STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060001	A. BUILDING: _____ B. WING _____	05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMEL HILLS	2801 CARMEL 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 conducted an Annual Survey on May 31, 2018.	D 000		
D 254	10A NCAC 13F .0801(b) Resident Assessment 10A NCAC 13F .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource. This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure a functional assessment was developed annually for 1 of 3 sampled residents (Resident #2). The findings are: Review of Resident #2's current FL2 dated	D 254		

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12/12/17 revealed:
-Diagnoses included rhabdomyolysis, Type 2 diabetes mellitus, coronary artery disease, hypertension, hyperlipidemia, and anemia.
-Resident was intermittently oriented and ambulatory with staff assistance in his wheelchair.
-His diet order was no concentrated sweets (NCS), mechanical soft, with honey thickened liquids.

Review of Resident #2's Care Plans revealed:
-The initial care plan was completed and dated 04/03/15
-The most recent care plan was completed and dated 07/08/16.
-There were no current care plans available for review.
-There was no documentation a care plan had been completed since 07/08/16.

Review of Resident #2's Care Plan dated 07/08/16 revealed:
-He was ambulating independently with a rolling walker.
-He was dressing and grooming with limited assistance.
-He was transferring with limited assistance.

Interview with a PCA on 05/31/17 at 4:30pm revealed:
-He ambulated with the assistance of a staff person outside his room in his wheelchair.
-He needed extensive assistance in grooming and personal hygiene.
-He needed extensive assistance in transfers.

Interview with the Director of Nursing (DON) on 05/31/18 at 2:35pm revealed:
- She had been in the position of DON for 2

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D 254	Continued From page 2 years. -She was responsible for completing care plans for the residents. -She did not have a system in place to ensure assessments and care plans were completed in a timely manner. -She had recently been discussing implementing such a system with the Administrator. -She knew Resident #2 had declined since admission. She thought he needed more assistance with ambulation (in his wheelchair), dressing and toileting. -She thought his care plan had been completed recently. -She was unable to produce a recent care plan for Resident #2. Interview with the Administrator on 05/31/18 at 3:00pm revealed: -The DON was responsible for completing care plans annually. -He thought the care plans were current. -He had offered to hire a contract nurse to assist with the administrative tasks, but the DON refused the assistance. -He did not audit the charts or provide oversight for the completion of the care plans. -He did not know if the DON or the resident care co-coordinator (RCC) reviewed the resident records for compliance. -He would institute a system of oversight with resident records for compliance.	D 254		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a	D 280		

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D 280	Continued From page 3 registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure a registered nurse completed an on-site Licensed Health Professional Support (LHPS) review and evaluation quarterly including a physical assessment for 1 of 3 sampled residents (Resident #2) who required care for collecting and testing of fingerstick blood sugars (FSBS), medication administration through injection, extensive assistance with transferring, and assistance with ambulating in a wheelchair. The findings are:	D 280		

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Review of Resident #2's current FL2 dated 12/12/17 revealed:
-Diagnoses included rhabdomyolysis, Type 2 diabetes mellitus, coronary artery disease, hypertension, hyperlipidemia, and anemia.
-Resident was ambulatory with staff assistance in his wheelchair.
-His diet order was no concentrated sweets (NCS), mechanical soft, with honey thickened liquids.
-Physician medication orders included:
-Humalog insulin subcutaneously before meals (a fast acting insulin used to decrease levels of blood sugar (BS)).
-Levemir insulin every evening before bedtime (a long acting insulin used to decrease levels of BS).
-Albuterol sulfate via hand held nebulizer as needed for shortness of breath (a medication administered through inhaltion with a machine relaxes muscles in the airway and increases airflow to the lungs).
-FSBS every day before meals.

Review of Resident #2's subsequent physician orders revealed:
-An order dated 02/28/18 for Humalog insulin was changed.
-An order dated 04/17/18 for Humalog insulin was changed.

Review of Resident #2's electronic medication administration record (eMAR) for April 2018 revealed:
-There were entries for fingerstick blood sugar (FSBS) checks to be obtained every day at 8:00am, 12:00pm and 5:00pm.
-The results ranged from 125-313 for the month.
-There was an entry for Humalog insulin and Levemir injections.

