STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045129	A. BUILDING: _____ B. WING _____	R 02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF HENDERSONVILLE	1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739

(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 completed a Follow-up survey on 02/01/23 and 02/02/23.	{D 000}		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule Is not met as evidenced by: Based on interviews and record reviews the facility failed to verify there were no substantial findings on the Health Care Personnel Record (HCPR) for 1 of 2 sampled staff (Staff A) prior to working at the facility. The findings are: Review of Staff A's personnel record revealed: -She was hired on 09/27/22. -She worked as a medication aide (MA). -There was no documentation a HCPR check was completed upon hire. -There was documentation a HCPR check was completed on 02/03/23 with no substantial findings. Interview on 02/03/23 at 12:10pm with the Business Office Manager (BOM) revealed: -She was responsible for checking the HCPR on all new staff members since January 2023. -The previous BOM would have been responsible for checking the HCPR prior to Staff A being hired.	D 137	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with state law. 10A NCAC 13F.0407(a)(5) Other Staff Qualifications An audit of all current employee files will be completed by the Business Office Coordinator to ensure all employees have a HCPR check completed. Any files in which the HCPR check cannot be located, the Business Office Coordinator will complete an HCPR check immediately. Complete by March 1, 2023 All new hires will have a HCPR check completed prior to hire by the Business Office Coordinator. Complete by March 1, 2023 and ongoing	3/1/23 3/1/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Clay E. Elliott — TITLE: Executive Director — (X6) DATE: 2/27/23

Reviewed and acknowledged 3/06/23 rm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 137	Continued From page 1 -She could not locate a HCPR check for Staff A. -She checked the HCPR on Staff A on 02/03/23. Interview on 02/03/23 at 12:20pm with the Executive Director revealed: -The BOM was responsible for completing the HCPR checks on new employees prior to hire. -She was not aware Staff A had not a a HCPR check prior to her employment with the facility.	D 137		
{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: FOLLOW UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations, interviews and record reviews, the facility failed to ensure a medication prescribed by a licensed prescriber was administered as ordered for 1 of 5 sampled residents (#1) related to a medication to treat low blood potassium. The findings are: Review of Resident #1's current FL2 dated	{D 358}	10A NCAC 13F .1004(a) Medication Administration The Executive Director and Resident Care Coordinator or designee will be re-trained by the Area Clinical Director on the procedures for approving orders to include hospital discharge summaries and verification of receipt of medication and implementation of the orders, as well as procedure for notifying the Physician/Provider in the event there will be a delay in implementation of the medication , and obtaining applicable orders for an amended start date. Completed February 15, 2023	2/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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THE GARDENS OF HENDERSONVILLE	1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739

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{D 358}	Continued From page 2 10/04/22 revealed diagnosis included hypertension (high blood pressure), hyponatremia (low sodium levels in the blood), and atherosclerotic heart disease (build up of fats and cholesterol in the artery walls). Review of physician's orders for Resident #1 dated 10/04/22 revealed: -Potassium chloride (supplement that treats low potassium in the body) 20mEq take 2 tablets (40mEq) twice daily. -Furosemide (diuretic that can cause low potassium levels) 40mg take 1 tablet daily for edema. Review of a physician's order for Resident #1 dated 12/06/22 revealed metolazone (diuretic that can cause low potassium levels) 5mg daily for weight gain. Review of Resident #1's December 2022, January 2023, and February 2023 electronic Medication Administration Records (eMAR) revealed from 12/17/22 to 02/01/23 there was not an entry for potassium chloride. Telephone interview a pharmacy technician at the facility's contracted pharmacy on 02/01/23 at 1:10pm revealed: -The pharmacy received a signed physician's order via fax on 10/04/22 for Resident #1 for potassium chloride 20mEq take 2 tablets twice daily. -The pharmacy received a signed physician's order via fax on 11/08/22 for Resident #1 for potassium chloride 20mEq reduce to 2 tablets daily. -The pharmacy had not received an order to discontinue the potassium chloride and it was still an active order and continued to be dispensed in	{D 358}	All Medication Technicians/Aides will receive additional training on Medication Administration procedures, including the importance of notifying the ED and/or RCC for any previously administered medications that do not appear on the MAR during their medication pass. Completed February 15, 2023 All Medication Administration Technicians/Aides will be re-trained on the 3 check comparison of an ordered medication against the label on the MDP pack or other mediation delivery system (bingo card, bottle, etc.) and responsibilities related to documentation of all ordered medications and treatments. Completed February 15, 2023 The Executive Director and Resident Care Coordinator are responsible for monitoring order implementation and medication administration daily. Completed February 15, 2023 and ongoing	2/15/23 2/15/23 2/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{D 358}	Continued From page 3 the multi dose packs to the facility. -The pharmacy entered orders electronically but were unable to view the facility's eMAR system. -If a medication order was not listed on the eMAR the facility would need to notify the pharmacy of the discrepancy. Observation of Resident #1's medications on hand for administration on 02/02/23 at 10:12am revealed: -There was a multi dose pack of medications. -Printed on the label was the name and directions for each medication including potassium chloride 20mEq take 2 tablets (40mEq) daily. -There were two potassium chloride tablets in the multi dose pack of medications. -Handwritten over the printed potassium chloride label was "D/C" (discontinue). Review of a hospital discharge summary for Resident #1 dated 01/13/23 revealed: -Resident #1 was admitted to the hospital on 01/10/23 with a syncopal (temporary loss of consciousness) episode. -Resident #1 had a blood potassium level of 3.1. -Resident #1 had multiple discharge diagnoses including hypokalemia (a below normal potassium level). -Potassium chloride was not listed on Resident #1's medication list as a prior or current medication. Review of a physician's clarification order for Resident #1 dated 01/13/23 revealed: -Discontinue potassium chloride. -The order was signed by the facility's contracted Nurse Practitioner (NP) with two hand written initials. Telephone interview with the facility's contracted	{D 358}		

