Sunrise Senior Living Plan of Correction

Name of Community: Sunrise on Providence Address of Community: 5114 Providence Road Charlotte, NC 28226 License number: HAL-060-165 nspection date(s): October 31 st 2024 Name/Title of Legal Entity Representative Signing the Plan of Correction: Beatrice Oywer, Executive Director Signature of Sunrise Representative: Beatrice Oywer Date of Submission: 12/11/2024 reviewed & acknowledged FQ 12/16/24			
reviewed & acknow	Target Date	12/10/24	
Regulation	by Which Correction will be completed	Plan of Correction	
D 000 Initial Comments	11/07/2024	A. With respect to the specific staff/situation	
The Adult Care Licensure Section and Mecklenburg County Department of Social Services conducted an annual survey 10/30/24-10/31/24.		cited: Resident Care Director obtained a signed FL2 from resident's physician following an office appointment on 11/7/2024 and now in compliance.	
D 235 10A NCAC 13F .0703 (b & c) Tuberculosis Test, Medical Exam & Immunization	11/11/2024	 B. With respect to how the facility will identify Staff/situations for the identified concerns: Resident Care Director and wellness nurses conducted a complete audit of residents' medical 	
10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations		files to confirm rule compliance. Audit was completed on 11/11/2024, residents in compliance.	
(b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the facility and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed	11/11/2025	 C. With respect to what systemic measures have been put into place to address the stated concern: Resident Care Director (RCD) or designee will Complete a review of the physician office visit tracker in Sunrise Care Connect monthly for 3 months to identify residents due for annual physician visits. 	

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 physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident. (c) The medical examination shall be completed no more than 90 days prior to the resident's admission to the facility, except in the case of emergency admission. This Rule is not met as evidenced by: D 235 Based on record reviews and interviews, the facility failed to ensure medical examinations were completed annually for 1 of 5 residents sampled (#5) and results of the examination were entered onto the FL-2. 	1/22/2025	 D. With respect to how the plan of correction will be monitored: The Executive Director and/or Resident Care Director will report findings of the audits to the Quality Assurance Performance Improvement Committee monthly for 3 months. During and after this time, the QAPI Team will reevaluate and initiate necessary action or extend the review period, as needed based on issues identified or trends observed. The Executive Director is responsible for confirming implementation and ongoing compliance with the components of the plan of correction and addressing and resolving variances that may occur. 		
D 263 10A NCAC 13F .0802 (e) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan	11/01/2024	 A. With respect to the specific staff/situation cited: Assisted Living Coordinator obtained a signed care plan from resident's physician on 11/1/2024 and now in compliance. 		
(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing	11/06/2024	B. With respect to how the facility will identify Staff/situations for the identified concerns: Memory Care Coordinator and Assisted Living Coordinator conducted a complete audit of		

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and dating the care plan within 15 calendar days of completion of the assessment: (1) the resident is under the physician's care; and (2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan. This Rule is not met as evidenced by: D 263 Based on record reviews and interviews the facility failed to ensure 2 of 5 sampled residents (#2 & #5) had a care plan that was signed by a provider within 15 days of the residents' being assessed.	11/11/2025	residents' medical files to confirm rule compliance with resident's care plans. Audit was completed on 11/06/2024, residents are in compliance. C. With respect to what systemic measures have been put into place to address the stated concern: Memory Care Coordinator and Assisted Living Coordinator will conduct monthly audits for 3 months of new residents, residents with change in condition and residents with annual assessments to confirm that care plans are signed by their physicians within 15 calendar days of completion. D. With respect to how the plan of correction will be monitored: The Executive Director and/or Memory Care Coordinator & Assisted Living Coordinator will report findings of the audits to the Quality Assurance Performance Improvement Committee monthly for 3 months. During and after this time, the QAPI Team will re- evaluate and initiate necessary action or extend the review period, as needed based on issues identified or trends observed. The Executive Director is responsible for confirming implementation and ongoing compliance with the components of the plan of correction and addressing and resolving variances that may occur.	

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Regulation	Regulation Target Date by Which Correction will be completed Plan of Correction	
D 273 10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care	10/31/2024	A. With respect to the specific staff/situation cited: Resident Care Director notified resident's Nurse Practioner on 10/31/2024 of the medication refusals and in compliance.
 (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: D 273 Based on record reviews and interviews, the 	11/04/2024	B. With respect to how the facility will identify Staff/situations for the identified concerns: Resident Care Director and wellness nurses conducted a review of medication refusals to confirm rule compliance with residents. The review was completed on 11/04/2024, residents in compliance.
facility failed to notify the resident's physician of medication refusals for 1 of 5 sampled residents (Resident #4).	11/04/2024	 C. With respect to what systemic measures have been put into place to address the stated concern: Resident Care Director (RCD) or designee will conduct a review of medication refusals weekly for 30 days and then monthly for 3 months to confirm that medication refusals are reported to residents' PCP and notifications are documented.
	1/22/2025	 D. With respect to how the plan of correction will be monitored: The Executive Director and/or Resident Care Director will report findings of the audits to the Quality Assurance Performance Improvement Committee monthly for 3 months.
		During and after this time, the QAPI Team will re- evaluate and initiate necessary action or extend

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PRINTED: 11/19/2024 FORM APPROVED

Division of Health Service Regu STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 10/31/2024	
		HAL060165			10		
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
SUNRISE	ON PROVIDENCE	CHARLO	OTTE, NC 28226				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE	(X5) COMPLE DATE	
D 000	Initial Comments		D 000				
	The Adult Care Licer Mecklenburg County Services conducted 10/30/24-10/31/24.	Department of Social					
D 235	10A NCAC 13F .070 Medical Exam & Imn	3 (b & c) Tuberculosis Test, nunizatio	D 235				
	Examination And Imr (b) Each resident sh examination complet physician extender p facility and annually				(
	licensed physician as practitioner. The med prior to admission sh determine if the facili resident. (c) The medical examo no more than 90 day	sistant or licensed nurse lical examination completed all be used by the facility to ty can meet the needs of the mination shall be completed s prior to the resident's					
• • • • • • • • • • • • • • • • • • • •	admission to the facil emergency admissio	ity, except in the case of n.					
	This Rule is not met	as evidenced by:					
	Based on record revi facility failed to ensur were completed annu	ews and interviews, the e medical examinations ally for 1 of 5 residents ults of the examination were					

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

TITLE

(X6) DATE

STATE FORM

BANN 12/11/24

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