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Review of Resident #2's eMAR for May 2018 revealed:
-There were entries for FSBS checks to be obtained at 8:00am, 12:00pm and 5:00pm.
-The FSBS results ranged from 99-394 during the month.
.There was an entry for Humalog insulin and Levemir injections.

Review of Resident #2's Assessment and Care Plan dated 07/08/16 revealed:
-The staff was monitoring blood sugar levels via fingersticks.
-Insulin injections were administered per the physician's orders.
-He was transferring with limited assistance.

Review of Resident #2's LHPS evaluation dated 09/19/16 revealed:
-LHPS personal care tasks provided were collecting and testing of fingerstick blood sugars and medication administration through injection.
-There was documentation on the LHPS titled 'evaluating the resident's progress' and included 'the resident is doing well, FSBS checks performed daily, and blood sugars were stable'.
-There were no further LHPSs evaluations from 09/19/16 to 05/31/18 available for review.

Interview with the Director of Nursing (DON) on 05/31/18 at 2:35pm revealed:
-She was the Registered Nurse responsible for completing the licensed health professional support (LHPS) assessments and documentation for the residents.
-She did not have a system in place to ensure LHPS' were completed in a timely manner.
-She knew Resident #2 had declined since admission. She thought he needed more assistance with ambulation (in his wheelchair),

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D 280	Continued From page 6	D 280		

dressing and toileting.
-She thought his LHPS had been completed recently.
-She was unable to produce a current LHPS for Resident #2.

Interview with the DON on 05/31/18 at 4:15pm revealed:
-She was not sure of the circumstances that precipitated the order for albuterol sulfate via hand held nebulizer for shortness of breath.
-She was not able to locate the documentation or progress notes regarding resident's Parkinson diagnosis and the albuterol order.

Interview with the medication aide (MA) on 05/31/18 at 4:30pm revealed:
-Resident #2 ambulated with a wheelchair independently in his bedroom, with removal of foot rests.
-The assistance of a staff person was required for ambulation outside his bedroom in his wheelchair.
-He needed extensive assistance in transfers.
-His blood sugars were stable.
-He had an order for Humalog insulin and Levimir injections.
-She was not sure why there was an order for albuterol sulfate via hand held nebulizer for shortness of breath.
-She had not administered albuterol sulfate to the resident on her shift.

Review of Resident #2's eMAR for April 2018 and May 2018 revealed:
--The order for Albuterol sulfate 2.5mg/3ml via hand held nebulizer as needed for shortness of breath was dated 02/15/17.
- There was no documentation that the albuterol sulfate was administered to the resident during

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D 280	Continued From page 7 April and May. Interview with Resident #2 on 05/31/18 at 4:45pm revealed: -He required extensive assistance with transfers. -He required staff assistance ambulating in the wheelchair outside his bedroom. -He frequently feels clammy and doesn't know the cause. -He has not experienced hypoglycemia while at the facility. -He knew his blood sugar could run lower than the physician's parameters and the staff holds his insulin. -The staff has taken his blood sugar when he has mentioned he feels clammy but his blood sugar has been normal, as far as he knows. -He does not always tell the staff when he feels clammy because it is so frequent. -The staff was aware of his concerns and will notify the physician. -The staff rotate the sites on his fingers for his FSBS. -He preferred his insulin injections in the abdomen. "I believe the MA rotates those sites (in my abdomen).. Observation of Resident #2 in his bedroom revealed no bruising or excessive callousing on resident's abdomen and fingertips. Interview with the Administrator on 05/31/18 at 3:00pm revealed: -The DON was responsible for completing the LHPS review. -He thought the LHPSs documentation was current. -He had offered to hire a contract nurse to assist with the administrative tasks, but the DON refused the assistance.	D 280		

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D 280	Continued From page 8 -He did not audit the charts or provide oversight for the completion of the LHPS reviews. -He did not know if the DON or the resident care coordinator (RCC) reviewed the resident records for compliance. -No one was responsible for auditing the resident records.	D 280		