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{D 358}	Continued From page 4 NP on 02/01/23 at 2:15pm revealed: -She did not know Resident #1 had not been administered the potassium chloride. -She did not remember writing an order on 01/13/23 to discontinue the potassium chloride. -Resident #1 was taking two diuretics and needed the potassium chloride supplement because the diuretics can deplete the body of potassium chloride. -Low potassium blood levels can cause cardiac problems possibly leading to hospitalization. Interview with the Administrator on 02/01/23 at 2:35pm revealed: -She was the Administrator in the facility for two weeks and did not know what transpired with the potassium chloride prior to that. -She administered the morning medications to the residents. -She knew Resident #1's potassium chloride had been discontinued in January 2023. -She did not know why the potassium chloride was not on the eMAR before the discontinue date. -The pharmacy continued to dispense the potassium chloride in the multi dose packs but she knew to take out the potassium chloride and not administer it. -She had faxed the order to discontinue the potassium chloride to the pharmacy but did not have a fax verification form. -The RCC was responsible for approving new orders and auditing the medication cart weekly. Interview with the Resident Care Coordinator (RCC) on 02/02/23 at 9:00am revealed: -She was responsible for faxing new orders to the pharmacy. -She was responsible for conducting medication cart audits weekly by comparing orders with the	{D 358}		

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{D 358}	Continued From page 5 medications in the cart. -She had conducted the last cart audit on 01/10/23 or 01/11/13. -She had been working in the facility for one month and did not know why the potassium chloride was not on Resident #1's eMAR. -She had not seen any orders for potassium chloride and knew nothing about it. -She had been told that the last couple of months had been "hectic" in the facility because there was not an RCC in the facility. The facility failed to administer a medication as ordered related to a medication to treat low blood potassium levels which placed the resident at risk of cardiac problems which could lead to hospitalization (Resident #1). This failure was detrimental to the health and safety of the resident and constitutes a Type B Violation. The facility provided a plan of protection on 02/01/23 for this violation in accordance with G.S. 131D-34.	{D 358}		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

Certified Mail and Electronic Mail
 # 7022 2410 0000 1275 2278 #

February 14, 2023

Cardinal AL Holdings, LLC, Licensee
The Gardens of Hendersonville
PO Box 26255
Winston Salem, North Carolina 27114

email address: notices@stonevilleacceptance.com

Re: Follow-up Survey completed 02/02/23 (ASPEN Event ID:1Z4H12)
Unabated Type B Violation

Facility:	**The Gardens of Hendersonville**
Licensure Number:	**HAL-045-129**
County:	**Henderson**

Dear Licensee:

Thank you for the cooperation and courtesy extended during the survey completed 02/02/23 by staff with the Adult Care Licensure Section. Additional deficiencies were cited during the survey.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation(s) and the time frame(s) for compliance are also provided below.

