


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
Inspection date(s): October 31st 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  12/16/24

Regulation	Target Date by Which Correction will be completed	Plan of Correction
<p>D 000 Initial Comments</p> <p>The Adult Care Licensure Section and Mecklenburg County Department of Social Services conducted an annual survey 10/30/24-10/31/24.</p> <p>D 235 10A NCAC 13F .0703 (b & c) Tuberculosis Test, Medical Exam & Immunization</p> <p>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations (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</p>	<p>11/07/2024</p> <p>11/11/2024</p> <p>11/11/2025</p>	<p>A. With respect to the specific staff/situation cited: Resident Care Director obtained a signed FL2 from resident's physician following an office appointment on 11/7/2024 and now in compliance.</p> <p>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 files to confirm rule compliance. Audit was completed on 11/11/2024, residents in compliance.</p> <p>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.</p>

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<p>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.</p> <p>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.</p>	1/22/2025	<p>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.</p> <p>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.</p> <p>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.</p>
<p>D 263</p> <p>10A NCAC 13F .0802 (e) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan</p>	11/01/2024	<p>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.</p>
<p>(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing</p>	11/06/2024	<p>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</p>

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		<p>the review period, as needed based on issues identified or trends observed.</p> <p>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.</p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

(X6) DATE