PRINTED: 09/06/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060116	A. BUILDING: _____ B. WING _____	R 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF SOUTHPARK	2101 RUNNYMEDE LANE CHARLOTTE, NC 28209

(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 survey and follow-up survey on 08/20/24 through 08/21/24.	D 000		
D 375	10A NCAC 13F .1005(a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 1 of 5 sampled residents (#5) had a physician's order to self-administer medications related to a medication to treat pain and fever and a triple antibiotic ointment. The findings are: Review of Resident #5's current FL2 dated 06/06/24 revealed: -Diagnoses included COPD (chronic obstructive pulmonary disease), respiratory failure,	D 375	10A NCAC 13F .1005 (a) Self Administration of Medications Director of Health and Wellness (DHW), Assistant DHW, Executive Director, and or designee to complete an audit on all current self administration residents and complete room safety checks according to 10A NCAC 13F .1005 (a) DHW, ADHE,ED, and or designee to complete room safety checks on all residents once a week for four weeks, then bi weekly for four weeks, then monthly as needed. DHW, ADHW, and or ED to complete an inservice with all department managers and Med Techs on identifying and reporting apartments that may not meet the requirement of 10A NCAC 13F .1005 (a)	10.18.24 10.18.24 10.18.24

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Camilla Sherrill, ED — (X6) DATE: 10.8.24

Reviewed and acknowledged by SSD on 10/17/24 Sharon Dunton RN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060116	A. BUILDING: _____ B. WING _____	R 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF SOUTHPARK	2101 RUNNYMEDE LANE CHARLOTTE, NC 28209

(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 375	Continued From page 1	D 375		

paroxysmal atrial flutter, and heart failure.
-There was no order for acetaminophen 500mg (to treat pain) or triple antibiotic ointment (to treat an infection).

Review of Resident #5's Resident Register revealed a facility admission date of 11/17/23.

a. Observation of Resident #5's room on 08/20/24 at 10:15am revealed:
-There was a bottle of acetaminophen 500mg on the table next to Resident #5's bed.
-The bottle was not labeled with resident identifiers.

Review of Resident #5's record on 08/21/24 revealed there was no signed physician order for acetaminophen 500mg and no order for it to be self-administered.

Interview with Resident #5 on 08/21/24 at 10:40am revealed:
-The bottle of acetaminophen 500mg belonged to her.
-She kept the medications on her bedside table.
-She took the acetaminophen rarely when she needed it for pain or headache.
-She could not recall when she last took the acetaminophen 500mg.

Review of Resident #5's June 2024, July 2024, and August 2024 Medication Administration Record (MAR) revealed no entry for acetaminophen 500mg.

Refer to the interview with a medication aide (MA) on 08/21/24 at 12:30pm.

Refer to the interview with Resident #5's Primary Care Provider (PCP) on 08/21/24 at 5:05pm.

PRINTED: 09/06/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060116	A. BUILDING: _____ B. WING _____	R 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF SOUTHPARK	2101 RUNNYMEDE LANE CHARLOTTE, NC 28209

(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 375	Continued From page 2 Refer to the interview with the Administrator on 08/21/24 at 4:00pm. b. Observation of Resident #5's room on 08/20/24 at 10:15 am revealed: -There was a tube of triple antibiotic ointment on the table next to Resident #5's bed. -The tube was not labeled with resident identifiers. Review of Resident #5's record on 08/21/24 revealed there was no signed physician order for triple antibiotic ointment and no order for it to be self-administered. Interview with Resident #5 on 08/21/24 at 10:40am revealed: -The tube of triple antibiotic ointment belonged to her. -She kept the medications on her bedside table. -She used the triple antibiotic ointment rarely when she needed it for "a pimple or sore". -She could not recall when she last used the triple antibiotic ointment. Review of Resident #5's June 2024, July 2024, and August 2024 Medication Administration Record (MAR) revealed no entry for triple antibiotic ointment. Refer to the interview with a MA on 08/21/24 at 12:30pm. Refer to the interview with Resident #5's POP on 08/21/24 at 5:05pm. Refer to the interview with the Administrator on 08/21/24 at 4:00pm.	D 375		

PRINTED: 09/06/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060116	A. BUILDING: _____ B. WING _____	R 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF SOUTHPARK	2101 RUNNYMEDE LANE CHARLOTTE, NC 28209

(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 375	Continued From page 3 Interview with the MA on 08/21/24 at 12:30pm revealed: -Residents required a self-administration assessment and a physician order to keep medications in their rooms. -Resident #5 did not have a self-administration assessment. -Resident #5 did not have an order for acetaminophen or triple antibiotic ointment. -She was not aware that Resident #5 had acetaminophen and triple antibiotic ointment in her room and that she self-administered those medications. Interview with Resident #5's PCP on 08/21/24 at 5:05pm revealed: -She was not aware the resident had acetaminophen and triple antibiotic ointment in her room and she had not prescribed the medications. -She expected staff to have an order for the medications. -She believed the resident was alert and oriented enough to self-administer the acetaminophen and triple antibiotic ointment but preferred the facility to administer the medications instead. -Consequences of taking too much acetaminophen could result in liver impairment. Interview with the Administrator on 08/21/24 at 4:00pm revealed: -Residents required a self-administration assessment and a physician order to keep medications in their rooms. -She was not aware Resident #5 had a bottle of acetaminophen and a tube of triple antibiotic ointment in her room. -The staff were trained to take medications found in resident's rooms if they did not have a self-administer order.	D 375		