Continuing Unabated AND/OR Unabated Type B Violations

- Unabated Type B Violation is cited for **10A NCAC 13F .1004(a) Medication Administration**
- A correction date of 02/15/2023 has been provided. If on the follow-up, it is determined the facility has abated the Type B Violation(s), the penalty fine will stop for each violation as of the date you submit in writing.
- This letter serves as notification that an administrative penalty has been recommended for the violations(s) referenced above and provides information on the opportunity to submit staff training to be considered in lieu of some or all of the penalty.
- Information regarding any penalty imposition for the violation(s) will be mailed to you separately.

As set forth in G.S. § 131D-34 where a facility has failed to correct a Type B Violation within the time specified for correction, the Department shall assess the facility a civil penalty in the amount of up to four hundred dollars ($400.00) for each day that the violation continues beyond the date specified for correction.

Staff Training

Pursuant to G.S § 131D-34 (g1), the agency may consider training completed by the facility in lieu of some or all of the penalty and if the following criteria are met:

- Training was completed after identification of the violation(s), is specific to the violation(s) and,
- The Department has determined the facility corrected the violation(s) and continues to remain in compliance with the regulation(s) cited.

Instruction for Submission of Training:

- Complete the appropriate cover page(s) for each rule area to be considered.
  - The cover page is available in the "Provider Forms" section of the Adult Care License Section's webpage: https://info.ncdhhs.gov/dhsr/acls/pdf/penaltytraining.pdf.
- Submit the training with cover page(s) within 30 calendar days of this notice via e-mail to: DHSR.Adultcare.PenaltyTrainingSubmission@dhhs.nc.gov.
- Training should include:
  - The date and time of the training.
  - Sign in sheet(s) showing the names and titles of the attendees.
  - Name, title, and resume of the individual(s) who conducted the training.
  - The training agenda and general outline of information covered in the training.

All resident names and confidential information must be redacted from any training materials sent to the agency. Documents that include residents' names or confidential information will not be accepted. Training submitted without the designated cover page(s) will not be accepted.

As set forth in G.S § 131D-34, the penalty recommendation and any training submitted by the facility will be forwarded for review by the Section Chief of the Adult Care Licensure Section, who will make the final decision regarding the imposition of an administrative penalty. If no training information is submitted or is received after 30 calendar days, the penalty recommendation will be forwarded to the Section Chief for imposition without consideration of training.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to dispute cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **March 7, 2023**. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **March 7, 2023**. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not

delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at **828-772-9593**. Questions regarding submission of staff training to be considered in lieu of some or all of a penalty should be directed to DHSR.AdultCare.QualityandCompliance@dhhs.nc.gov. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,
Robin McConnell, ACBSW

Robin McConnell, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies

cc: Catherine Beaver, Supervisor, Henderson County DSS
Kim Ruppel, Branch Manager, Western Region, Adult Care Licensure Section
Darlene Penland, Team Supervisor, West 1 Region, Adult Care Licensure Section
Victor Orija, State LTC Ombudsman, Division of Aging and Adult Services
Star Rating, Adult Care Licensure Section
Quality and Compliance Unit, Adult Care Licensure Section
Facility File

~ Cover Sheet ~
Provider Submission of Training for Consideration of Administrative Penalty

Instructions:

1. Training will only be considered if:
   - Training was completed after the violation was cited;
   - Training was specific to the violation; and
   - The Department has determined the violation is corrected and facility has continued to remain in compliance with the regulations cited.
   - Training is received within the designated time frame indicated on the penalty notice.
2. Submit a copy of the completed training to the Department
   Include:
   - Outline/Agenda;
   - Date(s) and Time(s) of Training:
   - Staff Attendance/Sign-in sheets; and,
   - Trainer's name and resume or CV
3. Attach a separate cover sheet for **each rule** area for consideration and complete the information below for each rule.
4. Submit the information via electronic mail to the Adult Care Licensure Section using the designated email group: DHSR.Adultcare.PenaltyTrainingSubmission@dhhs.nc.gov
   Please be aware that information sent via electronic mail is immediately available for release to the public.
5. **Redact any resident names or confidential information from the information submitted.** Use Resident Identifiers used in the Statement of Deficiencies (if applicable).

