Division of Health Service Regulation

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 _____	R-C 06/02/2022

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 and follow-up survey on 06/01/22 to 06/02/22.	D 000		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to clarify medication orders for 1 of 5 sampled residents (#4) who was prescribed a supplement to assist in digestion. The findings are: Review of Resident #4's current FL2 dated 01/20/22 revealed: -Diagnoses included dementia, hypertension, and hypothyroidism. -There was an order for aloe vera juice (contains enzymes that help break down sugars and fats which helps to keep the digestive tract running smoothly) to be given once a day in 8 oz. of liquid	D 344	The order for Resident #4 read the aloe vera was was to be given once a day in 8 ounces of liquid. The resident was given 8 ounces of the juice. The juice was given without it being mixed In addition the order did not specify how much aloe vera should be given. Clarification of the order was obtained. Additional consult with the pharmacist related to adverse reactions, contraindications and side effects were reviewed for safety purposes. the resident has tolerated the aloe vera well with no digestive disturbance The order now reads Aloe Vera administer 4 ounces by mouth daily at 12 noon.--------6/2/2022 completed To adhere to 10A NCAC 13F .1002(a) Carmel Hills have implemented the following plan of action. (In- service/review related assuring physician orders are are complete and implement.)–6/3/2022	completed

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE CEO + Administrator (X6) DATE 6/20/22

Reviewed and Acknowledged
Date: 06/24/22 CS

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 _____	R-C 06/02/2022

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 344	Continued From page 1 at 12:00pm. Observation of Resident #4's aloe vera juice container label on 06/01/22 at 12:14pm revealed the recommended serving was 4 to 8 oz. at meal-time. Observation of the medication pass for Resident #4 on 06/01/22 at 12:16pm, the noon medication aide (MA) administered an 8 oz. cup of aloe vera juice to Resident #4. Interview with the medication aide (MA) administering Resident #4's medications on 06/01/22 at 12:15pm revealed: -Resident #4's order for the aloe vera did not specify an amount to be administered. -Resident #4 always drank the aloe vera juice without it being mixed in another type of juice. Interview with the same MA on 06/02/22 at 1:40pm revealed: -She followed the recommended serving amount on the aloe vera juice label when administering it to Resident #4. -She would ask Resident #4 if she wanted a 4 oz. serving or an 8 oz. serving each day before she prepared the aloe vera juice for administration. -The Executive Director of Nursing (DON) was responsible for double checking new orders entered into the eMAR by the pharmacy. -The DON or MAs were responsible to call and clarify orders that were not clear. Review of Resident #4's April 2022 electronic Medication Administration Records (eMAR) revealed: -There was an entry for aloe vera juice once a day in 8 oz. of liquids scheduled at 12:00pm. -The aloe vera juice was documented as	D 344	1) All medication orders must be----- must be reviewed by the DON 2) All medication orders that need clarification must be clarified by the DON 3) All orders are to be reviewed and initialed by the Med Techs and SIC's	6/3/2022

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 _____	R-C 06/02/2022

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 344	Continued From page 2	D 344		

administered daily at 12:00pm from 04/01/22 to 04/30/22.
-On 04/03/22, the aloe vera juice was not administered due to resident refusal.

Review of Resident #4's May 2022 eMAR revealed:
-There was an entry for aloe vera juice once a day in 8 oz. of liquids scheduled at 12:00pm.
-The aloe vera juice was documented as administered daily at 12:00pm from 05/01/22 to 05/31/22.

Review of Resident #4's June 2022 eMAR revealed:
-There was an entry for aloe vera juice once a day in 8 oz. of liquids scheduled at 12:00pm.
-The aloe vera juice was documented as administered at 12:00pm on 06/01/22.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 06/01/22 at 2:57pm revealed:
-The pharmacy did not provide the aloe vera juice for Resident #4.
-The pharmacy had been responsible for entering the primary care provider's (PCP) order for the aloe vera onto Resident #4's eMAR.
-He expected the MAs to follow the recommended serving amounts found on the aloe vera juice label.

