

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHARLOTTE SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5820 CAMEL ROAD CHARLOTTE, NC 28226
---	---

(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 on March 31, 2015 and April 1, 2015.	D 000		
D 312	<p>10A NCAC 13F .0904(f)(2) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (f) Individual Feeding Assistance in Adult Care Homes: (2) Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's dignity and respect.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide timely feeding assistance upon receipt of the meal for 1 of 1 resident (#8) in the assisted living dining room who required feeding assistance.</p> <p>The findings are:</p> <p>Review of Resident #8's current FL2 dated 03/10/15 revealed: -Diagnoses included dementia, depression, congestive heart failure, chronic obstructive pulmonary disease, hypothyroidism, chronic stage III kidney disease, hypertension, and diabetes mellitus type 2. -Resident information on the FL2 included: disoriented constantly, personal care assistance was provided with meals "at X's."</p> <p>Review of hospital discharge summary report dated 03/24/15 revealed:</p>	D 312		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHARLOTTE SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5820 CAMEL ROAD CHARLOTTE, NC 28226
---	---

(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 312	<p>Continued From page 1</p> <p>-The examining physician said "the facility's nurse told him the resident was moving toward a higher level of care needing someone to feed the resident."</p> <p>Observation on 03/31/15 at 12:20 pm of the lunch meal in the assisted living dining room revealed: -Resident #8 was sitting at the table with her meal in front of her. -The meal consisted of Salisbury steak with gravy, dinner roll, broccoli, and tea. -The resident did not eat the meal, but looked around the room watching others. -At 12:33 pm a resident assistant sat at the table to assist the resident with her meal. -The resident consumed 75% of the meal with staff feeding every bite of the food.</p> <p>Observation on 04/01/15 from 8:00 am to 9:00 am of the breakfast meal revealed: -Two dietary aides were in the dining room; both aides were serving meals to the residents in the dining room. -Resident #8's meal was served at 8:15 am. -The meal consisted of scrambled eggs, one biscuit and 6 ounces of orange juice. -The dietary aide put the plate on the table and handed Resident #8 a fork. -The aide verbally instructed the resident to use the fork to pick up her food. -The resident did not pick the food up, so the dietary aide used the fork to pick-up eggs from off the plate. -The dietary aide put the fork with eggs in the resident's right hand. -The dietary aide left the table. -The resident held the fork in her hand, but did not move her hand toward her mouth. -After 6 minutes the resident lowered the fork to the plate.</p>	D 312		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHARLOTTE SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5820 CAMEL ROAD CHARLOTTE, NC 28226
---	---

(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 312	<p>Continued From page 2</p> <ul style="list-style-type: none"> -The resident lifted the fork again in mid air as though to put her hand-held fork to her mouth, but did not complete the action. -The resident looked continually around the room at other residents, but did not consume the eggs or any portion of the meal. -At 8:32 am, a resident assistant came into the dining room and assisted the resident with her meal. -The resident assistant used a spoon to feed the resident her eggs, and broke up the biscuit into small pieces. -The resident consumed 80% of the meal with staff feeding assistance. <p>Based on observation and attempt interview on 03/31/15 it was determined that Resident #8 was not interviewable.</p> <p>Interview on 04/01/15 at 8:35 am with the dietary aide revealed:</p> <ul style="list-style-type: none"> -Resident #8 recently declined in health about one month ago. -The resident sometimes required staff assistance with eating the meal. -She was not allowed to feed the resident (only resident assistants feed residents), so she put the fork with food into the resident's hand. -The floor staff "resident assistant" usually came to the dining room to provide feeding assistance to the resident. <p>Interview on 04/01/15 at 8:45 am with the resident assistant (RA) revealed:</p> <ul style="list-style-type: none"> -Two months ago Resident #8's health declined and the resident was no longer able to feed herself meals, but required staff assistance. -The resident usually consumed the majority of her meal with staff assistance. -If no staff provided feeding assistance, Resident 	D 312		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHARLOTTE SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5820 CAMEL ROAD CHARLOTTE, NC 28226
---	---

(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 312	<p>Continued From page 3</p> <p>#8 was mentally unable to comprehend feeding herself.</p> <ul style="list-style-type: none"> -She brought the resident into the dining room this morning, but had to go assist other residents with getting dressed. -Sometimes dietary aides did not serve the Resident #8's meal, but waited for the resident assistant to obtain the meal hot from the food bar. <p>Interview on 04/01/15 at 9:31 am with medication aide revealed:</p> <ul style="list-style-type: none"> -The resident had a decline in health a little over a month ago and now required staff to assist with feeding meals. -There was no planned schedule and no one was assigned to feed Resident #8. -The resident received feeding assistance from whichever staff was available (medication aide or resident assistant). <p>Interview on 04/01/15 at 9:55 am with Resident #8's family member revealed:</p> <ul style="list-style-type: none"> -The resident has decreased in health over the past six months. -The resident has increasing dementia and in the past 3-4 months has been "out of it." -The resident is not aware of her surroundings, she is unable to respond or tell what is wrong with her, and the resident required extra staff to assist with activities of daily living including feeding meals. -The family member had on occasion observed the resident holding a spoon for almost 5 minutes and the resident did not think to put the spoon filled with food into her mouth. -There has been no observed weight loss, because physician was already monitoring the resident's weight and ordered supplements twice daily. 	D 312		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHARLOTTE SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5820 CAMEL ROAD CHARLOTTE, NC 28226
---	---

