 administered for a FSBS of				

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 15 of 30

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060019	B. WING		06/27/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF CHARL	OTTE	K SOUTH DRIV	E		
		CHARLO	TTE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE COMPLETI	E
D 358	Continued From page	e 15	D 358			
	450 (order indicated 4 -There was no docum SSI units administere administrationOn 06/08/24 at 4:30p documented as admin (order indicated 4 uni -There was no docum SSI units administere administrationOn 06/08/24 at 8:00p documented as admin (order indicated 3 uni -There was no docum SSI units administere administration On 06/09/24 at 8:00 was documented as a 551 (order indicated 8 -There was no docum SSI units administere administration On 06/09/24 at 12:3 was documented as a 541 (order indicated 8 -There was no docum SSI units administere administration On 06/09/24 at 5:30p documented as admin (order indicated 3 uni -There was no docum SSI units administere administrationOn 06/09/24 at 5:30p documented as admin (order indicated 3 uni -There was no docum SSI units administere administrationOn 06/09/24 at 8:00p documented as admin (order indicated 3 uni -There was no docum	4 unit to be given). nentation of the number of d or the location of om, insulin aspart U-100 was nistered for a FSBS of 376 ts to be given). nentation of the number of d or the location of om, insulin aspart U-100 was nistered for a FSBS of 306 ts to be given). nentation of the number of d or the location of am, insulin aspart U-100 administered for a FSBS of ounits to be given). nentation of the number of d or the location of Opm, insulin aspart U-100 administered for a FSBS of ounits to be given). nentation of the number of d or the location of om, insulin aspart U-100 was nistered for a FSBS of 346 ts to be given). nentation of the number of d or the location of om, insulin aspart U-100 was nistered for a FSBS of 219 t to be given). nentation of the number of				

Division of Health Service Regulation

administration.

STATE FORM 6899 VED811 If continuation sheet 16 of 30

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING: _		
	HAL060019	B. WING		06/27/2024
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
	6000 PAR	K SOUTH DRIV	E	
BRIGHTON GARDENS OF CHARL	CHARLO	TTE, NC 28210		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
D 358 Continued From page	Continued From page 16			
- On 06/10/24 at 8:00 was documented as a 569 (order indicated 5 - There was no docum SSI units administere administration On 06/10/24 at 5:30 was documented as a 492 (order indicated 5 - There was no docum SSI units administere administration On 06/10/24 at 8:00 was documented as a 571 (order indicated 5 - There was no docum SSI units administere administration On 06/11/24 at 8:00 was documented as a 600 (order indicated 5 - There was no docum SSI units administere administration On 06/11/24 at 11:30 was documented as a 600 (order indicated 5 - There was no docum SSI units administere administration On 06/11/24 at 11:30 was documented as a 600 (order indicated 5 - There was no docum SSI units administere administration On 06/11/24 at 5:30p documented as admin (order indicated 4 unit - There was no docum SSI units administere administration On 06/11/24 at 8:00p documented as admin (order indicated 5 unit order indicated 5 unit ord	am, insulin aspart U-100 administered for a FSBS of 5 units to be given). Identation of the number of 5 units to be given). Identation of the number of 6 units to be given). Identation of the number of 7 units to be given). Identation of the number of 8 units to be given). Identation of the number of 8 units to be given). Identation of the number of 8 units to be given). Identation of the number of 8 units to be given). Identation of the number of 8 units to be given). Identation of the number of 8 units to be given). Identation of the number of 8 units to be given). Identation of the number of 8 units to be given). Identation of the number of 8 units to be given). Identation of the number of 8 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of the number of 9 units to be given). Identation of 1 units to be given to 1 units	D 358		

