STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 complaint investigation on 07/10/19 through 07/12/19.	D 000	*Responses to the cited deficiencies do or agreement by the facility do not constitute an admission or agreement by the facility of the fact alleged or conclusions set forth in the statement of deficiencies the plan of correction is prepared solely as a matter of compliance by the law.*	
D 271	10A NCAC 13F .0901(c) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (c) Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to respond immediately in the case of an incident involving a resident and in accordance with the facility's established policy and procedures for 1 of 5 sampled residents (Resident #1) who required cardio-pulmonary resuscitation (CPR). The findings are: Review of facility staffing assignments and time punch detail reports revealed: -The facility had 3 shifts: first shift was 6:00am - 2:00pm, second shift was 2:00pm - 10:00pm, and third shift was 10:00pm - 6:00am.	D 271	10A NCAC 13F .0901(c) Personal Care and Supervision 1. CPR training occurred 5/18 & 5/27 2019. 2. Community staffing schedule will reflect staff members assigned each shift that are CPR certified. 3. Staff with Administrator reviewed importance of notifying CPR certified staff member in emergency situations with appropriate care to take place. 4. Community Management to review weekly schedules to assure CPR coverage is available every shift.	Completed by 8/20/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shellyann Brooks Shellyann Brooks | TITLE: Executive Director | (X6) DATE: 8/23/19 8/23/2019

Karen Polce Reviewed and acknowledged 08/29/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 271	Continued From page 1 -There was one staff person on third shift who had training on CPR on 05/20/19. Review of an incident report dated 05/20/19 at 5:30am revealed: -On 05/20/19 during third shift rounds a resident became unresponsive on the floor. -Staff immediately rushed over to the resident and started doing chest compressions "while on the phone with EMT" -Vital signs were obtained, however not documented. -Staff started chest compressions and continued with CPR until EMS arrived. -There was documentation EMS used a defibrillator on the resident. 1. Review of Staff C's personnel file revealed: -Staff C was hired on 05/03/19, as medication aide (MA). -There was documentation Staff C was CPR certified on 05/27/19. -There was no documentation Staff C was CPR certified on 05/20/19. Review of facility time punch detail reports, staff schedule, and personnel records revealed: -Staff C worked on third shift on 05/20/19 as a medication aide (from 10:55pm-2:20am and 2:50am-6:27am). -There was one other staff on duty with Staff C on 05/20/19 who had training on CPR. -There was a column listed on the schedule to identify the staff that had CPR, the column was blank. Interview with Staff C on 07/11/19 at 9:30am revealed: -On 05/20/19 during third shift, Resident #1 came and asked for medication for pain and shortly	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 271	Continued From page 2 thereafter he collapsed. -She and Staff D took turns providing CPR to Resident #1 while on the phone with the emergency management services (EMS). -She had CPR certification previously, but it expired in January 2019. Refer to interview with the Administrator on 07/12/19 at 9:17am. 2. Review of Staff D's personnel file revealed: -Staff D was hired on 04/25/19 as a MA/supervisor. -There was documentation Staff D was CPR certified on 05/27/19. Review of time punch detail reports, staff schedule, and personnel records revealed: -There was no documentation on the schedule that Staff D worked third shift on 05/20/19. -There was no documentation on the time punch report that Staff D worked third shift 05/20/19. Interview with Staff D on 07/11/19 at 6:00am revealed: -She was working on 05/20/19 during third shift as a medication aide. -Resident #1 complained that his chest was hurting at 5am. -Staff D gave Resident #1 a Tylenol and shortly after he collapsed. -She and Staff C provided chest compressions until EMS arrived. -It took the paramedics 20-30 minutes to arrive once they were called. -She did not have CPR certification, she was guided by EMS over the telephone until the paramedics arrived. Refer to interview with the Administrator on	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 271	Continued From page 3 07/12/19 at 9:17am. 3. Review of Staff E's personnel file revealed: -Staff E was hired on 11/01/17, as a personal care aide (PCA). -There was documentation Staff E was CPR certified on 06/18/18. Review of time punch detail reports, staff schedule, and personnel records revealed: -Staff E worked on third shift on 05/20/19 as a medication aide (from 10:03pm-6:33am). -Staff E was the only staff who worked on 05/20/19 that was CPR certified. Interview with Staff E on 07/12/19 at 9:54am revealed: -She worked third shift on 05/2019 as a PCA. -She observed Staff C and Staff D performing CPR on a resident on 05/20/19 during third shift. -She was providing incontinent care to another resident when Resident #1 initially required resuscitation. -She did not intervene to provide CPR to the resident who required resuscitation. -She did not know she was the only staff working on 05/20/19 with CPR certification. Refer to interview with the Administrator on 07/12/19 at 9:17am. Interview with the Administrator on 07/12/19 at 9:17am revealed: -She was responsible for creating the schedule. -She knew at least one CPR certified staff person was required to work on each shift. -She did not identify the staff person who was CPR certified on the schedule. -The staff was not provided a way to identify a CPR certified staff member who was working on	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 271	Continued From page 4 any given shift. -She did not know why Staff E did not administer CPR when a resident needed resuscitation on 05/20/19 during 3rd shift. The facility failed to respond immediately in the case of an incident involving a resident and in accordance with the facility's established policy and procedures. The failure resulted in 2 staff who were not certified in CPR providing CPR to a resident, this failure was detrimental to the health, safety and welfare of the residents, which constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/12/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED August 21, 2019.	D 271	10A NCAC 13F .0902(c)(3-4) Health Care 1. Reassessment/MD clarification completed for resident concerning proper fit and use of Ted Hose. 2. In-Service completed with community staff on application/ removal of TED hose with importance of reporting concerns or residents non-use so proper follow up can be made. 3. Complete order audit occurring to ensure proper transcription and documentation. 4. ED along with Care Manager to review/discuss all new orders during morning meetings until order has been transcribed and staff administration has begun.	Completed by 8/20/19
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 276	Continued From page 5	D 276		

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to assure physician orders were implemented for 1 of 5 sampled residents (Resident #5) with an order for compression stockings.

