

PRINTED: 08/30/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/16/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted an annual, follow-up and complaint investigation on August 15, 2024-August 16, 2024.	D 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State		
D 464	10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan 10A NCAC 13F.1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules .0801 and .0802 of this Subchapter, the facility shall: (1) Within 30 days of admission to the special care unit and quarterly thereafter, develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment. (2) Develop or revise the resident's care plan required in Rule .0802 of this Subchapter based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 5 of 5 sampled residents had Special Care Unit (SCU) resident profiles updated on a quarterly basis (Residents #1, #2, #3, #4 and #5) and failed to ensure a SCU resident care plan was updated and completed	D 464			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dana U. Wierwille, ED 9/13/24

TITLE

(X6) DATE

STATE FORM

5390

X17J11

If continuation sheet 1 of 8

Reviewed & acknowledged 9/23/24 Aaron Smith

PRINTED: 08/30/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/16/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216		
(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 464	Continued From page 1 annually for 1 of 5 sampled residents (Resident #5). The findings are: 1. Review of Resident #5's current FL2 dated 05/29/24 revealed: -Diagnoses included dementia due to Alzheimer's, possible schizophrenia and diabetes. -The recommended level of care was enhanced care. Review of Resident #5's Resident Register revealed an admission date of 05/31/22. Review of Resident #1's record on 08/16/24 revealed: -There was a SCU quarterly profile completed on 12/06/23. -There was a SCU care plan completed on 11/16/23 with no Primary Care Provider (PCP) signature. -There was a SCU care plan completed on 12/06/23 with no PCP signature. -There was no additional documentation SCU quarterly profiles were completed after 12/06/23. -There was no additional documentation of a SCU care plan. Refer to interview with the Special Care Unit Coordinator (SCC) on 08/16/24 at 3:45pm. Refer to interview with the Administrator on 08/16/24 at 4:07pm. 2. Review of Resident #1's current FL2 dated 06/25/24 revealed: -Diagnoses included dementia, cognitive impairments and adjustment disorder with depressed mood.	D 464	Facility Executive Director will in-service the Memory Care Coordinator on the rule area found to be non-compliant: 10A NCAC 13F .1307 Special Care Unit Resident Profile and Care Plan Facility Executive Director will in-service the Memory Care Coordinator on the following policies and procedures: 1. Special Care Unit Policy and Procedures 2. Resident Assessment and Care Planning Facility Executive Director and Memory Care Coordinator will complete an audit on care plans and ensure that we are meeting the requirements as described in the rules and policies listed above. If any non-compliance is found, Facility Executive Director and Memory Care Coordinator will complete Resident Profiles and Care Plans as necessary to establish compliance. Facility Executive Director and Memory Care Coordinator will establish a process to ensure that compliance is maintained for future occurrences and needs according to the requirements of upon admission and quarterly.	
				Facility expected compliance: 10/15/24

Division of Health Service Regulation
STATE FORM

8399

X17J11

If continuation sheet 2 of 6

PRINTED: 08/30/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/16/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216			
(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 464	Continued From page 2 -The recommended level of care was enhanced care. Review of Resident #1's Resident Register revealed an admission date of 08/25/21. Review of Resident #1's record on 08/15/24 revealed: -There was a quarterly profile completed on 10/23/23. -There was a care plan completed on 06/24/24. -There was no additional documentation SCU quarterly profiles were completed between 10/23/23 and 06/24/24. Refer to interview with the SCC on 08/16/24 at 3:45pm. Refer to interview with the Administrator on 08/16/24 at 4:07pm.	D 464			
	3. Review of Resident #2's current FL2 dated 06/21/24 revealed: -Diagnoses Included dementia with behavioral disturbance, pulmonary hyperlipidemia, hypertension, stage 3 chronic kidney disease, peripheral vascular disease, and non-insulin dependent Type 2 diabetes. -She was constantly disoriented. -The recommended level of care was enhanced care. Review of Resident #2's resident register revealed she was admitted on 04/13/23. Review of Resident #2's record revealed: -There was a SCU resident profile completed on 12/11/23. -There was a care plan completed on 02/25/23				

Division of Health Service Regulation
STATE FORM

A471

X17J11

If continuation sheet 3 of 5

PRINTED: 08/30/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL000150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/16/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216			
(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 464	Continued From page 3 after a significant change. -There was no physician signature on the care plan. -There was no additional documentation of a SCU resident profile completed. Refer to interview with the SCC on 08/16/24 at 3:45pm. Refer to interview with the Administrator on 08/16/24 at 4:07pm. 4. Review of Resident # 3's current FL2 dated 06/25/24 revealed: -Diagnoses included dementia due to Alzheimer's. -The recommended level of care was enhanced care. Review of Resident #3's Resident Register revealed an admission date of 05/27/22.	D 464			
	Review of Resident #3's record on 08/15/24 revealed: -There was a SCU quarterly profile completed on 12/11/23. -There was a SCU quarterly profile completed on 06/21/24. -There was no additional documentation SCU quarterly profiles were completed 12/11/23 and 6/21/24. Refer to interview with the SCC on 08/16/24 at 3:45pm. Refer to interview with the Administrator on 08/16/24 at 4:07pm. 5. Resident of Resident #4's current FL2 dated 06/25/24 revealed:				

Division of Health Service Regulation
STATE FORM

0022

X17J11

(If continuation sheet 4 of 5)

PRINTED: 08/30/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/16/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216			
(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 464	Continued From page 4 -Diagnoses included vascular dementia, transient Ischemic attack (a brief stroke-like attack), hypertension and type 2 diabetes. -The recommended level of care was enhanced care. Review of Resident #4's Resident Register revealed an admission date of 02/01/24. Review of Resident #4's record on 08/15/24 revealed: -There was a care plan completed on 02/11/24. -There was a care plan completed on 06/21/24. -There was no additional documentation of a Special Care Unit (SCU) profile completed between 02/11/24 and 06/21/24. Refer to interview with the SCC on 08/16/24 at 3:45pm. Refer to interview with the Administrator on 08/16/24 at 4:07pm.	D 464			
	Interview with the SCC on 08/16/24 at 3:50pm revealed: -She was responsible for completing the residents' SCU resident profiles and SCU resident care plans. -She knew SCU resident profiles were to be completed within 30 days of admission and on a quarterly basis. -She knew SCU resident care plans were to be completed within 30 days of admission, within 10 days of a significant change and annually. -She did not know residents' #1, #2, #3, #4 and #5 were missing SCU resident profiles. -She did not know Resident #5 did not have a completed SCU care plan. -She was responsible for keeping a schedule of when SCU resident profiles and SCU care plans				

Division of Health Service Regulation
STATE FORM

6309

X17J11

If continuation sheet 5 of 6

PRINTED: 08/30/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080160	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/16/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9106-REAMES ROAD CHARLOTTE, NC 28216			
(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 464	<p>Continued From page 5</p> <p>were due.</p> <p>-She had missed completing residents' #1, #2, #3, #4 and #5 SCU resident profiles.</p> <p>-She had missed completing resident #5's SCU care plan.</p> <p>Interview with the Administrator on 08/16/24 at 4:07pm revealed:</p> <p>-The SCC was responsible for the SCU profiles and care plans being completed.</p> <p>-She was not aware of any issues with the SCU profiles and care plans not being completed timely.</p> <p>-She was not aware when the SCU profiles and care plans were to be completed.</p>	D 464			

Division of Health Service Regulation
STATE FORM

N20

X17J11

If continuation sheet 6 of 6