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 17 of 30

Division of Health Service Regulation

MAIL OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF CHARLOTTE SUMMARY STATEMENT OF DEPICIENCES CHARLOTTE, NO. 28210 SUMMARY STATEMENT OF DEPICIENCE SOO PARK SOUTH DRIVE CHARLOTTE, NO. 28210 PREPTIX TAG. D. SUMMARY STATEMENT OF DEPICIENCES BY TAG. CACH DEPTICIENCY WASTE BE PRECEDED BY TALL PREPTIX TAG. D. SUMMARY STATEMENT OF DEPTICIENCY WASTE BE PRECEDED BY TALL PREPTIX TAG. D. SUMMARY STATEMENT OF DEPTICIENCY WASTE BE PRECEDED BY TALL PREPTIX TAG. D. SUMMARY STATEMENT OF DEPTICIENCY WASTE BY TAG. D. PROVIDERS PLAN OF COMPRECTION OF CARLOTTE TAG. CACHETY TAG. D. SUMMARY STATEMENT OF DEPTICIENCES BY TAG. CACHETY TAG	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE	SURVEY LETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 900 PARK SOUTH DRIVE CHARLOTTE SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION PREPRY PAG INCHESTION OF MAJOR SE PRECEDED OF THUL PREPRY PAG COMMENT AND PROVIDERS PLAN OF CORRECTION PREPRY PAG COMMENT AND PROVIDERS PLAN OF CORRECTION PROVIDERS PROVIDERS PLAN OF CORRECTION PROVIDER	7.1.12 . 2.1.1		is a transfer to the state of t	A. BUILDING: _			
PRIGHTON GARDENS OF CHARLOTTE (A4) ID SUMMARY STATEMENT OF DEFICIENCIES PROFITED AND PROPERTY CONTRIBUTIONS AND PROPERTY PROFITED AND PROFITE			HAL060019	B. WING		06	27/2024
CHARLOTTE, NC 28210 PROVIDED THE CHARLOTTE CHARLOTTE, NC 28210 PROVIDED THE CHARLOTTE, NC 28210 PROVIDED THE CHARLOTTE CHARLOT	NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
Description	BRIGHTO	N GARDENS OF CHARL	OTTE		E		
PREFIX TAG REGULATORY OR LOS IDENTIFYING INFORMATION) D 358 Continued From page 17 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 800 (order indicated 5 units to be given). - There was no documentation of the number of SSI units administered or the location of administration. - There was no documentation of the number of SSI units administered or the location of administration. - There was 10 documentation of the number of SSI units administered or the location of administration. - There was 10 documentation of the number of SSI units administered or the location of administration of the number of SSI units administered or the location of administration or during the 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, accondition in which too much acid accumulates in the body). - Resident #8 was admitted to the local acido care hospital on 00/12/24 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 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	(V4) ID	SUMMARY ST			PROVIDER'S PLAN OF	CORRECTION	(X5)
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 local acute care	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE THE APPROPRIATE	COMPLETE
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	D 358	Continued From page	e 17	D 358			
06/07/24The resident was sent to the local acute care	D 358	SSI units administere administration. On 06/12/24 at 8:00 was documented as a 600 (order indicated 8-There was no docum SSI units administere administration. There were 17 instan where Resident #8 di the number of SSI un location of administration. Review of Resident # from a local hospital 6-There was documen deterioration in condifor during the hospital hyperglycemic state/c severe metabolic acid too much acid accum-Resident #8 was administration on 06/12/24 to hyperglycemic state diabetic and diabetic -Emergency Medical FSBS that was greated the hospital (FSBS nother resident had a Fadmission to the local -The resident receives started on an insuling intravenously to treat	am, insulin aspart U-100 administered for a FSBS of 5 units to be given). Inentation of the number of ad or the location of the second of the	D 358			
hospital from the dialysis clinic on 06/12/24.		06/07/24. -The resident was se	nt to the local acute care				

Division of Health Service Regulation

STATE FORM VED811 If continuation sheet 18 of 30

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X2)		(X3) DATE SURVEY COMPLETED	
		HAL060019	B. WING	B. WING		7/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STAT	re, zip code		
		6000 PAR	K SOUTH DRIVI			
BRIGHTO	N GARDENS OF CHARL	OTTE CHARLO	TTE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 18	D 358			
	-The resident had been in and out of the hospital since October 2023 due to high blood sugar levels.					
	(RN) at Resident #8's 3:18pm revealed: -The PCP was not av -According to the resi office had not receive the facility regarding I	dent's record, the PCP's d any communication from				
	Telephone interview with the Pharmacist from 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 to the facility for the facility to verify and approve. -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. -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. -The facility did receive training on entering SSI resident orders. -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					

