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
	HAL060111	A. BUILDING: _____ B. WING _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 on November 5 - 6, 2024.	D 000	"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 Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State"	
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, record reviews and interviews, the facility failed to administer medications as ordered for 2 of 5 sampled residents related to medications used to treat breathing difficulties (Resident #4) and dementia and hypertension (Resident #2). The findings are: Review of Resident #4's current FL2 dated 09/25/24 revealed diagnoses included dementia with behavioral disturbances, hypertension, history of a stroke, type 2 diabetes, and chronic obstructive pulmonary disease (COPD). Review of Resident #4's hospital discharge summary dated 10/04/24 revealed: -Resident #4 was admitted 07/04/24 to 10/04/24 with a diagnoses of dementia with Behavorial problems.	D 358	Facility Executive Director will inservice the Special Care Coordinator on the rule area listed to be found non compliant: 10A NCAC 13F .1004(a) Medication Administration Facility Executive Director will provide an inservice for medication aide staff to be conducted by the Clinical Nurse Consultant on the following training topics and NC policy and procedures: 1. Cart Audit 2. Order Processing System/New Order Process 3. New Order for Therapy/DME 4. Missed of Refused Medication 5. Medication Administration of a new order Facility Executive Director will inservice the special care coordinator on the expectations of daily reports, referral and follow up on areas of concerns with in house medications and opportunities for needed support in resolving any medication issues. Facility Special Care Coordinator will run matrix reports during business days to assist with medication findings requiring follow up and additional support in ensuring medications have arrived to the community. If any need is found to follow up with the residents provider for clarification and accuracy of the MAR will be conducted at this time. Facility Special Care Coordinator will oversee weekly completion of Cart Audits to ensure accuracy of the MAR and administration of Medications.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: TaQuevious Rice | TITLE: Executive Director | (X6) DATE: 1/6/25

Reviewed and Acknowledged by MA 01/08/25

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 1 -COPD was controlled and no symptoms were present. a. Review of Resident #4's hospital discharge summary dated 10/04/24 revealed there was an order for arformoterol (a medication used to treat COPD) 15mcg/2ml nebulizer solution, take 2ml (15mcg) by nebulization in the morning and before bedtime. Review of Resident #4's October 2024 electronic Medication Administration Record (eMAR) revealed: -An entry for arformoterol 15mcg/2ml nebulizer solution, take 2ml (15mcg) by nebulization 10/08/24 to 10/31/24 in the morning at 8:00am and 8:00pm. -On 10/04/24 to 10/08/24 at 8:00am and 8:00pm, there was no documentation the arformoterol was administered. -On 10/09/24 at 8:00am, the arformoterol was documented as "no equipment", and at 8:00pm the arformoterol was documented as "no nebulizer". -On 10/10/24 at 8:00am, the arformoterol was documented as "waiting on equipment", and at 8:00pm the arformoterol was documented as "waiting on equipment". -On 10/11/24 at 8:00am, the arformoterol was documented as "awaiting pharmacy", and at 8:00pm the arformoterol was documented as "needs nebulizer". -On 10/12/24 at 8:00am and 8:00pm, the arformoterol was documented as "awaiting equipment". -On 10/13/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "waiting on equipment". -On 10/14/24 at 8:00am, there was no	D 358	Facility Medication Aide on shift will be responsible for communicating with the Pharmacy on any needs for medications that are not in house to be administered as per prescribed. Facility Medication Aides will have the responsibility of ensuring all new medication orders have been processed and faxed to the receiving pharmacy and that the MAR has been updated to reflect the current orders. If any discrepancies are discovered facility medication aides will work with the pharmacy on resolving if unable to resolve facility medication aides will inform Special Care Coordinator for further support and guidance to ensure resolution is found and implemented for compliance with Medicaition Administration If any continued non compliance facility will re educate and train the medication aides and Special Care Coordinator on the rule area and found non compliance.	Facility Expected Compliance: 1/14/25