The findings are:

Review of Resident #5's current FL2 dated 03/26/19 revealed:
-Diagnoses included Alzheimer dementia, encephalopathy, hypertension, chronic obstructive pulmonary disease (COPD) and Type II diabetes.
-Resident #5 was semi-ambulatory with a walker.

Review of Resident #5's signed physician's order dated 04/30/19 revealed an order to discontinue thromboembolic disease (TED) hose and apply knee high compression stockings, used for circulation.

Review of Resident #5's May 2019 electronic medication administration record (eMAR) from 05/01/19 through 05/31/19 revealed there was no entry for compression stockings or documentation of applying compression stockings for Resident #5.

Review of Resident #5's June 2019 eMAR, from 06/01/19 through 06/30/19 revealed there was no entry for compression stockings or documentation of applying compression stockings for Resident #5.

Review of Resident #5's July 2019 eMAR, from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 276	Continued From page 6 07/01/19 through 07/12/19 revealed there was no entry for compression stockings or documentation of applying compression stockings for Resident #5. Observation of Resident #5 in the facility's courtyard on 07/12/19 at 11:30am revealed: -Resident #5 was sitting in the courtyard waiting for lunch. -Her right and left lower legs were swollen. -There were no compression stockings on either leg. Interview with Resident #5 on 07/12/19 at 11:35 revealed: -Her legs were usually edematous. -The staff did not put any stockings on her that she could recall. -She did not know if she had compression stockings. -She did not know if her physician had prescribed compression stockings, or told her to wear support hose. Interview with a personal care assistant (PCA) on 07/12/19 at 11:50am revealed: -Resident #5 had compression stockings ordered at one time. -She did not think Resident #5 had an order for compression stockings currently. -She had not been applying compression stockings to Resident #5 during her shift. Interview with another PCA on 07/12/19 at 12:20pm revealed: -She thought Resident #5 had compression stockings. -Resident #5 would misplace the stockings and the PCA's could not always find them. -If she could not find the compression stockings	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 276	Continued From page 7 she would not apply them. -Resident #5 was not usually her assignment and she did not know if she had been wearing compression stockings recently. Interview with a medication aide (MA) on 07/12/19 at 12:40pm revealed: -She did not know Resident #5 had an order for compression stockings. -She knew there used to be an order for TED hose on the eMAR. -There was no entry on the eMAR for compression stockings or TED hose for Resident #5. -She could only administer or apply the orders that were on the eMAR. Observation in Resident #5's room, accompanied by the PCA on the opposite hall, revealed a pair of compression stockings in the top drawer of her night stand beside her bed. Telephone interview with staff at the facility's contracted pharmacy on 07/11/19 at 9:30am revealed: -Resident #5 had an order for compression stockings in March 2019. -The pharmacy staff dispensed a pair of compression hose at that time. -No further orders had been sent from the facility or the physician for compression stockings. Telephone interview with Resident #5's primary care physician (PCP) on 07/12/19 at 12:50pm revealed: -She had ordered TED hose for Resident #5 due to the fluid retention in her lower legs. -The staff suggested Resident #5 would be more compliant with compression stockings than TED hose.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 276	Continued From page 8 -She had ordered compression stockings for Resident #5 at the request of the staff on 04/30/19. -The TED hose were to assist in the swelling of her lower legs due to insufficient circulation. -She did not know the staff were not applying Resident #5's compression stockings. Interview with the Director of Resident Care (DRC) on 07/12/19 at 1:05pm revealed: -She did not know Resident #5 had orders for compression stockings. -She did not know why the compression stockings were not on the eMAR. -She did not know why the compression stockings were ordered for Resident #5. -There was no process in place to verify the orders from the previous month's eMAR were carried over to the new month. Interview with the Administrator on 07/12/19 at 3:05pm revealed: -She had taken the order from the PCP for compression stockings for Resident #5. -She thought the order had been sent to the pharmacy. -She did not know the entry for compression stockings was not on the eMAR. -She did not know the PCAs and MAs were not applying the compression stockings daily. -The DRC was responsible to assure orders were implemented for residents.	D 276		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic	D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 1. All Therapeutic Diets reviewed for accuracy with any concerns obtaining MD clarification 2. Altered Diets requiring a menu change will be noted on menu provided for resident review if desired 3. Current Resident Diet list will be available to staff to assure residents receive correct diet as per MD orders. 4. Staff in-service provided on importance of correct diet provided to residents and instructed to report any concerns to Dietary Manager 5. Dietary Staff to receive updated Diet order when applicable, with community Management to observe random meals to assure accuracy of diet provided.