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 19 of 30

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE S		
ANDILAN	SI CONNECTION	IDENTIFICATION NONBER.	A. BUILDING: _		OOM! E	LILD
		HAL060019	B. WING		06/2	7/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BBICUTO	N CARDENS OF CHARL	6000 PARI	K SOUTH DRIV	E		
БКІСПІО	N GARDENS OF CHARL	CHARLOT	TE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 19	D 358			
	Interview with a media 06/27/24 at 10:13am -When documenting 3 system she was prom FSBSAfter entering the results system placed the nual distribution administered in a field and that was the amount administered to Residual that was the amount of the insulin injectionThe last step in document in the system of the document of the insulin the in	cation aide (MA) on revealed: SSI in the facility's eMAR apted to enter the resident's sident's FSBS, the eMAR amber of SSI units to be districted within the documentation ount of insulin she dent #8. The field indicating the site in insuling the SSI was to ation. document the SSI units to the facility's eMAR system cate how many units to give				
	Interview with a MA on 06/27/24 at 11:28am revealed: -She had administered the insulin aspart to Resident #8 according to the orders and per the sliding scale instructions. -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. -She then completed the field indicating the site of the insulin injection and finalized the documentation. -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. -She did not know the eMAR system did not record or save the number of SSI units administered to the resident. -After 599 the glucometer reads "hi," meaning the					

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 20 of 30

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE Co			SURVEY PLETED	
			B WING			
		HAL060019	B. WING		06	/27/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
BRIGHTO	N GARDENS OF CHARL	OTTE 6000 PAF	RK SOUTH DRIVE			
		CHARLO	TTE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED TO TO THE PROPERTY OF THE PROVIDER OF	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	0 358 Continued From page 20		D 358			
	_	r was over 600 which she ause the eMAR had to have				
	12:55pm revealed: -She had administere Resident #8 accordin sliding scale instructio - The facility's eMAR indicate how many St pre-populate the field FSBS.	system was supposed to SI units to give and after entering Resident#8's e eMAR system did not mber of SSI units				
	and at 5:00pm reveal -She did not know wh documentation of SS location of administra eMARThere should have b for the MA to docume -She and the Health a (HWD) was responsit orders to the facility's verifying orders enter correctShe did not send Re pharmacyShe completed mont	y there was no I units administered or the tion on Resident #8's een a place on the eMAR				
	Care on 06/27/24 at 7	gional Director of Resident I1:06am revealed: thed to a new eMAR system and did not know the eMAR				

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 21 of 30

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DA	
		HAL060019	B. WING		06/27/2024
	ROVIDER OR SUPPLIER	OTTE 6000 PARI	DRESS, CITY, STA K SOUTH DRIV TE, NC 28210		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	system had not docur units administered or administration. -Once the MA entered system would indicate be administered. -The RCD and HWD orders to the pharmacentered by the pharmacentered by the pharmacentered by the facility their eMAR system at orders to be verified. -Due to the facility note eMAR system, the synumber of SSI units a or location of adminis. -The RCD completed Resident #8's eMAR completed due to the facility for five or so definition. Interview with the Adr 12:50pm and on 06/2. -The facility had switch in November of 2023 (06/26/24), the facility their eMAR system at orders to be verified. -He expected orders the RCD and/or HWD. -There was not a facilicare and/or treatment. [Refer to tag 0273, 10] Health Care (Type A1)	the location of the FSBS, the eMAR the the number of SSI units to were responsible for faxing to and verifying orders acy were correct. the facility's contracted failed to indicate "SSI" on fiter the pharmacy had sent the indicating "SSI" on their stem did not record the administered to Resident #8 tration. monthly eMAR however audit had not been resident only residing in the ays. ministrator on 06/26/24 at 7/24 at 1:57pm revealed: whed to a new eMAR system and found out today failed to indicate SSI in fiter the pharmacy had sent to be entered correctly by lity policy that addressed the to of diabetic residents. DA NCAC 13F .0902(b)	D 358	DELIVOT)	