Facility Name:	The Gardens of Hendersonville
License Number:	HAL-045-129
County:	Henderson
Rule Area and G.S. Area(s) of Violation: (As indicated on SOD and Penalty notice)	10A NCAC 13F. .1004(a) Medication Administration
Survey Exit date: (As indicated on SOD and Penalty notice)	02/02/2023
Contact Person and contact information, if questions:	Joy Elliott 828-693-3388

THE GARDENS OF
HENDERSONVILLE
ASSISTED LIVING

1000 W. Allen Street
Hendersonville, NC 28739

February 27, 2023

NC Adult Care Licensure Section
2708 Mail Service Center
Raleigh, NC 27699-2708
Physical Address:
801 Biggs Drive
Raleigh, NC 27603

Facility: The Gardens of Hendersonville
County: Henderson
License Number: HAL-045-129
Exit Date: 02/02/2023

The Gardens of Hendersonville has provided the following onsite training in reference to 10A NCAC 13F .1004(a). Adult Care Licensure Section initiated a follow-up survey with an exit date of February 2, 2023. We are submitting supporting documents for consideration pursuant G.S. 131D-34(g1) that references a recommendation of an administrative penalty based on the findings from the Adult Care Licensure Section
10A NCAC 13F .1004(a)

Date	Description	Training Conducted By	Comments:
2/15/2023	Approving Orders, verification of receipt of medications and procedure in delay of implementation of medication	Christina Anderson, RN Area Clinical Director	Supporting documents and resume enclosed
2/15/2023	Medication Administration Procedures to include 3 check comparison, notification of MAR/med comparison issues, Cart Auditing	Joy Elliott Executive Director	Supporting documents and resume enclosed

Based on the information provided, we are respectfully requesting that you reduce the proposed administrative penalty in regards to 10A NCAC 13F .1004 (a). Thank you for your time and consideration in this matter.

Sincerely,

Joy Elliott

Joy Elliott, ED
Executive Director

Exhibits A, B, C, D, E and F

The Gardens of Hendersonville RCC and ED Inservice
2/15/2023

Names	Signature
Joy Elliott	Joy Elliott
Abigail Krieck	Abigail Krieck

Training Agenda for Executive Director and Resident Care Coordinator
2/15/2023

1. approving orders to include hospital and Rehab discharge summaries and Provider orders including labs, appointments or diagnostic procedures
2. verification of receipt of medication and implementation of the orders.
3. procedure for notifying the Physician/Provider in the event there will be a delay in implementation of the medication, and obtaining applicable orders for an amended start date

Christina Anderson RN 2/15/23
212823 NC

Christina Anderson RN
137 Lee Dotson Rd
Fairview, NC 28730
828-280-8609
myphoto2b@gmail.com

Education:
RN, Associates Degree of Nursing
Sanford Brown College of Nursing
St. Peters, MO.
February 1992

Associates Degree in Digital Photography
International Academy of Design and Technology
Tampa, FL 2006

Active Nursing Licenses in NC, Inactive License in MO, IL, FL

Work History:

Current position:
ALG Senior
LHPS Nurse/Area Clinical Director
July 2020-Current
Complete LHPS evaluations on residents with tasks
Training/ competencies for staff performing LHPS tasks
Med Tech training and competencies
Quality Assurance

Christina Anderson
828-280-8609

Brookdale Senior Living
Divisional Memory Care Specialist
For Southeast Division of US
Responsible for oversight of Programming and Quality Assurance standards, covering 52 Alzheimer's specific communities in seven different states, currently responsible for interviewing and hiring Program Coordinators, devising and implementing Caregiver educational series, writing P&P, conducting supportive site visits
To give presentations to the Communities, vendors, Marketing leads. Train outside sources such as hospitals, EMS, Nursing students, etc. and finally to empower and motivate any and all who care for those with Alzheimer's/Dementia
Supervisor Juliet Holt Klinger National Director of Dementia Care Program

Brookdale Senior Living
Regional Director of Clinical and Resident Services
Western/Central North Carolina
20 Communities including 2 CCRCs in Charlotte NC
March 2008 to February 2010
Supervisor Linda Anstotz, Divisional Director of Healthcare Services and Quality

RN Case Manager for 3 ALF & Dementia Communities in WNC
September 2007

Christina Anderson
828-280-8609

Accomplishments:

Certified Alzheimer's Trainer for Brookdale Senior Living and HCR Manor Care

Certified to give PCA/80 hour training in NC

Successfully completed Director of Nurses Training with ManorCare Health Services

Successfully completed FL. Administrator CORE Training

FL Certified Trainer with Alzheimer's Association

Devised and implemented QA tools for FL. Regulations and the Memory Care product with ManorCare Health Services.