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 296	Continued From page 9 diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to have a matching therapeutic diet menu for 2 of 2 sampled residents as evidenced by no menu for a pureed (Resident #2) and a mechanical soft (MS) diet (Resident #10). The findings are: Observation of the kitchen on 07/10/19 revealed: -There was one menu labeled "weekly menu" posted for guidance of the food service staff, and it listed foods for residents on a regular diet. -The menu did not list foods to serve residents on a pureed diet or MS diet. -There was a recipe book available with receipes which included special instructions for preparing theraputic diets. 1. Review of Resident #2 current FL2 dated 03/26/19 revealed diagnoses included dementia, seizures, insomnia, and anxiety. Review of a subsequent physician's order for Resident #2 dated 03/26/19 revealed there was a signed physician's order for a pureed diet. Review of the facility diet list in the kitchen on 07/10/19 revealed Resident #2 was to be served a pureed diet. Review of the facility's menus revealed there was not a menu for a puree diet available for staff guidance.	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 296	Continued From page 10 Observation of the breakfast meal service on 07/11/19 between 7:09am-7:30am revealed Resident #2 was served moistened bread, ground eggs, oatmeal, pureed peaches, cranberry juice and water. Based on interviews and observations it could not be determined if Resident #2 was served the appropriate meal due to no therapeutic diet menu available for staff guidance. Refer to interview with the dietary manager (DM) on 07/10/19 at 2:55pm. Refer to interview with the registered dietician (RD) for the contracted food service company on 07/11/19 at 9:18am Refer to interview with the Administrator on 07/12/19 at 9:17am. 2. Review of Resident #10's current FL2 dated 03/26/19 revealed diagnoses included dementia. Review of a subsequent physician's order dated 03/26/19 revealed an order for a mechanical soft diet. Review of the facility diet list in the kitchen on 07/10/19 revealed Resident #10 was to be served a mechanical soft diet. Review of the facility's menus revealed there was not a menu for a mechanical soft diet available for staff guidance. Observation of the lunch meal service on 07/10/19 between 12:02pm-12:40pm revealed Resident #10 was served chopped chicken	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 296	Continued From page 11 tortellini, chopped squash, chocolate pudding, water, and tea. Based on interviews and observations, it could not be determined if Resident #10 was served the appropriate meal due to no therapeutic diet menu available for staff guidance. Refer to interview with the dietary manager (DM) on 07/10/19 at 2:55pm. Refer to interview with the registered dietician (RD) for the contracted food service company on 07/11/19 at 9:18am Refer to interview with the Administrator on 07/12/19 at 9:17am. Interview with the dietary manager on 07/10/19 at 2:55pm revealed: -She used the "weekly menu" to prepare and serve food for the residents. -She followed the special instructions on the recipes to prepare appropriate meals for residents ordered a pureed and mechanical soft diet. -She did not know the contracted food service company provided therapeutic diet menus to reference when preparing mechanical soft and pureed diets. -She did not know how to access the therapeutic diet menus from the contracted food service company's website. Interview with the registered dietician (RD) for the contracted food service company on 07/11/19 at 9:18am revealed: -The contracted food service company provided a diet extension spreadsheet for the dietary staff to reference when preparing mechanical soft and	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 296	Continued From page 12 pureed diets. -The therapeutic diet spreadsheet and recipe instructions should both be used to prepare pureed and mechanical soft meals. -The therapeutic diet extension spreadsheet should be printed off the contracted food service company's website. Telephone interview with the Administrator on 07/12/19 at 9:17am revealed: -She knew the facility was required to have a matching therapeutic menu for each therapeutic diet offered. -The dietary manager was responsible for printing the therapeutic diet menu for the therapeutic diets offered. -She checked the kitchen a few weeks ago and the therapeutic menus were available. -She did not know the cook was not using therapeutic menus as guidance for preparing and serving meals. -She thought the therapeutic menus were available at the facility.	D 296		
D 358	10A NCAC 13F .1004(a) Medication Administration 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.	D 358	10A NCAC 13F .1004(a) Medication Administration 1. In-service provided for all Medication Aides on Medication Administration and Documentation. Chart Audit completed to ensure Medication orders are being followed as prescribed any concerns noted will be addressed with the residents Primary MD . 2. RCC to complete weekly E-Mar reviews to follow-up on any concerns and address with Primary MD, and identify medication are being given according to MD orders 3. Resident of concern receiving lab draw to assure THS levels are within normal limits 4. ED along with RCC to complete random medications administration audits to Assure Medication aides are using appropriate techniques and following EMAR when administering medications.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 13	D 358		

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews the facility failed to administer medications as ordered for 4 of 5 sampled residents as related to a medication used to treat hypothyroidism (Residents #6, #7 and #9), and related to a medication used to treat schizophrenia (Resident # 5).