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 2	D 358		

documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "waiting on equipment".
-On 10/15/24 at 8:00am and 8:00pm, the arformoterol was documented as "waiting on pharmacy".
-On 10/16/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "not administered".
-On 10/17/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "awaiting delivery".
-On 10/18/24 at 8:00am, the arformoterol was documented as "awaiting pharmacy", and at 8:00pm the arformoterol was documented as "waiting on equipment".
-On 10/19/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "awaiting pharmacy".
-On 10/20/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "awaiting equipment".
-On 10/21/24 at 8:00am and 8:00pm, the arformoterol was documented as "equipment".
-On 10/22/24 at 8:00am and 8:00pm, the arformoterol was documented as "pharmacy".
-On 10/23/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "waiting pharmacy".
-On 10/24/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "awaiting pharmacy".
-On 10/25/24 at 8:00am, there was no documentation the arformoterol was administered

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 3	D 358		

and at 8:00pm the arformoterol was documented as "awaiting pharmacy".
-On 10/26/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "waiting on equipment".
-On 10/27/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "no nebulizer machine".
-On 10/28/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "waiting on pharmacy".
-On 10/29/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "waiting on equipment".
-On 10/30/24 at 8:00am, the arformoterol was documented as "waiting on delivery" and at 8:00pm the arformoterol was documented as "pharmacy".
-On 10/31/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "waiting on pharmacy".

Review of Resident #4's November 2024 eMAR revealed:
-An entry for arformoterol 15mcg/2ml nebulizer solution, take 2ml (15mcg) by nebulization in the morning at 8:00am and 8:00pm.
-On 11/01/24 at 8:00am, there was no documentation the arformoterol was administered and at 8:00pm the arformoterol was documented as "equipment".
-On 11/02/24 at 8:00am and 8:00pm, there was no documentation the arformoterol was administered.
-On 11/03/24 at 8:00am, the arformoterol was

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 4	D 358		

documented as "awaiting equipment" and at 8:00pm the arformoterol was documented as "awaiting delivery".
-On 11/04/24 at 8:00am, the arformoterol was documented as "awaiting equipment" and at 8:00pm the arformoterol was documented as "pharmacy".
-On 11/05/24 at 8:00am, the arformoterol was documented as "no equipment".

Observation of Resident #4's medications available for administration on 11/05/24 at 2:40pm revealed there was a box of arformoterol for emulation, 15mcg/2ml, with a label dated 10/04/24, 1 of 1 box containing 120ml of 120ml, to administer vial via nebulizer with 58 of 60 vials left to administer.

Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 11/05/24 at 3:34pm revealed:
-On 10/04/24, an ordered was received for arformoterol 15mcg/2ml nebulizer solution, take 2ml (15mcg) by nebulization in the morning and before bedtime.
-On 10/07/24, arformoterol 15mcg/2ml nebulizer solution, 120ml (a 30-day supply) were dispensed to the facility.
-The arformoterol was not dispensed after 10/04/24.

Refer to a telephone interview with Resident #4's Primary Care Provider (PCP) on 11/05/24 at 3:47pm.

Refer to interview with a medication aide on 11/06/24 at 10:16am.

Refer to interview with the Special Care Coordinator (SCC) on 11/06/24 at 10:40am.