Telephone interview with the Administrator on 06/02/22 at 3:06pm revealed:
-It was the Director of Nursing's (DON) responsibility or the MAs to call the PCP and clarify any medication order that was not clear.
-The DON or the MAs should have called and clarified the amount of aloe vera juice to administer to Resident #4 as soon as they

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 _____	R-C 06/02/2022

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 344	Continued From page 3 realized the order did not specify the amount to be administered. Attempted interview with Resident #4's PCP on 06/02/22 at 11:06am was unsuccessful. Based on observations, interviews, and record review it was determined Resident #4 was not interviewable.	D 344		
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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 13 sampled residents (#4 and #5) observed during medication pass including errors with an antioxidant supplement (#4) and a medication to treat a thyroid disorder (#5). The findings are: The medication error rate was 8% as evidenced by the observation of 2 errors out of 25 opportunities during the 12:00pm medication pass on 06/01/22 and 7:00am and 8:00am medication pass on 06/02/22.	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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 13 sampled residents (#4 and #5) observed during medication pass including errors with an antioxidant supplement (#4) and a medication to treat a thyroid disorder	6/3/2022

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 _____	R-C 06/02/2022

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 358	Continued From page 4 1. Review of Resident #4's current FL2 dated 01/20/22 revealed: -Diagnoses included dementia, hypertension, and hypothyroidism. -There was an order for aloe vera juice (contains enzymes that help break down sugars and fats which helps to keep the digestive tract running smoothly) to be given once a day in 8 oz. of liquid at 12:00pm. Observation of Resident #4's aloe vera juice container label on 06/01/22 at 12:14pm revealed the recommended serving was 4 to 8 oz. at meal-time. Observation of the medication pass for Resident #4 on 06/01/22 at 12:16pm, the noon medication aide (MA) administered an 8 oz. cup of aloe vera juice to Resident #4. Interview with the medication aide (MA) administering Resident #4's medications on 06/01/22 at 12:15pm revealed: -Resident #4's order for the aloe vera did not specify an amount to be administered. -Resident #4 always drank the aloe vera juice without it being mixed in another type of juice. Interview with the same MA on 06/02/22 at 1:40pm revealed: -She followed the recommended serving amount on the aloe vera juice label when administering it to Resident #4. -She would ask Resident #4 if she wanted a 4 oz. serving or an 8 oz. serving each day before she prepared the aloe vera juice for administration. -Resident #4 had not complained of any gastric or intestinal upset after receiving the aloe vera juice daily in 4 oz. or 8 oz. quantities.	D 358	In reference to Resident #5 Upon further investigation and observation administration of medications given before 8:00 AM and after 9:00 PM can be challenge however. it is the facilities responsibility to adhere to NC Regulations. Due to the concerns related to medication absorption.. Additional consultation with the facility's pharmacist and a local pharmacist was done to assure compliance. It was concluded that giving the the medication in the manner in which it was given did not and would not cause a significant impact on resident #5 however the goal for best outcome would be to improve absorption. A time change for the medication has been implemented 11:00 AM Then the medication will be given 30 minutes before lunch. Plan of correction listed below 1) If the resident has difficulty in taking a medication that is prescribed at a specific time The MD/NP will be notified for further instruction. 2) Reason for change in medication related to dose change., route, and time of delivery will be documented in the resident's chart	

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 _____	R-C 06/02/2022

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 358	Continued From page 5 Review of Resident #4's April 2022 electronic Medication Administration Records (eMAR) revealed: -There was an entry for aloe vera juice once a day in 8 oz. of liquids scheduled at 12:00pm. -The aloe vera juice was documented as administered daily at 12:00pm from 04/01/22 to 04/30/22. -On 04/03/22, the aloe vera juice was not administered due to resident refusal. Review of Resident #4's May 2022 eMAR revealed: -There was an entry for aloe vera juice once a day in 8 oz. of liquids scheduled at 12:00pm. -The aloe vera juice was documented as administered daily at 12:00pm from 05/01/22 to 05/31/22. Review of Resident #4's June 2022 eMAR revealed: -There was an entry for aloe vera juice once a day in 8 oz. of liquids scheduled at 12:00pm. -The aloe vera juice was documented as administered at 12:00pm on 06/01/22. Telephone interview with a pharmacist from the facility's contracted pharmacy on 06/01/22 at 2:57pm revealed: -The pharmacy did not provide the aloe vera juice for Resident #4. -The pharmacy had been responsible for entering the primary care provider's (PCP) order for the aloe vera onto Resident #4's eMAR. -He expected the MAs to follow the recommended serving amounts found on the aloe vera juice label. Telephone interview with a pharmacist from the	D 358	2) continued The concern will be documented , and resolution will be implemented this includes possible time changes if warranted or alternative to administration or discontinuation of the medication per MD/NP	6/4/2022

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 _____	R-C 06/02/2022

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 358	Continued From page 6	D 358		

facility's contracted pharmacy on 06/02/22 at 11:23am revealed:
-He had researched the possible side effects of taking too much aloe vera juice.
-He had not found any adverse effects from drinking too much of it.