The findings are:

1. Review of Resident #7's current FL2 dated 03/26/19 revealed:
-Diagnoses included dementia, chronic kidney disease and hypothyroidism.
-There was a physician's order for levothyroxine 88mcg, (a medication to treat hypothyroidism), to be administered daily in the morning.

Review of Resident #7's May 2019 electronic Medication Administration Record (eMAR) from 05/21/19 through 05/31/19 revealed:
-There was an entry for levothyroxine 88mcg scheduled to be administered daily at 6:00am from 05/21/19 through 05/31/19.
-Levothyroxine was documented as administered daily at 6:00am on 05/22/19 through 05/27/19 and 05/29/19 through 05/31/19.
-Levothyroxine was documented as not administered on 05/21/19 and 05/28/19 with no reason given.
-Levothyroxine was documented as administered 8 of 10 opportunities, from 05/21/19 through

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 14 05/31/19. Review of Resident #7's June 2019 eMAR, from 06/01/19 through 06/30/19 revealed: -There was an entry for levothyroxine 88mcg scheduled to be administered daily at 6:00am from 06/01/19 through 06/05/19. -Levothyroxine was documented as administered daily at 6:00am from 06/01/19 through 06/05/19. -There was an entry for levothyroxine 88mcg scheduled to be administered daily at 5:00am from 06/06/19 through 06/30/19. -Levothyroxine was documented as not administered on 06/10/19 and 06/17/19, 'resident unavailable'. -Levothyroxine was documented as administered 28 of 30 opportunities, from 06/01/19 through 06/30/19. -Review of Resident #7's July 2019 eMAR, from 07/01/19 through 07/11/19 revealed: -There was an entry for levothyroxine 88mcg scheduled to be administered daily at 5:00am. -Levothyroxine was documented as administered daily at 5:00am from 07/01/19 through 07/11/19. -Levothyroxine was documented as administered 11 of 11 opportunities, from 07/01/19 through 07/11/19. Observation of Resident #7's medications on hand on 07/11/19 at 9:47am revealed 22 levothyroxine tablets in a blister pack with a fill date of 07/03/19. Telephone interview with the facility's contracted pharmacy on 07/11/19 at 9:30am revealed: -Levothyroxine tablets for the residents were not sent routinely as a cycle fill medication. -A thirty tablet blister pack would be filled upon the request of the facility staff.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 15 -The fill history for Resident #7's levothyroxine 88mcg tablets was as follows: -On 05/21/19, 30 tablets of levothyroxine were sent in a blister pack to the facility for Resident #7. -On 07/03/19, 30 tablets of levothyroxine were sent in a blister pack to the facility for Resident #7. -From 05/21/19 through 07/11/19 (52 days) 60 tablets of levothyroxine were available for administration for Resident #7. Based on observations of Resident #7's medications on hand, record reviews and interview it was determined from 05/21/19 through 07/11/19 Resident #7 would have required 48 levothyroxine tablets and only 38 were administered. Interview with the PCP on 07/11/19 at 1045am revealed: -The residents with diagnoses of hypothyroidism prescribed levothyroxine have thyroid stimulating hormone (TSH) labs drawn every 6-12 months. -The most recent lab results for TSH levels for these residents are within the normal range of 0.4 and 4.0 U/L. -The symptoms of a TSH level below normal would be dry itchy skin, weight gain, constipation, and increased depression. -If the residents were symptomatic or she had reason to believe they were not receiving their medications, she would draw the TSH samples sooner. -She had been requested by the facility to recheck the TSH levels of all her residents on levothyroxine and was awaiting the results. Refer to interview with the medication aide (MA) on 07/12/19 at 9:30am.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 16 Refer to interview with a second MA on 07/12/19 at 9:40am. Refer to interview with the Director of Resident Care (DRC) on 07/12/19 at 1:05pm Refer to interview with the Administrator on 07/12/19 at 3:05pm. 2 Review of Resident #6's FL2 dated 03/26/19 revealed: -Diagnoses included vascular dementia and hypothyroidism. -There was a physician's order for levothyroxine 100mcg, take one tablet daily before breakfast. Review of Resident #6's May 2019 electronic Medication Administration Record (eMAR) from 05/10/19 through 05/31/19 revealed: -There was an entry for levothyroxine 100mcg scheduled to be administered daily at 5:00am. -Levothyroxine was documented as administered daily at 5:00am from 05/10/19 through 05/31/19. -Levothyroxine was documented as administered 21 of 21 opportunities, from 05/10/19 through 05/31/19. Review of Resident #6's June 2019 eMAR, from 06/01/19 through 06/30/19 revealed: -There was an entry for levothyroxine 100mcg scheduled to be administered daily at 5:00am. -Levothyroxine was documented as administered daily at 5:00am from 06/01/19 through 06/09/19. -Levothyroxine was not documented as administered on 06/10/19. -Levothyroxine was documented as administered daily at 5:00am from 06/11/19 through 06/30/19. -Levothyroxine was documented as administered 29 of 30 opportunities.