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 5 Refer to interview with the Administrator on 11/06/24 at 11:37am. b. Review of Resident #4's hospital discharge summary dated 10/04/24 revealed there was an order for budesonide (a medication used to help control chronic lung issues) suspension for emulation, 0.5mg/2ml, inhale contents of one vial via nebulizer twice daily. Review of Resident #4's October 2024 eMAR revealed: -An entry for budesonide suspension for emulation, 0.5mg/2ml, inhale contents of one vial via nebulizer twice daily at 8:00am and 8:00pm. -On 10/04/24 to 10/17/24 at 8:00am and 8:00pm, there was no documentation the budesonide was administered. -On 08/18/24 at 8:00am, the budesonide was documented as "waiting on delivery" and at 8:00pm the budesonide was documented as "waiting on equipment". -On 10/19/24 at 8:00am, there was no documentation the budesonide was administered and at 8:00pm the budesonide was documented as "awaiting pharmacy". -On 10/20/24 at 8:00am, there was no documentation the budesonide was administered and at 8:00pm the budesonide was documented as "awaiting equipment". -On 08/21/24 at 8:00am and 8:00pm, the budesonide was documented as "equipment". -On 08/22/24 at 8:00am and 8:00pm, the budesonide was documented as "waiting on pharmacy". -On 10/23/24 at 8:00am, there was no documentation the budesonide was administered and at 8:00pm the budesonide was documented as "awaiting pharmacy".	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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 6 -On 10/24/24 at 8:00am, there was no documentation the budesonide was administered and at 8:00pm the budesonide was documented as "awaiting pharmacy". -On 10/25/24 at 8:00am, there was no documentation the budesonide was administered and at 8:00pm the budesonide was documented as "awaiting pharmacy". -On 10/26/24 at 8:00am, there was no documentation the budesonide was administered and at 8:00pm the budesonide was documented as "waiting equipment". -On 10/27/24 at 8:00am, there was no documentation the budesonide was administered and at 8:00pm the budesonide was documented as "no nebulizer machine". -On 10/28/24 at 8:00am, there was no documentation the budesonide was administered and at 8:00pm the budesonide was documented as "waiting on pharmacy". -On 10/29/24 at 8:00am, there was no documentation the budesonide was administered and at 8:00pm the budesonide was documented as "awaiting equipment". -On 08/30/24 at 8:00am, the budesonide was documented as "awaiting delivery" and at 8:00pm the budesonide was documented as "pharmacy". -On 10/31/24 at 8:00am, there was no documentation the budesonide was administered and at 8:00pm the budesonide was documented as "waiting on pharmacy". Review of Resident #4's October 2024 eMAR revealed: -An entry for budesonide suspension for emulation, 0.5mg/2ml, inhale contents of one vial via nebulizer twice daily at 8:00am and 8:00pm. -On 11/01/24 at 8:00am, there was no documentation the budesonide was administered and at 8:00pm the arformoterol was documented	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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 7	D 358		

as "equipment".
-On 11/02/24 at 8:00am and 8:00pm, there was no documentation the budesonide was administered.
-On 11/03/24 at 8:00am, the budesonide was documented as "awaiting equipment" and at 8:00pm the budesonide was documented as "awaiting delivery".
-On 11/04/24 at 8:00am, the budesonide was documented as "awaiting equipment" and at 8:00pm the budesonide was documented as "pharmacy".
-On 11/05/24 at 8:00am, the budesonide was documented as "no equipment".

Observation of Resident #4's medications available for administration on 11/05/24 at 2:40pm revealed:
-There was a box of budesonide suspension for emulation, 0.5mg/2ml, with a label dated 10/04/24, 1 of 2, containing 60ml of 120ml (30 vials), to administer vial via nebulizer with 30 vials left to administer.
-There was a box of budesonide suspension for emulation, 0.5mg/2ml, with a label dated 10/04/24, 2 of 2, containing 60ml of 120ml (30 vials), to administer vial via nebulizer with 30 vials left to administer.

Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 11/05/24 at 3:34pm revealed:
-On 10/04/24, an ordered was received for budesonide suspension for emulation, take 2ml (15mcg) by nebulization in the morning and before bedtime.
-On 10/07/24, budesonide suspension for emulation, 120ml (a 30-day supply) were dispensed to the facility.
-The budesonide was not dispensed after

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 8 10/04/24. Refer to a telephone interview with Resident #4's Primary Care Provider (PCP) on 11/05/24 at 3:47pm. Refer to interview with a medication aide on 11/06/24 at 10:16am. Refer to interview with the Special Care Coordinator (SCC) on 11/06/24 at 10:40am. Refer to interview with the Administrator on 11/06/24 at 11:37am. _____ Telephone interview with Resident #4's Primary Care Provider (PCP) on 11/05/24 at 3:47pm revealed: -Resident #4's budesonide and arformoterol were used to help control his COPD. -Resident #4's diagnoses included COPD and was stable. -Resident #4 was admitted after 45 days in the hospital, without an exacerbation or symptoms of his COPD. -On 10/08/24, he saw Resident #4 at the facility for a follow-up appointment. -On 10/08/24, Resident #4 did not display any signs or symptoms of COPD. -On 10/15/24 and 10/21/24, during the routine visits, Resident #4 did not have a nebulizer machine due to billing. Interview with a medication aide on 11/06/24 at 10:16am revealed: -Resident #4 was admitted the beginning of October 2024. -There were two of Resident #4's medications that were to be used in a nebulizer machine but	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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 9	D 358		

there was no machine delivered to the facility for him to use.
-The Special Care Coordinator (SCC) was aware when Resident #4 was admitted.