PRINTED: 09/06/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060116	A. BUILDING: _____ B. WING _____	R 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF SOUTHPARK	2101 RUNNYMEDE LANE CHARLOTTE, NC 28209

(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 375	Continued From page 4 -She expected families to give any medications to the MA.	D 375		
D 463	10A NCAC 13F .1306 Admission To The Special Care Unit 10A NCAC 13F .1306 Admission To The Special Care Unit In addition to meeting all requirements specified in the rules of this Subchapter for the admission of residents to the home, the facility shall assure that the following requirements are met for admission to the special care unit: (1) A physician shall specify a diagnosis on the resident's FL-2 that meets the conditions of the specific group of residents to be served. (2) There shall be a documented pre-admission screening by the facility to evaluate the appropriateness of an individual's placement in the special care unit. (3) Family members seeking admission of a resident to a special care unit shall be provided disclosure information required in G.S. 131D-8 and any additional written information addressing policies and procedures listed in Rule .1305 of this Subchapter that is not included in G.S. 131D-8. This disclosure shall be documented in the resident's record. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure disclosures were completed for 2 of 2 (#1, #2) sampled residents that were admitted to the Special Care Unit (SCU). 1. Review of Resident #1's current FL2 dated 03/22/24 revealed: -Diagnoses included dementia with behavioral	D 463	10A NCAC 13F .1306 Admission To The Special Care Unit Memory Care manager, Business Office Manger, ED, and or designee to complete an audit on all current residents for completion of SCU disclosure statements. All SCU disclosure statements to be scanned into Point Click Care (PCC) in order to create an electronic copy. Executive Director to complete an inservice with Memory Care Director,Sales Director, Bussiness Office Manager, Director of Health and Wellness, and Assistant Health and Wellness Director on 10A NCAC 13F .1306 Admission to the Special Care Unit	10.18.24 10.18.24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060116	A. BUILDING: _____ B. WING _____	R 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF SOUTHPARK	2101 RUNNYMEDE LANE CHARLOTTE, NC 28209

(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 463	Continued From page 5	D 463		

disturbance, degenerative disk disease, osteoporosis, hypertension, hyperlipidemia, and macular degeneration.
-She was ambulatory.
-There was documentation that Special Care Unit (SCU) was the recommended level of care.

Review of Resident #1's Resident Register revealed an admission date to the Assisted Living (AL) on 10/19/22.

Review of Resident #1's Resident Record revealed:
-There was no SCU disclosure.
-There was no documentation when Resident #1 moved from AL to the SCU.

Interview with Resident #1's Responsible Party on 08/21/24 at 4:16pm revealed:
-He did not remember if he signed a disclosure statement when Resident #1 moved to the SCU.
-Resident #1 moved into the facility in October 2022.
-Resident #1 moved to the SCU in May 2023.

Refer to the interview with the Business Office Manager (BOM) on 08/21/24 at 3:17pm.

Refer to the interview with the Administrator on 08/21/24 at 2:35pm.

Attempted interview with facility's Sales Manager on 08/21/24 at 3:45pm was unsuccessful.

2. Review of Resident #2's current FL2 dated 03/22/24 revealed:
-Diagnoses included Alzheimer's dementia, atrial fibrillation (irregular heartbeat), and hypertension.
-There was documentation that SCU was the recommended level of care on 04/02/24.

PRINTED: 09/06/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060116	A. BUILDING: _____ B. WING _____	R 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF SOUTHPARK	2101 RUNNYMEDE LANE CHARLOTTE, NC 28209

(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 463	Continued From page 6	D 463		

Review of Resident #2's Resident Register revealed an admission date of 10/06/23.

Review of Resident #2's Resident Record revealed there was no SCU disclosure.

Refer to the interview with the BOM on 08/21/24 at 3:17pm.

Refer to the interview with the Administrator on 08/21/24 at 2:35pm.

Attempted telephone interview with Resident #2's Power of Attorney on 08/21/24 at 3:03pm was unsuccessful.

Attempted interview with facility's Sales Manager on 08/21/24 at 3:45pm was unsuccessful.

Interview with BOM on 08/21/24 at 3:17pm revealed:
-She was aware several residents did not have a signed disclosure statement on admission to the SCU.
-She and the Administrator audited residents' charts from May 2024 to June 2024.
-It was discovered several documents, including the SCU disclosures, were missing from the residents' records.
-The disclosures were sent via email to the residents' Responsible Party (RP) to sign but some had not been returned yet.
-It was the responsibility of the Sales Manager to have the RPs sign the disclosure statement.
-Resident #1 and Resident #2 transferred from the AL to the SCU at different times but the disclosure statement should have been in the packet.
-Resident #1 moved into SCU on 11/01/23 and

PRINTED: 09/06/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060116	A. BUILDING: _____ B. WING _____	R 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF SOUTHPARK	2101 RUNNYMEDE LANE CHARLOTTE, NC 28209

(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 463	Continued From page 7 Resident #2 moved into the SCU on 05/07/23. Interview with the Administrator on 08/21/24 at 2:35pm revealed: -The facility's Sales Manager was responsible for getting the SCU disclosures signed if a resident was admitted into the SCU of the facility. -She was responsible for getting the SCU disclosures signed if a resident moved from the AL to the SCU. -It was discovered during an audit completed around April 2024 and May 2024 that some SCU residents did not have a signed SCU disclosure in their record. -If a SCU disclosure was not in a resident's record, one was sent to the RP. -The facility had not received all the signed SCU disclosure statements yet that were sent to the RPs.	D 463		