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 17 Review of Resident #6's July 2019 eMAR from 07/01/19 through 07/11/19 revealed: -There was an entry for levothyroxine 100mcg scheduled to be administered daily at 5:00am. -Levothyroxine was documented as administered daily at 5:00am from 07/01/19 through 07/11/19. -Levothyroxine was documented as administered 11 of 11 opportunities, from 07/01/19 through 07/07/19. Review of Resident #6's May 2019 through July 2019 eMARS, from 05/10/19 through 07/11/19, revealed there were 62 levothyroxine tablets documented as administered. Telephone interview with the facility's contracted pharmacy on 07/11/19 at 9:30am revealed: -The facility staff requested the pharmacy to send a new blister pack of levothyroxine medication when needed. -The fill history for Resident #6's levothyroxine 100mcg was as follows: -On 05/10/19, 30 tablets of levothyroxine were sent in a blister pack to the facility for Resident #6. -On 06/06/19, 30 tablets of levothyroxine were sent in a blister pack to the facility for Resident #6. -On 07/07/19, 30 tablets of levothyroxine were sent in a blister pack to the facility for Resident #6. -From 05/10/19 through 07/11/19, 90 tablets of levothyroxine were available for administration for Resident #6 Observation of Resident #6's medications on hand on 07/11/19 at 9:47am revealed 29 levothyroxine tablets in a blister pack with a fill date of 07/07/19.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 18 Based on observations of Resident #6's medications on hand, record reviews and interview it was determined from 05/10/19 through 07/11/19 Resident #6 would have required 62 levothyroxine tablets and 61 tablets were administered. Interview with the PCP on 07/11/19 at 1045am revealed: -The residents with diagnoses of hypothyroidism prescribed levothyroxine have thyroid stimulating hormone (TSH) labs drawn every 6-12 months. -The most recent lab results for TSH levels for these residents are within the normal range of 0.4 and 4.0 U/L. -The symptoms of a TSH level below normal would be dry itchy skin, weight gain, constipation, and increased depression. -If the residents were symptomatic or she had reason to believe they were not receiving their medications, she would draw the TSH samples sooner. -She had been requested by the facility to recheck the TSH levels of all her residents on levothyroxine and was awaiting the results. Refer to interview with the medication aide (MA) on 07/12/19 at 9:30am. Refer to interview with a second MA on 07/12/19 at 9:40am. Refer to interview with the Director of Resident Care (DRC) on 07/12/19 at 1:05pm. Refer to interview with the Administrator on 07/12/19 at 3:05pm. 3. Review of Resident #9's current FL2 03/26/19	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 19 revealed: -Diagnoses included dementia with behavioral issues and hypothyroidism. -There was a physician's order for levothyroxine 75mcg take one tablet daily at 5:00am. Review of Resident #9's May 2019 electronic Medication Administration Record (eMAR) from 05/14/19 through 05/31/19 revealed: -There was an entry for levothyroxine 75mcg scheduled to be administered daily at 5:00am. -Levothyroxine was documented as administered daily at 5:00am from 05/14/19 through 05/31/19. -Levothyroxine was documented as administered 18 of 18 opportunities, from 05/14/19 through 05/31/19. Review of Resident #9's June 2019 eMAR, from 06/01/19 through 06/30/19 revealed: -There was an entry for levothyroxine 75mcg scheduled to be administered daily at 5:00am. -Levothyroxine was documented as administered daily at 5:00am from 06/01/19-06/18/19, and 06/20/19-06/30/19. -Levothyroxine was documented as not administered on 06/19/19, "awaiting pharmacy". -Levothyroxine was documented as administered 29 of 30 opportunities, from 06/01/19 through 06/30/19. Review of Resident #9's July 2019 eMAR from 07/01/19 through 07/11/19 revealed: -There was an entry for levothyroxine 75mcg scheduled to be administered daily at 5:00am. -Levothyroxine was documented as administered from 07/01/19 through 07/11/19. -Levothyroxine was documented as administered 11 of 11 opportunities, 07/01/19 through 07/11/19. Telephone interview with the facility's contracted	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 20 pharmacy on 07/11/19 at 9:30am revealed: -The facility staff requested the pharmacy to send a new blister pack of levothyroxine medication when needed. -The fill history for Resident #9's levothyroxine 100mcg was as follows: -On 05/14/19, 30 tablets of levothyroxine were sent in a blister pack to the facility for Resident #9. -On 06/19/19, 30 tablets of levothyroxine were sent in a blister pack to the facility for Resident #9. -From 05/14/19 through 07/11/19, 60 tablets of levothyroxine were available for administration for Resident #9. Observation of medications on hand on 07/11/19 at 9:47am revealed 13 levothyroxine tablets in a blister pack with a fill date of 06/19/19. Based on observations of Resident #9's medications on hand, record reviews nd interviews it was determined from 05/14/19 through 07/11/19 Resident #9 would have required 59 levothyroxine tablets and only 47 were administered. Interview with the PCP on 07/11/19 at 1045am revealed: -The residents with diagnoses of hypothyroidism prescribed levothyroxine have thyroid stimulating hormone (TSH) labs drawn every 6-12 months. -The most recent lab results for TSH levels for these residents are within the normal range of 0.4 and 4.0 U/L. -The symptoms of a TSH level below normal would be dry itchy skin, weight gain, constipation, and increased depression. -If the residents were symptomatic or she had reason to believe they were not receiving their	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 21 