Interview with the SCC on 11/06/24 at 10:40am revealed:
-Resident #4 was admitted on 10/04/24 and she faxed the order for the nebulizer to a local durable medical equipment (DME) company.
-On 10/21/24, she received a fax from the local DME company she faxed about the need for a nebulizer for Resident #4 stating Resident #4 would have to be private pay for the nebulizer and offered two other DME companies who would file Resident #4's insurance.
-On 10/22/24, she faxed one of the other DME companies a copy of the order and insurance information.
-On 10/31/24, when she called the DME company to inquire about the nebulizer, she was informed the fax number she used was incorrect, so she faxed the order and insurance information to the new fax number.
-On 11/04/24, she obtained a nebulizer, and Resident #4 should have received the nebulizer treatments on 11/04/24 at 8:00pm and 11/05/24 at 8:00am.
-She did not know Resident #4 did not receive the two nebulizer treatments as ordered on 11/04/24 and 11/05/24.

Interview with the Administrator on 11/06/24 at 11:37am revealed:
-The MAs were responsible for administering Resident #4's two nebulizer medications as ordered.
-He knew there was an issue with getting a nebulizer for Resident #4 but he did not know the MAs did not administer the two medications as

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 10	D 358		

ordered when the nebulizer became available on 11/04/24 and 11/05/24.

2. Review of Resident #2's current FL2 dated 08/18/24 revealed diagnoses included dementia, adult failure to thrive, hypertension and hyperlipidemia.

Review of Resident #2's Resident Register revealed an admission date of 08/07/24.

Review of Resident #2's record revealed she was admitted to hospice on 08/22/24.

a. Review of Resident #2's physician's orders dated 08/07/24 revealed an order for amlodipine (to treat hypertension) 10mg tablet, take 1 tablet by mouth every morning.

Review of Resident #2's September 2024 eMAR revealed:
-There was an entry for amlodipine 10mg tablet, take 1 tablet by mouth every morning at 8:00am.
-On 09/02/24 to 09/05/24 at 8:00am, the amlodipine was documented as "not administered: refused."
-On 09/06/24 at 8:00am, the amlodipine was documented as administered.
-On 09/07/24 to 09/08/24 at 8:00am, the amlodipine was documented as "not administered: refused."
-On 09/09/24 to 09/10/24 at 8:00am, the amlodipine was documented as administered.
-On 09/11/24 to 09/12/24 at 8:00am, the amlodipine was documented as "not administered: refused."
-On 09/13/24, 09/15/24 and 09/16/24 at 8:00am, the amlodipine was documented as "not administered: awaiting pharmacy."
-On 09/14/24 at 8:00am, the amlodipine was

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 11	D 358		

documented as administered.
-On 09/17/24 to 09/18/24 at 8:00am, the amlodipine was documented as "not administered: refused."
-On 09/20/24 at 8:00am, the amlodipine was documented as "not administered: awaiting pharmacy."
-On 09/25/24 to 09/26/24 at 8:00am, the amlodipine was documented as "not administered: refused."
-On 09/27/24 to 09/30/24 at 8:00am, the amlodipine was documented as administered.

Review of Resident #2's October 2024 eMAR revealed:
-There was an entry for amlodipine 10mg tablet, take 1 tablet by mouth every morning at 8:00am.
-On 10/01/24 at 8:00am, the amlodipine was documented as "not administered: refused."
-On 10/02/24 at 8:00am, the amlodipine was documented administered.
-On 10/03/24 at 8:00am, the amlodipine was documented as "not administered: refused."
-On 10/04/24 at 8:00am, the amlodipine was documented as "not administered: awaiting pharmacy."
-On 10/05/24 at 8:00am, the amlodipine was documented as "not administered: refused."
-On 10/06/24 to 10/07/24 at 8:00am, the amlodipine was documented as administered.
-On 10/08/24 at 8:00am, the amlodipine was documented as "not administered: awaiting delivery."
-On 10/09/24 at 8:00am, the amlodipine was documented as "not administered: refused."
-On 10/10/24 at 8:00am, the amlodipine was documented as administered.
-On 10/11/24 to 10/12/24 at 8:00am, the amlodipine was documented as "not administered: awaiting pharmacy."