Division of Health Service Regulation

state, and metabolic acidosis where on 17 out of

STATE FORM 6899 VED811 If continuation sheet 22 of 30

	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL060019	B. WING		06/27/2024
	ROVIDER OR SUPPLIER	OTTE 6000 PAR	DDRESS, CITY, STATE RK SOUTH DRIVE OTTE, NC 28210	E, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 358	amount of SSI that waresulted in serious pha Type A1 Violation. The facility provided a accordance with G.S. this violation. THE CORRECTION I VIOLATION SHALL N	as no documentation of the as administered. This failure ysical harm and constitutes	D 358		
D 367	(j) The resident's med record (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa administered; (4) instructions for addor treatment; (5) reason or justificat medications or treatmed documenting the resumple (6) date and time of a (7) documentation of medications or treatmed omission, including recompleted (8) name or initials of the medication or treasignature equivalent to	Medication Administration dication administration e accurate and include the eation or treatment order; ge or quantity of medication ministering the medication dients as needed (PRN) and alting effect on the resident; dministration; any omission of tents and the reason for the effusals; and, the person administering thement. If initials are used, a to those initials is to be intained with the medication	D 367		

Division of Health Service Regulation

STATE FORM VED811 If continuation sheet 23 of 30

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL060019	B. WING		06	6/27/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	· · · · · ·
BRIGHTO	N GARDENS OF CHARL	OTTE 6000 PA	RK SOUTH DRIVE			
ВКІВІТІ	N GARDENS OF CHARL	CHARLO	OTTE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	23	D 367			
	reviews, the facility fa medication administra accurate for 1 of 1 sa #8) related to a medic	as evidenced by: ns, interview and record illed to ensure the electronic ation records (eMAR) were mpled residents (Resident cation used to treat diabetes nsulin was not documented.				
	The finding are: 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.					
	Review of Resident # revealed resident was 06/06/24.	8 Resident Register s admitted to the facility on				
	summary dated 06/07 -There was an order before meals and at the There was an order rapid-acting insulin to check FSBS before eand inject per sliding 201-250= 1 unit, 251-	to check FSBS readings bedtime. for insulin aspart U-100 (a treat high blood sugars), ach meal and at bedtime				
	medication administrative revealed: -There was an entry to check FSBS before eand inject per sliding 201-250= 1 unit, 251-	8's June 2024 electronic ation record (eMAR) for insulin aspart U-100, ach meal and at bedtime scale insulin (SSI): FSBS: .300= 2 units, 301-350= 3 ts and FSBS > 401= 5 units				

Division of Health Service Regulation

STATE FORM VED811 If continuation sheet 24 of 30

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
HAL060019		B. WING		06/27/2024			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
PDICUTO	N GARDENS OF CHARL	OTTE 6000 PARI	SOUTH DRIV	E			
БКІВНІО	N GARDENS OF CHARL	CHARLOT	TE, NC 28210				
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
	with a start date of 06/07/24. -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 450 (order indicated 4 unit to be given). -There was no documentation of the number of SSI units administered or the location of administration.						
	-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). -There was no documentation of the number of SSI units administered or the location of administration. -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). -There was no documentation of the number of SSI units administered or the location of administration. - 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). -There was no documentation of the number of SSI units administered or the location of administration. - 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).						

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 25 of 30

STATEMENT OF DEFICIENCIES ((X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
			1					
	HAL060019		B. WING		06/27/2024			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	•			
BRIGHTO	BRIGHTON GARDENS OF CHARLOTTE CUARLOTTE NO. 20242							
			TE, NC 20210					
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE			
D 367	0 367 Continued From page 25		D 367					
D 367	ARIGHTON GARDENS OF CHARLOTTE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 25 -There was no documentation of the number of SSI units administered or the location of administration. -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). -There was no documentation of the number of SSI units administered or the location of administration. -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). -There was no documentation of the number of SSI units administered or the location of administration. - 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). -There was no documentation of the number of SSI units administered or the location of administration. - On 06/10/24 at 5:30pm, insulin aspart U-100 was documented as administered for a FSBS of 569 (order indicated 5 units to be given). -There was no documentation of the number of SSI units administered or the location of administration. - On 06/10/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 492 (order indicated 5 units to be given). -There was no documentation of the number of SSI units administered or the location of administration. - On 06/10/24 at 8:00pm, insulin aspart U-100 was documented as administered for a FSBS of 571 (order indicated 5 units to be given). -There was no documentation of the number of SSI units administered or the location of administration. - On 06/11/24 at 8:00am, insulin aspart U-100 was documented as administered for a FSBS of 571 (order indicated 5 units to be given).		D 367					
-There was no documentation of the number of SSI units administered or the location of administration.								