medications, she would draw the TSH samples sooner. -She had been requested by the facility to recheck the TSH levels of all her residents on levothyroxine and was awaiting the results. Refer to interview with the medication aide (MA) on 07/12/19 at 9:30am. Refer to interview with a second MA on 07/12/19 at 9:40am. Refer to interview with the Director of Resident Care (DRC) on 07/12/19 at 1:05pm. Refer to interview with the Administrator on 07/12/19 at 3:05pm 4. Review of Resident #5's current FL2 dated 03/26/19 revealed: -Diagnoses included Alzheimer dementia, schizophrenia and encephalopathy. -There was an order for ariprazole 15 mg (used to treat schizophrenia), one half tablet, 7.5 mg, every morning. Observation of the medications on hand in the medication cart on 07/12/19 at 10:32am revealed: -Ariprazole 7.5mg was not included in the multidosed packages for Resident #5. -There was no blister pack of ariprazole 7.5mg for Resident #5. Review of Resident #5's July 2019 electronic Medication Administration Record (eMAR), from 07/01/19 through 07/12/19 revealed: -There was an entry for ariprazole 7.5mg scheduled to be administered daily at 8:00am. -Ariprazole was documented as administered daily at 8:00am from 07/01/19 through 07/08/19,	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 22 and from 07/11/19 through 07/12/19. -Ariprazole was documented as not administered on 07/09/19 and 07/10/19-"awaiting pharmacy". Telephone interview with a representative from the facility's contracted pharmacy on 07/12/19 at 1:44pm revealed: -Resident #5 was prescribed ariprazole 7.5mg daily on 01/17/19. -The ariprazole was sent in a blister pack, not the multidose packaging. -The ariprazole was last filled on 06/10/19, 14 whole tablets, 15mg-a 28 day fill. -The pharmacy staff contacted the facility on 07/08/19 to inform the clinical team the ariprazole needed a refill prescription from the provider to send the next blister pack of medication. -The pharmacy staff had not received another prescription from the provider for ariprazole 7.5mg. -Ariprazole tablets have not been sent to the facility since 06/10/19. Review of Resident #5's June and July eMARs from 06/10/19-07/08/19, and the fill history of the ariprazole medication, revealed: -The last dosage of ariprazole would have been administered on 07/07/19. -Resident #5 missed 5 doses of ariprazole 7.5mg daily. Interview with the first shift medication aide (MA) on 07/12/19 at 11:10am revealed: -She had documented the administration of ariprazole for Resident #5 on 07/12/19. -She finished the last tablet and destroyed the blister pack. -She had ordered a new blister pack with the pharmacy this morning. -The pharmacy would send out the new blister	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 23 pack this evening in the tote. Interview with another first shift MA on 07/12/19 at 12:22pm revealed: -She was primarily a third shift MA. -She was assisting first shift this week. -She did not remember administering aripiprazole to Resident #5 on 07/11/19. -If she documented she administered the medication then she did administer it. -Sometimes the morning medication pass was very busy and the resident population was challenging. -It was possible she documented aripiprazole as administered on 07/11/19 in error. Interview with the Director of Resident Care (DRC) on 07/12/19 at 1:00pm revealed: -She would assist on the medication cart as needed. -She passed medications on first shift at times. -She passed morning medications on 07/08/19. -She did not remember administering aripiprazole to Resident #5. -She thought she administered the medication, because she documented the aripiprazole as "administered late." -She did not recall the pharmacy notifying the facility the medication needed a prescription refill from the provider. -She did not know the medication was not available for administration since 07/07/19. -The MAs did not inform her the medication was not on the medication cart. Interview with the Administrator on 07/12/19 at 3:05pm revealed: -The DRC was responsible for the clinical aspects of the facility. -She assisted the DRC when needed.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 24 -The MAs should request a refill order on a resident's medication 5-7 days before the medication has been completed. -The pharmacy should notify the DRC when a refill prescription is needed for a medication. -She did not know ariprazole 7.5mg was documented as administered on 07/08/19, 07/11/19 and 07/12/19 and was not available for administration. Attempted interview with the mental health provider on 07/12/19 at 3:00pm was unsuccessful. --- Interview with the MA on 07/12/19 at 9:30am revealed: -She was primarily a third shift MA. -She administered the levothyroxine during her shift at 5:00am. -She did not remember any residents refusing levothyroxine tablets. -She did not know why there were more levothyroxine tablets than documented as administered. -It was possible that during a busy medication pass the MA thought she had already administered the medication and documented it as such. -Sometimes "we can make mistakes". Refer to interview with a second MA on 07/12/19 at 9:40am revealed: -She worked the first shift as a MA from 6:00am to 3:00pm. -She administered some of the residents their levothyroxine. -She did not have any residents on her hall who refused their levothyroxine. -When the medications in blister packs or bottles	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 