Accomplished award winning Photographer

Licensed Practitioner for Centers for Spiritual Living

Hobbies: Photography, Travel, Collecting and visiting Lighthouses anywhere in the world. Produced Photographic YouTube Video "Silence" -What the Mystic's Know

MEDICATION ADMINISTRATION TRAIN AGENDA

Date: 2/15/2023
Time: 4:00 p.m.
Facilitator: Joy Elliott, Administrator

Attendees

Tara Roberts, Med Aide/SIC

Melanie Corpening, Med Aide/SIC

Mashelda Laurie, Med Aide/SIC

Abigail Krieck, Resident Care Coordinator

Time	Item	Owner
4:00 p.m.	Welcome and purpose of training	Joy
4:10 p.m. to 5:00 p.m	Medication Administration Procedures to include: • 3 Check comparison of EMAR/orders to label on MDP or other medication delivery system (bingo card, bottle, etc). and check to ensure administering to correct resident. 1. Ensure when giving all medications that all medications in the multi dose pack (MDP) are present and to be given. All medications that have been discontinued should be noted on the MDP. If a medication is to be given that is not on the MDP, medication cart will be checked for single bingo cards and bottles. • Notification to ED or RCC if medication that is in MDP is not showing on MAR to distribute for clarification 1. If a medication is not showing on the MAR but is in the MDP and not noted that it is discontinued, the Med Aide will contact the RCC or ED to get clarification on if the medication should be given or if it has been discontinued. Medication will be distributed based on that information. • Notification to ED or RCC if medication cannot be located in cart. 1. If a medication cannot be located on the cart, Med Aide will contact pharmacy to see if it has been	Joy

Time	Item	Owner
	ordered and delivered. If medication has been delivered recently, med aide will search med room and cart and contact RCC for assistance. If medication has not been ordered and received lately, Med Aide will reorder from pharmacy and request it be sent from back up for delivery. • Cart auditing and importance of re-ordering medication not in MDP timely. 1. Cart audits are to be completed weekly. All medications not in MDP will be reordered when 5 days from completion of single dose pack/bottle or 5 days from expiration to ensure medications have time to arrive from pharmacy.	
5:00 pm.	Questions and Discussion	Joy

The Gardens of Hendersonville Staff Meeting and Inservice
2/15/2023 MED AIDES

Names	Names
Mashelda Laurie	
Tara Roberts	
Abigail Krieck	
Melanie Copening	

Joy Elliott

Executive Director – The Gardens of Hendersonville

Zirconia, NC
jetaimejaw@gmail.com
(828)556-7643

To be in a self-motivating new environment working with others on regulation compliance while concentrating on quality assurance, first impressions, occupancy growth and performance improvement.

CORE QUALIFICATIONS:

- Increasing occupancy 15-25% annually in all communities managed
- Improving NOI by 40-60%.
- Ensure state regulation compliance in all facets of community.
- Surpassing revenue goals and controlling expenses
- Manage community budget and analyze financial statements, maintain budget accountability, anticipate and minimize negative budget variances and deficits.
- Managing, recruiting, hiring and training teams of up to 85 professionals.
- Strong knowledge of OSHA safety procedures and regulations.
- Superior familiarity with regulations and laws regarding assisted living facility operations.
- Outstanding motivational and leadership skills
- Good analytical and time management skills.
- High ability to design and implement marketing efforts.

Work Experience

Executive Director

The Gardens of Hendersonville/ALG Senior
Presently employed

- Responsibility for the overall 24 hour/7 day a week of a 60 residence assisted living
- Census increase focus
- Increased staffing and reducing turnover
- Lead team to ensure state compliance and oversight of all policies and procedure.
- Developed employee appreciation programs
- Maintaining and managing budgets

ALG Senior
April 2022-January 2023

- Support and oversight for seven communities
- Quality Assurance and Inspection of all areas of rules and regulations
- Oversight and adherence to policies and procedures
- Assist with occupancy and collection improvement across the region

Executive Director/Area Director of Operations

The Landings of Mills River/ALG Senior
November 2019 to April 2022

- Responsibility for the overall 24 hour/7 day a week of a 65 residence assisted living and memory care community.
- Increased occupancy by 125% in one year.
- Increased staffing and reduced turnover by over 51%
- Lead team to ensure state compliance and oversight of all policies and procedure.
- Developed employee appreciation programs that company has adopted.
- Maintained and exceeded budget, NOI and NI.