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 12	D 358		

-On 10/13/24 to 10/14/24 at 8:00am, the amlodipine was documented as administered.
-On 10/15/24 at 8:00am, the amlodipine was documented as "not administered: awaiting pharmacy."
-On 10/16/24 to 10/17/24 at 8:00am, the amlodipine was documented as administered.
-On 10/18/24 at 8:00am, the amlodipine was documented as "not administered: awaiting pharmacy."
-On 10/19/24 to 10/21/24 at 8:00am, the amlodipine was documented as administered.
-On 10/22/24 to 10/24/24 at 8:00am, the amlodipine was documented as "not administered: refused."
-On 10/25/24 to 10/29/24 at 8:00am, the amlodipine was documented as administered.
-On 10/30/24 at 8:00am, the amlodipine was documented as "not administered: awaiting pharmacy."
-On 10/31/24 at 8:00am, the amlodipine was documented as administered.

Review of Resident #2's November 2024 eMAR revealed:
-There was an entry for amlodipine 10mg tablet, take 1 tablet by mouth every morning at 8:00am.
-On 11/01/24 at 8:00am, the amlodipine was documented as administered.
-On 11/02/24 at 8:00am, the amlodipine was documented as "not administered: awaiting delivery."
-On 11/03/24 at 8:00am, the amlodipine was documented as "not administered: awaiting pharmacy."
-On 11/04/24 to 11/05/24 at 8:00am, the amlodipine was documented as "not administered: refused."

Observation of Resident #2's 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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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		

available for administration on 11/04/24 at 11:05am revealed there was no amlodipine 10mg tablets on hand.

Interview with a medication aide on 11/04/24 at 11:10am revealed:
-Resident #2 often refused medications.
-He administered Resident #2's last amlodipine tablet on 11/04/24.
-He reordered a refill of Resident #2's amlodipine and expected delivery today.

Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 11/06/24 at 10:40am revealed:
-Resident #2's amlodipine 10mg was last dispensed on 08/22/24 for 7 tablets.
-Resident #2's amlodipine was discontinued on 08/26/24 due to Resident #2's admission to hospice.
-Amlodipine 10mg was not reordered for Resident #2 until 11/05/24.

Follow-up interview with a medication aide on 11/06/24 at 10:09am revealed:
-He was using Resident #2's amlodipine that was brought from home when she was admitted to the facility.
-He discarded Resident #2's amlodipine medication on 11/05/24 due to its expiration.

Refer to interview with the Hospice Nurse on 11/05/24.

Refer to interview with the SCC on 11/06/24.

Refer to the interview with the Administrator on 11/06/24.

b. Review of Resident #2's physician's orders

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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	D 358		

dated 08/08/24 revealed an order for donepezil (to treat dementia) 10mg tablets, take 1 tablet by mouth every evening.

Review of Resident #2's September 2024 eMAR revealed:
-There was an entry for donepezil 10mg tablet, take 1 tablet by mouth every evening at 8:00pm.
-On 09/01/24 at 8:00pm, the donepezil was documented as "T" (therapeutic leave).
-On 09/02/24 at 8:00pm, the donepezil was documented as administered.
-On 09/03/24 to 09/04/24 at 8:00pm, the donepezil was documented as "not administered: refused."
-On 09/05/24 to 09/19/24 at 8:00pm, the donepezil was documented as administered.
-On 09/20/24 at 8:00pm, the donepezil was documented as "not administered: refused."
-On 09/21/24 to 09/30/24, the donepezil was documented as administered.

Review of Resident #2's October 2024 eMAR revealed:
-There was an entry for donepezil 10mg tablet, take 1 tablet by mouth every evening at 8:00pm.
-On 10/01/24 at 8:00pm, the donepezil was documented as administered.
-On 10/02/24 to 10/05/24 at 8:00 pm, the donepezil was documented as "not administered: awaiting pharmacy."
-On 10/06/24 at 8:00pm, the donepezil was documented as administered."
-On 10/07/24 to 10/25/24 at 8:00pm, the donepezil was documented as "not administered: awaiting pharmacy."
-On 10/26/24 to 10/27/24 at 8:00pm, the donepezil was documented as administered.
-On 10/28/24 to 10/30/24 at 8:00pm, the donepezil was documented as "not administered:

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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	D 358		

awaiting pharmacy."
-On 10/31/24 at 8:00pm, the donepezil was documented as administered.