Telephone interview with the local poison control center on 06/02/22 at 11:29am revealed:
-When taken in larger than recommended quantities, aloe vera juice could cause stomach upset and have laxative effects.
-Aloe vera taken in amounts of 1 gm per day could cause lethal effects due-to-the effects of dehydration.
-The aloe vera juice which was being used by Resident #4 was classified as a "minimally" toxic substance.
-Symptoms of diarrhea would dictate whether the resident should drink more or less of the aloe vera juice.

Telephone interview with the Administrator on 06/02/22 at 3:06pm revealed:
-It was the Director of Nursing's (DON) responsibility or the MAs to call the PCP and clarify any medication order that was not clear.
-The DON or the MAs should have called and clarified the amount of aloe vera juice to administer to Resident #4 as soon as they realized the order did not specify the amount to be administered.

Attempted interview with Resident #4's PCP on 06/02/22 at 11:06am was unsuccessful.

Based on observations, interviews, and record review it was determined Resident #4 was not interviewable.

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 _____	R-C 06/02/2022

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 358	Continued From page 7 2. Review of Resident #5's current FL2 dated 02/03/22 revealed: -Diagnoses included Hashimoto's thyroiditis (when the immune system attacks the thyroid gland causing inflammation and eventual decrease in thyroid hormone production), vertigo, and insomnia. -There was an order for levothyroxine (used to treat Hashimoto's thyroiditis) 25mcg 1 tablet daily. Review of Resident #5's order dated 02/04/22 revealed: -Discontinue levothyroxine 25mcg. -Start levothyroxine 50mcg 1 tablet every morning at least 30 minutes before food or other medications. Review of Resident #5's thyroid stimulating hormone test (a test used to measure the amount of thyroid stimulating hormone in your blood; high levels indicate underactive thyroid) result dated 02/04/22 revealed the result was abnormal high at 4.65 ml/UL (reference range 0.46-4.60). Observation of the medication pass for Resident #5 on 06/02/22 at 7:57am revealed: -The medication aide (MA) administered one levothyroxine 50mcg tablet with four other medications. -The other medications administered included Eliquis (used as a blood thinner), escitalopram (used to treat depression), PreserVision Areds (an over-the-counter eye vitamin and mineral supplement used to help reduce the risk of progression in patients with moderate to advanced age-related macular degeneration), and vitamin D3 (used to supplement vitamin D levels). Review of Resident #5's April 2022 electronic	D 358		

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 _____	R-C 06/02/2022

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 358	Continued From page 8	D 358		

Medication Administration Record (eMAR) revealed:
-There was an entry for levothyroxine 50mcg one tablet daily scheduled at 8:00am.
-The levothyroxine was documented as administered 04/01/22 to 04/30/22.

Review of Resident #5's May 2022 eMAR revealed:
-There was an entry for levothyroxine 50mcg one tablet daily scheduled at 8:00am.
-The levothyroxine was documented as administered 05/01/22 to 05/31/22.

Review of Resident #5's June 2022 eMAR revealed:
-There was an entry for levothyroxine 50mcg one tablet daily scheduled at 8:00am.
-The levothyroxine was documented as administered on 06/01/22 and 06/02/22.

Telephone interview with the facility's contracted pharmacy pharmacist on 06/02/22 at 11:23am revealed:
-Absorption of the levothyroxine may be decreased when administered with food or other medications.
-However, if the levothyroxine was routinely administered with other medications and TSH levels were being checked regularly, he did not recommend changing the way it was being administered.
-Administering Eliquis, escitalopram, PreserVision Areds, or vitamin D3 along with levothyroxine may decrease the absorption of levothyroxine but would not decrease the effectiveness of the other medications.

Interview with a medication aide (MA) on 06/02/22 at 1:40pm revealed:

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 _____	R-C 06/02/2022

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 358	Continued From page 9 -When she administered morning medications, she administered the levothyroxine 30 minutes before Resident #5 ate. -She did not administer the levothyroxine with other medications. Telephone interview with the Administrator on 06/02/22 at 3:06pm revealed: -The MA should have administered the levothyroxine separate from the other medications and 30 minutes before other medications as it was ordered. -The Director of Nursing (DON) or MAs would have been responsible for scheduling the other morning medications to be administered later in the morning on the eMAR. Attempted interview with Resident #5's PCP on 06/02/22 at 11:06am was unsuccessful. Based on observations, interviews, and record review it was determined Resident #5 was not interviewable.	D 358		
D 618	10A NCAC 13F .1802 (a) Report & Notification of a Outbreak (temp) 10A NCAC 13F .1802 REPORTING AND NOTIFICATION OF A SUSPECTED OR CONFIRMED COMMUNICABLE DISEASE OUTBREAK (a) The facility shall report suspected or confirmed communicable diseases and conditions within the time period and in the manner determined by the Commission for Public Health as specified in Rules 10A NCAC 41A .0101 and 10A NCAC 41A .0102(a)(1) through (a)(3), which are hereby incorporated by reference, including	D 618		