Executive Director
The Crossings of Reynolds Mountain
May 2017 to August 2018

- Responsibility for the overall 24 hour/7 day a week of a 172 residence independent, assisted living and memory care community.
- Meeting all state codes, policies, procedures and regulations.
- Preparation of Budget and ensuring budget compliance
- Maintain and exceed budgeted occupancy
- Lead and evaluate marketing activities to ensure increase in traffic and lead generation
- Manage grievance process and ensure resident and family satisfaction
- Review Financials and make changes accordingly in daily operations.
- Perform all audits as deemed necessary to ensure compliance.
- Develop relationships and instill empowerment and appreciation amongst employees.
- Ensure development of a foundation of excellence in customer service.

Executive Director
LaurelHurst and Laurelwoods - Columbus, NC
January 2016 to May 2017

- Oversee management and day to day operations
- Hire and supervise employees
- Employee Training
- Perform daily, weekly and monthly audits
- Create and review budget and maintain adherence.
- Handle complaints and resolve concerns
- Ensure state and federal regulations are met.
- Ensures optimum/maximum occupancy, revenue and profitability for the community.
- Expense control throughout all departments
- Ensuring consistent and high quality service and care.
- Mentoring and coaching all employees.

Executive Director
Spring Arbors of Hendersonville - Hendersonville, NC
August 2010 to January 2016

- Manage daily operations in accordance with state guidelines and regulations
- Ensure that the community meets state regulations and requirements for resident care
- Create and review the budget and maintain adherence
- Forecast monthly income and expenses.
- Coach and assist management team in supervisory skills
- Market the community to maintain the occupancy level and remain profitable
- Recruit, hire, counsel, and /or terminate employees when necessary and foster employee morale maintaining a high level of team spirit and cohesion.
- Maintain awareness of potential problems or concerns and deal with them promptly and appropriately.

Executive Director
Fletcher Park Inn Retirement Community - Fletcher, NC
August 2007 to August 2010

- Developed all risk management plans and risk reduction plans for maintenance, kitchen, construction and manufacturing departments
- Prepared an annual fiscal budget for operations
- Planning all aspects of community operations including setting priorities and job assignments.
- Guided the staff in proper procedures by training in safety, service/programming standards, customer service and staff development.
- Developed and promoted programs to increase new traffic in building and promote higher closing ratios.

- Oversaw all departments and activities, not limited to: reception, food service, marketing, social activities, business office, housekeeping, risk management, construction, manufacturing and maintenance.
- Development of annual marketing and business plan and ensures follow-through on all items of plans.

Executive Director
Pine Park Retirement Inn - Hendersonville, NC
May 2000 to July 2007

- Oversaw the day to day operations of a retirement and assisted living community.
- Worked with Community management staff and corporate staff in planning all aspects of community operations, including setting priorities and job assignments.
- Monitored all departments, to include: marketing, front desk, business office, activities, nursing, dining and housekeeping to evaluate policies, evaluate performance, provide feedback and assist, coach, and discipline staff as necessary.
- Conducted routine inspections of services being provided to ensure highest quality.
- Actively researched and developed appropriate niche programming that reflects and meets the needs of residents and families
- Managed community budgets to include labor costs, raw food costs, accounts receivables, accounts payable and payroll
- Ensured optimum/maximum occupancy, revenue and profitability for the community.

Marketing and Construction Manager
Carriage Park Development Corporation - Hendersonville, NC
May 1998 to May 2000

- Ensuring all home builds followed all required permit requirements.
- Auditing all construction sites daily to ensure safety procedures were being met at all time.
- Writing, editing, layout of all advertisements and promotional materials; creating and follow through of all promotional activities; overseeing all marketing activities including advertisement medium selection and evaluation; targeting markets; writing and editing all copy used for sales presentations, public relations and advertisements; composing client contact letters; client, realtor, and advertising correspondents and public interface; traveling and representation at Real Estate Expos throughout the country; lead management and creation of follow-up system.
- Provided insight to customer satisfaction with certain products and buyers needs changed or dissatisfaction with products arose
- Met with manufacturers weekly to work with all products utilized for building to include lumbar to appliances

Education

Bachelor of Science in Management and Marketing, Minor in Economics
University of North Carolina Asheville

Certifications/Licenses
NC Adult Care Home Administrator
December 2022
NC Medication Aide