25 had less than 7 tablets left, she would re-order through the pharmacy. -She did not know why there were more levothyroxine tablets than documented as administered. Interview with the DRC on 07/12/19 at 1:05pm revealed: -The MAs were responsible for completing audits of the medication carts. -They were responsible for auditing 3 residents medications every shift each week. -The MA should compare the medication with the current orders by printing the physician order summary (POS). -Most of the medications were multidosed packages. -She did not know if the MAs also counted the remaining pills of the medications in the blister packs. -Levothyroxine was sent from the pharmacy in a 30 day supply blister pack. -She had not audited any of the medication carts. -She did not know the residents on levothyroxine were not receiving all their ordered medications. -There was no way to determine if a medication was administered except through the documentation on the eMAR. -It had not been reported to her that any residents were refusing their levothyroxine medication. Interview with the Administrator on 07/12/19 at 3:05pm revealed: -The DRC was responsible for the clinical aspects of the facility. -The DRC was responsible to ensure the MAs completed the cart audits during their shifts. -She did not think the MAs wrote the number of tablets left in the blister packs during a cart audit. -She did not know if the MAs submitted any	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 26 documentation to the DRC. -She expected the MAs to administer all the prescribed medications to the residents.	D 358		
D 433	10A NCAC 13F .1201(a) Resident Records 10A NCAC 13F .1201Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Health Service Regulation and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S. 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based	D 433	10A NCAC 13F .1201Resident Records 1. Resident Rights training provided to all community care staff on 7/24/2018. 2. In-service provided to staff on HIPPA and the importance of knowing your resident and assuring you have collected the right resident information for any outside agency requesting. 3. Resident Photos uploaded into Matrix to assure identification can be maintained. 4. Resident Photo will be taken upon admission and maintained in Matrix and Resident Record. 5. Matrix audit completed to assure photos are uploaded and available to community staff.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 433	Continued From page 27 on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to send the correct resident record information with a resident who was transported to the hospital for an emergency medical situation for one of one resident (Resident #1). The findings are: Review of Resident #1's current FL2 dated 03/26/19 revealed diagnoses included dementia, insomnia, osteoarthritis, depression and anxiety. Review of Resident #1's progress notes dated 05/20/19 revealed: -Resident #1 complained of pain and as needed (prn) medication was administered. -Resident #1 collapsed and was unresponsive. -911 was contacted and cardio pulmonary resuscitation (CPR) was initiated. -Emergency Medical Services (EMS) arrived and transported Resident #1 to the emergency department (ED). Review of Resident #1's EMS documentation dated 05/20/19 revealed: -Resident #1 showed signs and symptoms of cardiac arrest. -An addendum report advised the EMS staff had	D 433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 433	Continued From page 28 been provided the incorrect patient information from facility staff. Review of Resident #1's ED record dated 05/20/19 revealed: -Resident #1's name was listed under a different resident name. -Resident #1's date of birth was listed as a different resident date of birth. -Hospital staff had contacted the responsible party listed on the resident record information provided by the facility to inform of Resident #1's death. -Hospital staff documented a responsible party viewed Resident #1's body and the responsible party informed staff this was not his relatives' body. Interview with Resident #1's responsible party on 07/12/19 at 1:30pm was unsuccessful. Interview with a medication aide (MA) on 07/12/19 at 11:30am revealed: -She had been working as a third shift medication aide on 05/20/19. -She had started working at the facility on or about 05/4/19 as a third shift medication aide and did not recognize all the residents at the time. -Resident #1 had walked from his bedroom to the medication room and requested pain medication on 05/20/19. -She administered the prn pain medication as ordered for pain. - Shortly after, he fell to the floor and was unresponsive. -A second medication aide, who was also new to the facility, printed the resident record information and physician's orders of what she thought was Resident #1's information. -She printed the incorrect resident record	D 433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 433	Continued From page 29 information and physician's orders in error for Resident #1. -Resident #1 did not have a Do Not Resuscitate (DNR) form. -The erroneous resident information provided to the EMS personnel did not include a DNR. -The computer system generated a small photograph of each resident to aide in recognizing a resident for medication administration and emergency intervention services. -Resident #1's photograph and another residents photograph looked very