Review of Resident #2's November 2024 eMAR revealed:
-There was an entry for donepezil 10mg tablet, take 1 tablet by mouth every evening at 8:00pm.
-On 11/01/24 to 11/05/24 at 8:00pm, donepezil was documented as "not administered: awaiting pharmacy."

Review of Resident #2's medications available for administration on 11/04/24 at 11:05am revealed there was no donepezil 10mg tablets on hand.

Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 11/06/24 at 10:40am revealed:
-Resident #2's donepezil 10mg was last dispensed on 09/26/24 for 2 tablets.
-The pharmacy sent a request for a refill prescription of donepezil 10mg to Resident #2's PCP in September 2024 or October 2024.
-The pharmacy never received the refill for donepezil from Resident #2's PCP.
-It was the responsibility of the facility to follow-up with the PCP to assure the refill prescription was sent to the pharmacy.
-Donepezil 10mg was not discontinued until today (11/05/24).

Attempts to interview the MAs who documented Resident #2's donepezil as administered, refused or awaiting pharmacy, were unsuccessful.

Telephone interview with Resident #2's Hospice Nurse 11/05/24 at 3:47pm revealed:
-Resident #2 was admitted to hospice services on 08/22/24.

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 -She made routine visits to assess Resident #2 once weekly, since her hospice admission. -Resident #2's diagnoses included hypertension and dementia. -She last assessed Resident #2 one week ago and there were no major changes in blood pressure or cognition. -On 08/28/24, Resident #2's amlodipine was discontinued due to hospice admission. -On 08/29/24 Resident #2's amlodipine 10mg was reordered due to the request of Resident #2's responsible party. -She was not aware Resident #2 was taking donepezil when she was admitted to hospice services on 08/22/24. -Resident #2's donepezil should have been discontinued when she was admitted to hospice care. Interview with the Special Care Coordinator (SCC) on 11/06/24 at 11:10am revealed: -Resident #2's amlodipine was restarted on 08/29/24, per daughter's request. -She audited resident orders, MARs and on-hand medications regularly. -Resident #2 was admitted from home with medication bottles of prescribed amlodipine and the family wanted to use those bottles before paying for additional medication prescribed by the facility's pharmacy. -Resident #2's amlodipine medication from home was dispensed from a different pharmacy and should have been administered as ordered. -She was not sure why the MAs documented on the MAR "awaiting pharmacy" or "awaiting delivery" if there was medication on hand. -She was made aware that Resident #2's amlodipine that was brought in from home, had expired and was removed from the cart this week.	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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 -She was not aware the pharmacy had a status of "discontinued" on 08/26/24 for Resident #2's amlodipine. -She was not aware the pharmacy did not receive notification to restart Resident #2's amlodipine on 08/29/24. -She expected all physician orders to be followed. Interview with the Administrator on 11/06/24 at 11:40am revealed: -He was not aware of Resident #2's amlodipine or donepezil medication status regarding whether the medications were discontinued, restarted, administered or refused. -He expected the MAR to accurately reflect whether medications were administered, discontinued, refused, or needed to be refilled and continuous follow-up to be provided. -He expected all staff and outside providers (hospice) to accurately reconcile medications with most recent physician orders, MARs, and medication cart. -The SCC was responsible for auditing physician orders, MARs, medications on hand and the pharmacy. -He expected all physician orders to be followed.	D 358		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication	D 367		