(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 358	Continued From page 4	D 358		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure medications were administered as ordered by the licensed prescribing practitioner for 1 of 7 sampled residents (Resident #5) with an order for Novolog insulin with supper.</p> <p>The findings are:</p> <p>Review of Resident #5's Register revealed date of admission was 2/17/11.</p> <p>Review of Resident #5's current FL2 dated 7/28/14 revealed diagnoses included: Diabetes Mellitus Type 2 Insulin dependent and peripheral neuropathy.</p> <p>Resident #5's record review revealed: -A physician's order dated 1/8/15 for Novolog (used to treat diabetes) 15 units SQ (subcutaneous injection) with supper. -A physician's order dated 1/28/15 to increase Novolog from 15 units to 17 units SQ with supper.</p> <p>Review of the January 2015 Medication</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHARLOTTE SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5820 CAMEL ROAD CHARLOTTE, NC 28226
---	---

(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 358	<p>Continued From page 5</p> <p>Administration Record (MAR) revealed: -A hand written entry on 1/28/15 for Novolog 17 units to be administered at 5:00 pm every day. -The entry had been initialed by the Medication Aide (MA) on duty, indicating Novolog had been administered as order at 5:00 pm on 1/28/15 through 1/31/15.</p> <p>Review of the February 2015 and March 2015 MARs revealed: -A computer generated entry for Novolog 15 units to be administered at supper every day. -Novolog had been administered daily at 5:00 pm per staff documentation.</p> <p>Review of the February 2015 and March 2015 Glucose Monitoring Forms revealed: -February 2015 Finger Stick Blood Sugar (FSBS) ranges 82 to 291. -March 2015 FSBS ranges 78 to 271.</p> <p>Observation of Resident #5's medications on hand at 3:25 pm on 4/1/15 revealed: -Novolog 100 unit/ml vial was available. -Medication vial with a computer generated label with a dispensed date of 3/10/15 Novolog 100 unit/ml, inject 15 units subcutaneously twice daily at lunch and dinner.</p> <p>Interview on 4/1/15 at 3:30 pm with first shift Medication Aide (MA) revealed: -She worked 40 hours per week as the first shift MA. -She stated she was not aware of the order to increase Novolog to 17 units SQ. -She stated she was not sure why the Novolog order was hand written on the January 2015 MAR and not updated on the electronic February 2015 MAR that was received from the pharmacy. -She stated the Resident Care Director (RCD)</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHARLOTTE SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5820 CAMEL ROAD CHARLOTTE, NC 28226
---	---

(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 358	<p>Continued From page 6</p> <p>and the Director of Nursing (DON) were responsible for reviewing the MARs at the end of the month for accuracy.</p> <p>-She stated all orders were double checked by the MAs on duty when the new order was received.</p> <p>Interview on 4/1/15 at 3:50 pm with second shift MA revealed:</p> <p>-She was not aware of the order change for the Novolog.</p> <p>-She stated, "We administer medications as it states on the MARs."</p> <p>-She stated the RCD and the DON were responsible for reviewing the MARs for accuracy.</p> <p>Interview on 4/1/15 at 3:55 pm with Resident Care Director (RCD) revealed:</p> <p>-The facility received new electronic MARs from the pharmacy on the 20th day of each month.</p> <p>-She was responsible for comparing the current MARs against the new MARs received from pharmacy.</p> <p>-She was responsible for assuring all new orders are faxed to pharmacy and updated on the MARs.</p> <p>Interview on 4/15 at 3:58 pm with Special Care Unit Manager revealed:</p> <p>-She was not aware of the order change for the Novolog dated 1/28/15.</p> <p>-She stated, "When a new order is received, I will date and initial the order showing that it has been seen and faxed to the pharmacy."</p> <p>-No documentation noted on new order for Novolog dated 1/28/15 was sent to pharmacy.</p> <p>Interview on 4/1/15 at 4:05 pm with the Administrator revealed:</p> <p>-She was not aware of the order change for</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHARLOTTE SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5820 CAMEL ROAD CHARLOTTE, NC 28226
---	---

(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 358	<p>Continued From page 7</p> <p>Novolog dated on 1/28/15. -She stated the RCD and DON are responsible for checking the accuracy of the MARs as well as faxing any new orders to the pharmacy.</p> <p>Telephone interview on 4/1/15 at 2:30 pm with a representative of the contract pharmacy revealed:</p> <ul style="list-style-type: none"> - The pharmacy generated the residents' Medication Administration Records (MARs) based on the current physician orders on file at the pharmacy. - The facility was responsible to send a copy of all physician's orders (FL2s, prescriptions, or verbal orders) to pharmacy. - The pharmacy sent the upcoming month's MARs to the facility about a week before the end of the month for the facility to review prior to placing on the medications carts. - The facility was responsible to call the pharmacy for changes that needed to be made to the MARs. - The pharmacy had received the physician's order for Resident #5 dated 1/08/15 ordering 15 units of Novolog with lunch and dinner. - No documentation for a physician's order dated 1/28/15 to increase Novolog from 15 units to 17 units SQ with supper. - No subsequent physician's orders for Resident #5 had been received regarding Novolog insulin. 	D 358		