similar. -She did not realize she had chosen the incorrect resident from the computer system. -The incorrect resident record information had been provided to EMS personnel upon arrival to the building. Telephone interview with a second MA on 07/12/19 at 12:10pm was unsuccessful. Interview with the Administrator on 07/12/19 at 11:45am revealed: -She had been informed by staff on 05/20/19 at or about 8:00am that Resident #1 had been sent to the ED for a cardiac event. -She was not aware the wrong resident record information had been sent with Resident #1 to the hospital. -She was informed of the error later in the morning on 05/20/19 by the family member who was erroneously contacted by the hospital staff. -She expected staff to print out the correct resident's medical record information when providing information to licensed healthcare professionals. -Staff were expected to verify resident's identity using a small picture of each resident in the computer system.	D 433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 433	Continued From page 30 -The 2 third shift MAs on 05/20/19 were new employees that may not have recognized all the residents at the time. -Medication aides had been trained to retrieve resident record information from the computer system and a copy of a Do Not Resuscitate order as applicable. -These documents were to be provided to the EMS team entering the facility when responding to incidents or accidents involving residents.	D 433		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to the failure of the facility to respond immediately in the case of an incident involving 1 of 1 residents. The findings are: Based on record reviews and interviews, the facility failed to respond immediately in the case	D912	G.S. 131D-21(2) Declaration of Residents' Rights 1. Residents Rights training conducted on 7/24/19 2. All Community Care Staff to review and sing residents rights agreement. 3. ED to complete random resident interviews to ensure resident rights are maintained.	Completed on 7/24/19 and 8/22/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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
D912	Continued From page 31 of an incident involving a resident and in accordance with the facility's established policy and procedures for 1 of 5 sampled residents (Resident #1) who required cardio-pulmonary resuscitation (CPR). [Refer to Tag D912 10A NCAC 13F .901(c) Personal Care and Supervision (Type B Violation)].	D912		
D934	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 4 staff sampled (Staff A and Staff B) had completed the mandatory	D934	131D-4.5B. (a) ACH Infection Prevention Requirements 1. All staff will be provided the CDC required infection control course by Augusrt 29, 2019. 2. BOM instructed to maintain evidence of yearly infection control and alert management when annual course is due. 3. Complete employee audit on infection control course completed to ensure all staff members are up to date in required training. 4. All new hire staff will complete Infection Control course upon hire and annually thereafter.	8/29/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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
D934	Continued From page 32 annual infection control training. The findings are: 1. Review of Staff A, medication aide (MA) personnel record revealed: -Staff A was hired on 12/13/17. -There was a certificate of the mandatory annual infection control with a completion date of 12/14/17. Attempted interview with Staff A on 07/12/19 at 12:05pm revealed was unsuccessful. Refer to the interview with corporate nurse on 07/12/19 at 3:20pm. Refer to the interview with the Administrator on 07/12/19 at 9:17am. 2. Review of Staff B, MA/supervisor personnel record revealed: -Staff B was hired 06/26/18. -There was a certificate of the mandatory annual infection control course with a completion date of 06/27/18. -There was no other documentation of the mandatory annual infection control course for 2019. Interview with Staff B on 07/12/19 at 3:15pm revealed: -Staff B worked at the facility as a MA/supervisor. -She remembered completing an infection control training when she first started working, "it was online". -She did not remember completing any other infection control training since being hired in June 2018.	D934		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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
D934	Continued From page 33 Refer to the interview with corporate nurse on 07/12/19 at 3:20pm. Refer to the interview with the Administrator on 07/12/19 at 9:17am. Interview with the corporate nurse on 07/12/19 at 3:20pm revealed: -She became the corporate nurse on 06/01/19. -She was responsible for ensuring infection control was completed for staff annually. -She did not realize Staff A and B did not have current infection control training. -She received names of staff who needed infection control training from the Administrator. Interview with the Administrator on 07/12/19 at 9:17 revealed: -The Business Office Manager (BOM) was responsible for maintaining staff records and she was currently on vacation. -She expected the BOM to keep up with deadlines for completing certifications. -She did not realize Staff A and Staff B had not completed the mandatory annual infection control course. -There was audit completed by the corporate office of employee records and she did not see infection control on the list to be updated for staff.	D934		