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 367	Continued From page 18 or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to ensure electronic medication administration records (eMAR) were accurate for 1 of 5 sampled resident (Resident #2) related to documenting amlodipine (medication used to treat hypertension) and donepezil (used to treat dementia). The findings are: Review of Resident #2's current FL2 dated 08/18/24 revealed diagnoses included dementia, adult failure to thrive, hypertension and hyperlipidemia. Review of Resident #2's Resident Register revealed an admission date of 08/07/24. Review of Resident #2's record revealed she was admitted to hospice on 08/22/24. a. Review of Resident #2's a physician's orders dated 08/07/24 revealed an order for amlodipine 10mg tablet, take 1 tablet by mouth every	D 367	Facility Executive Director will inservice the Special Care Coordinator on the rule area listed to be found non compliant: 10A NCAC 13F .1004 Medication Administration (J)(1)(2)(3)(4)(5)(6)(7)(8) Facility Executive Director will provide an inservice for medication aide staff to be conducted by the Clinical Nurse Consultant on the following training topics and NC policy and procedures: 1. Cart Audit 2. Order Processing System/New Order Process 3. New Order for Therapy/DME 4. Missed of Refused Medication 5. Medication Administration of a new order Facility Special Care Coordinator will run Matrix Reports to review accuracy of resident Medication record's used to administer medications for the required areas listed in the rule area to be non compliant. If any areas are found to be non accurate Special Care Coordinator will reach out to the Pharmacy and the Provider to obtain clarification and ensure orders are updated and submitted to Pharmacy for accuracy of the eMar and physician orders. Facility Special Care Coordinator will oversee weekly cart audit completions and continued accuracy of the eMAR. If during weekly cart audits non accuracy is found medication aide and special care coordiantor will work with the provider and pharmacy to clarify the current prescribed order and ensure accuracy of the eMAR maintains compliance. If any non compliance in the rule aea listed above is found facility will reeducate medication aides and special care coordinator on the importance and requirement for the eMAR to be accurate.	Facility Expected Compliance: 1/14/25

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 367	Continued From page 19 morning. Review of Resident #2's September 2024 eMAR revealed: -There was an entry for amlodipine 10mg tablet, take 1 tablet by mouth every morning at 8:00am. -On 09/02/24 to 09/30/24 at 8:00am, the amlodipine was documented as administered, not administered: refused, or not administered: awaiting pharmacy. Review of Resident #2's October 2024 eMAR revealed: -There was an entry for amlodipine 10mg tablet, take 1 tablet by mouth every morning at 8:00am. -On 10/01/24 to 10/31/24 at 8:00am, the amlodipine was documented as administered, not administered: refused, or not administered: awaiting pharmacy. Review of Resident #2's November 2024 eMAR revealed: -There was an entry for amlodipine 10mg tablet, take 1 tablet by mouth every morning at 8:00am. -On 11/01/24 to 11/05/24 at 8:00am, the amlodipine was documented as administered, not administered: refused, or not administered: awaiting pharmacy or not administered: awaiting delivery. Observation of Resident #2's medications available for administration on 11/04/24 at 11:05am revealed there was no amlodipine 10mg tablets on hand. Interview with a medication aide on 11/05/24 at 11:10am revealed: -Resident #2 often refused medications. -He administered Resident #2's last amlodipine tablet on 11/04/24.	D 367		

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 367	Continued From page 20	D 367		

-He reordered a refill of Resident #2's amlodipine and expected delivery today 11/05/24.

Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 11/06/24 at 10:40am revealed:
-Resident #2's amlodipine 10mg was last dispensed on 08/22/24 for 7 tablets.
-Resident #2's amlodipine was discontinued on 08/26/24 due to Resident #2's admission to hospice.
-Amlodipine 10mg was not reordered for Resident #2 until 11/05/24.

Follow-up interview with a medication aide on 11/06/24 at 10:09am revealed:
-He was using Resident #2's amlodipine that was brought from home when she was admitted to the facility.
-He discarded Resident #2's amlodipine medication on 11/05/24 due to its expiration.

Refer to interview with the hospice on 11/06/24.

Refer to the interview with the SCC on 11/06/24.

Refer to the interview with the Administrator on 11/06/24.

b. Review of Resident #2's a physician's orders dated 08/07/24 revealed an order for donepezil 10mg tablets, take 1 tablet by mouth every evening.

Review of Resident #2's September 2024 eMAR revealed:
-There was an entry for donepezil 10mg tablet, take 1 tablet by mouth every evening at 8:00pm.
-On 09/01/24 to 09/30/24 at 8:00pm, the donepezil was documented as "T" (therapeutic

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 367	Continued From page 21	D 367		

leave), administered, or not administered: refused.