Division of Health Service Regulation

- On 06/11/24 at 11:30am, insulin aspart U-100

STATE FORM 6899 VED811 If continuation sheet 26 of 30

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		I \ /	(X3) DATE SURVEY COMPLETED		
		A. BUILDING:						
		HAL060019	B. WING		06/2	27/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
PDICUTO	BRIGHTON GARDENS OF CHARLOTTE 6000 PARK SOUTH DRIVE							
БКЮПТО	N GARDENS OF CHARL	CHARLOT	TE, NC 28210					
(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 ((EACH CORRECTIVE ACTII CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
D 367	367 Continued From page 26		D 367					
D 367	was documented as a 600 (order indicated 8-There was no docum SSI units administere administration. On 06/11/24 at 5:30 produced as administration. On 06/11/24 at 5:30 produced as administration. On 06/11/24 at 8:00 produced as administration. On 06/11/24 at 8:00 produced as administration. On 06/12/24 at 8:00 produced as administration. On 06/12/24 at 8:00 produced as a 600 (order indicated 8-There was no docum SSI units administere administration. There was no docum SSI units administration.	administered for a FSBS of 5 units to be given). nentation of the number of od or the location of om, insulin aspart U-100 was nistered for a FSBS of 400 ts to be given). nentation of the number of od or the location of om, insulin aspart U-100 was nistered for a FSBS of 401 ts to be given). nentation of the number of od or the location of the number of	D 367					
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,								

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 27 of 30

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060019	B. WING		06	5/27/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATI	E, ZIP CODE			
DDIGUTO	N CARRENO OF CHARL	6000 PAR	K SOUTH DRIVE				
BRIGHTO	N GARDENS OF CHARL	CHARLO	TTE, NC 28210				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 367	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 readingsAfter 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 #8She then completed the field indicating the site of the insulin injectionThe last step in documenting the SSI was to finalize the documentationShe 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 fieldShe 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							

Division of Health Service Regulation

STATE FORM VED811 If continuation sheet 28 of 30

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATIO		IDENTIFICATION NUMBER.	A. BUILDING:		COMPL	ILED	
		HAL060019	B. WING		06/27/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
BBICUTO	N CARDENS OF CHARL	6000 PAR	K SOUTH DRIV	E			
BRIGHTO	N GARDENS OF CHARL	CHARLO	TTE, NC 28210				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
D 367	Continued From page	e 28	D 367				
D 367	eMAR. -There should have be for the MA to docume. She and the Health at (HWD) were respons orders to the facility's verifying orders enter correct. -She completed monitary audit Resident #8's exported. Interview with the Recurred and administration administration. -Once the MA enteresystem would indicate be administered. -The RCD and HWD orders to the pharma entered by the pharma entered by the pharma entered by the facility their eMAR system a orders to be verified. -Due to the facility not eMAR system, the synumber of SSI units a or location of administration. -The RCD completed Resident #8's eMAR completed due to the facility for five or so definition of the facility for five or so d	seen a place on the eMAR ent. and Wellness Director ible for faxing medication contracted pharmacy and red by the pharmacy were thly eMAR audits but did not MAR to ensure orders were gional Director of Resident 11:06am revealed: ched to a new eMAR system and did not know the eMAR mented the number of SSI the location of d the FSBS, the eMAR e the number of SSI units to were responsible for faxing cy and verifying orders facely were correct. The facility's contracted of failed to indicate "SSI" on feter the pharmacy had sent to indicating "SSI" on their estem did not record the administered to Resident #8 stration. I monthly eMAR however audit had not been resident only residing in the lays.	D 367				
Interview with the Administrator on 06/26/24 at 12:50pm and on 06/27/24 at 1:57pm revealed:							

Division of Health Service Regulation

STATE FORM VED811 If continuation sheet 29 of 30

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		A. BUILDING.						
HAL060019		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	(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	BE COMPLETE			
				DEFICIENCY)				
D 367	in November of 2023 failed to indicate SSI the pharmacy had se	ched to a new eMAR system and now knew the facility in their eMAR system after nt orders to be verified. to be entered correctly by	D 367					

Division of Health Service Regulation

STATE FORM 6899 VED811 If continuation sheet 30 of 30