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 _____	R-C 06/02/2022

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 618	Continued From page 10 subsequent amendments. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to report confirmed cases of COVID-19 to the local health department (LHD) immediately upon finding out a resident had tested positive for COVID-19. The findings are: Review of CDC Guidance Interim Infection Prevention and Control Recommendations to COVID-19 spread in Nursing Homes and Long-Term Care Facilities dated 02/02/22 revealed notify the LHD promptly of 1 resident or staff with suspected or confirmed SARS-CoV-2 infection. Review of a memo from the NC Department of Health and Human Services (NCDHHS) Division of Health Service Regulation (DHSR) dated 11/21/22 revealed: -The Adult Care Home Administrator or his/her designee must report all suspected communicable disease outbreaks to the local health department. -A suspected communicable disease outbreak is defined as any illnesses among residents with same identifiable infectious cause (e.g. evidence of the same virus found on laboratory testing). -Reports must be made by phone within 24 hours of the time when the outbreak is reasonably suspected to exist. Interview with the facility's Director of Nursing (DON) on 06/01/22 at 9:20am revealed: -The facility had two resident confirmed cases of	D 618		

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 _____	R-C 06/02/2022

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 618	Continued From page 11	D 618		

COVID-19 in the facility.
-The first resident tested positive on 05/25/22.
-The second resident tested positive on 05/26/22.
-She had not reported the resident cases of COVID-19 to the LHD.
-She thought there had to be at least 3 confirmed cases of COVID-19 before reporting to the LHD as an outbreak.

Telephone interview with the LHD nurse on 06/02/22 at 10:12am revealed:
-She was not aware two residents had tested positive for COVID-19 at the facility.
-The facility was not listed on their list as in current outbreak status for COVID-19.
-The facility staff should have reported the first positive COVID test on 05/25/22 within 24 hours.
-The facility staff should have reported the second positive COVID test on 05/26/22 within 24 hours.
-They had communicated guidance on how to handle COVID-19 cases to facility staff during a recent COVID-19 outbreak earlier in the year in the facility.

A second interview with the DON on 06/02/22 at 10:30am revealed:
-All of the residents were fully vaccinated with the exception of one resident out of 25 residents.
-All of the staff were fully vaccinated and boosted.
-Residents were screened daily for symptoms of COVID-19.
-Staff were screened daily upon arrival for their shift.
-All visitors were screened at the entrance.
-The first positive case occurred on 05/25/22.
-The resident had been rapid tested due to the resident complaining of COVID-19 like symptoms.
-Once the resident was discovered to be positive,

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 _____	R-C 06/02/2022

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 618	Continued From page 12 the resident was placed in isolation (the resident lived in a private room). -On 05/25/22, they tested all residents and staff who had contact with the positive resident. -In all they tested 16 residents and staff on 05/25/22 and they all tested negative for COVID-19 except for the one resident. -They discontinued communal dining on 05/25/22. -They began using disposables for meal services on 05/25/22. -Telehealth visits were immediately implemented whenever possible on 05/25/22. -On 05/26/22, all the other residents and staff who had not been tested on 05/25/22 were tested. -A second resident tested positive on 05/26/22. -The second resident who tested positive was immediately placed in isolation (the resident lived in a private room). -All the other COVID-19 tests completed on 05/26/22 were negative. -All residents and staff were retested on 05/30/22 and the tests were all negative. -All resident and staff were scheduled to be retested on 06/03/22. Telephone interview with the Administrator on 06/02/22 at 3:06pm revealed: -The DON was responsible for reporting of positive COVID-19 cases to the LHD. -The DON should have reported the first positive COVID-19 case to the LHD within 24 hours as per policy.	D 618	COVID PROTOCOL ALL COVID CASES ARE TO BE REPORTED WITHIN 24 HOURS Two COVID cases were found to be unreported at time of Survey visit All COVID information was received by the DON , but the cases had not been reported due to the DON thinking the cases did not need to be reported if it was less than 3 cases. Upon further investigation it was found that the COVID cases were supposed to report to the Health Department The facility COVID representative was then notified by the DON and the DON was informed that all cases must be reported. The DON verbalized understanding To assure compliance the following protocol has been implemented 1) All symptomatic staff and resident will be tested 2) All positive COVID cases are to be reported to the Health Department 3) Health Dept., protocols are to be followed and implemented as instructed	6/4/22