Review of Resident #2's October 2024 eMAR revealed:
-There was an entry for donepezil 10mg tablet, take 1 tablet by mouth every evening at 8:00pm.
-On 10/01/24 to 10/31/24 at 8:00pm, the donepezil was documented as administered or not administered: awaiting pharmacy.

Review of Resident #2's November 2024 eMAR revealed:
-There was an entry for donepezil 10mg tablet, take 1 tablet by mouth every evening at 8:00pm.
-On 11/01/24 to 11/05/24 at 8:00pm, donepezil was documented as "not administered: awaiting pharmacy."

Observation of Resident #2's medications available for administration on 11/05/24 at 11:05am revealed there was no donepezil 10mg tablets on hand.

Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 11/06/24 at 10:40am revealed:
-Resident #2's donepezil 10mg was last dispensed on 09/26/24 for 2 tablets.
-The pharmacy sent a request for a refill prescription of donepezil 10mg to Resident #2's Primary Care Physician (PCP) in September 2024 or October 2024.
-The pharmacy never received the refill for donepezil from Resident #2's PCP.
-It was the responsibility of the facility to follow-up with the PCP to assure the refill prescription was sent to the pharmacy.
-Donepezil 10mg was not discontinued until today (11/05/24).

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 367	Continued From page 22 Attempts to interview the medication aides (MAs) who documented Resident #2's donepezil as administered, refused or awaiting pharmacy, were unsuccessful. Telephone interview with Resident #2's Hospice Nurse 11/05/24 at 3:47pm revealed: -Resident #2 was admitted to hospice services on 08/22/24. -She made routine visits to assess Resident #2 once weekly, since her hospice admission. -Resident #2's diagnoses included hypertension and dementia. -She last assessed Resident #2 one week ago and there were no major changes in blood pressure or cognition. -On 08/28/24, Resident #2's amlodipine was discontinued due to hospice admission. -On 08/29/24 Resident #2's amlodipine 10mg was reordered due to the request of Resident #2's responsible party. -She was not aware the contracted pharmacy did not receive the order to restart amlodipine on 08/29/24. -She was not aware Resident #2 was taking donepezil when she was admitted to hospice services on 08/22/24. -Resident #2's donepezil should have been discontinued when she was admitted to hospice care. Interview with the Special Care Coordinator (SCC) on 11/06/24 at 11:10am revealed: -Resident #2's amlodipine was restarted on 08/29/24, per daughter's request. -She audited resident orders, MARs and on-hand medications regularly. -Resident #2 was admitted from home with medication bottles of prescribed amlodipine and	D 367		

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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 367	Continued From page 23	D 367		

the family wanted to use those bottles before paying for additional medication prescribed by the facility's pharmacy.
-Resident #2's amlodipine medication from home was dispensed from a different pharmacy and should have been administered as ordered.
-She was not sure why the MAs documented on the MAR "awaiting pharmacy" or "awaiting delivery" if there was medication on hand.
-She was made aware that Resident #2's amlodipine that was brought in from home, had expired and had since been removed from the cart this week.
-She was not aware the pharmacy had a status of "discontinued" on 08/26/24 for Resident #2's amlodipine.
-She was not aware the pharmacy did not receive notification to restart Resident #2's amlodipine on 08/29/24.
-Resident #2 had an order for donepezil 10mg.
-She was not sure why the order for donepezil 10mg refill was not faxed to the PCP on 08/07/24.
-She was not sure why the MAs documented on the MAR that Resident #2's donepezil was administered or refused if the medication was not on hand or on the medication cart.
-Two of the MAs who documented on Resident #2's donepezil on the MAR inaccurately, no longer worked at the facility.

Interview with the Administrator on 11/06/24 at 11:40am revealed:
-He was not aware of Resident #2's amlodipine or donepezil medication status regarding whether the medications were discontinued, restarted, administered, refused or awaiting pharmacy.
-He expected the MAR to accurately reflect whether medications were administered, discontinued, refused, or needed to be refilled and continuous follow-up to be 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 _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE MEMORY CARE	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 367	Continued From page 24 -He expected all staff and outside providers (hospice) to accurately reconcile medications with most recent physician orders, MARs, and medication cart. -The SCC was responsible for auditing physician orders, MARs, medications on hand and the pharmacy.	D 367		